



FISCAL YEAR 2018

Snapshot of State Plans

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

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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-guidance.pdf>

² Ibid.

³ SAMHSA. (2016). 10% Set-Aside Narrative Instructions for FY2016. WebGAS 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/RoadMapImplmntngEBP.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

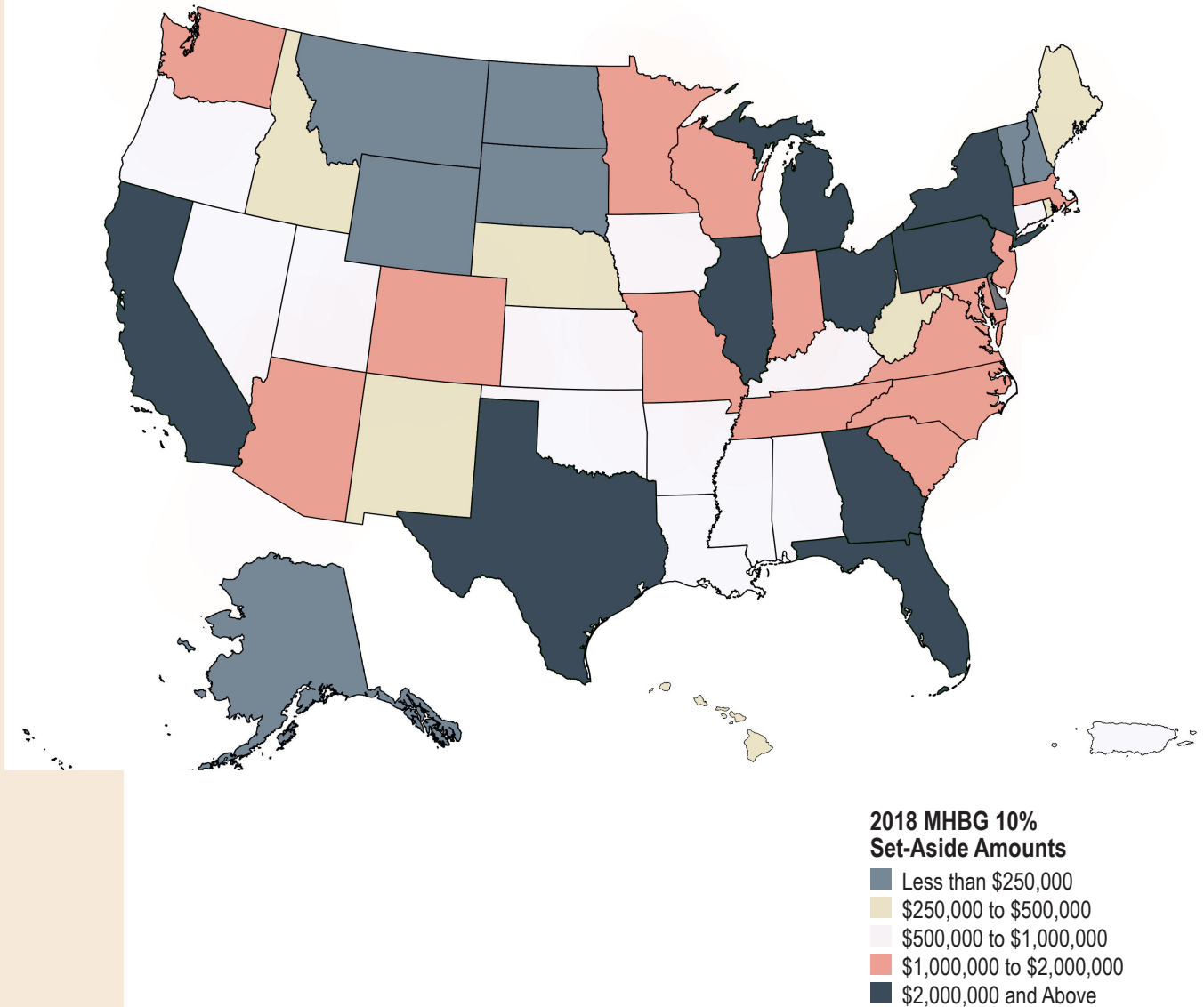


Table 4 details the number of CSC programs by stage of implementation in each state with a CSC program or that has indicated it plans to build a CSC program (these would be included under the Exploration stage of implementation). Table 5 identifies the individual evidence-based practices states are implementing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

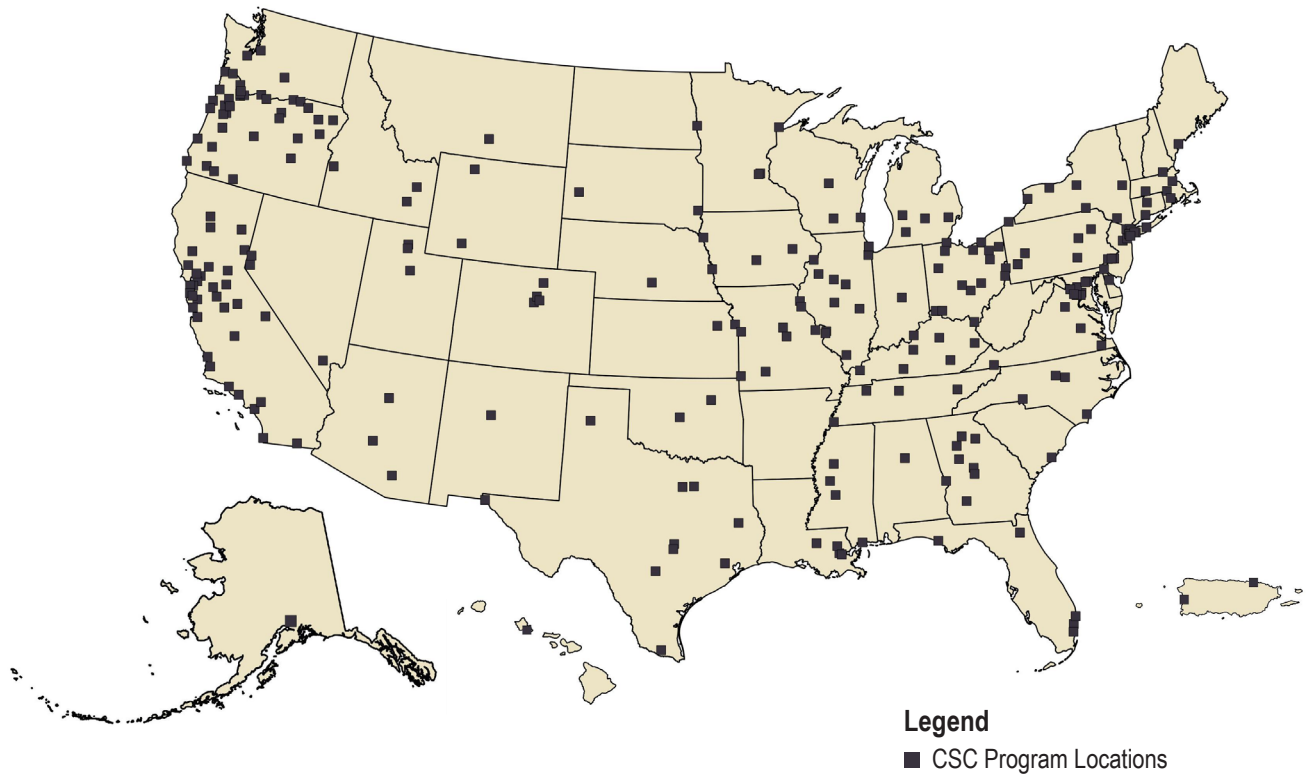
Table 5: States Implementing Individual EBPs or Other Initiatives

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
JBS NOVA	940 Montclair Rd, Suite 200	Birmingham	35213			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bibb, Pickens, Tuscaloosa counties	205-206-4870	sweed@jbsmha.com	None			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 years	12 months	Schizophrenia, schizoaffective and schizophreniform disorder, bipolar I with psychotic features, psychosis NOS, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
5	5	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$330,189	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Behavior-oriented CBT						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

Alaska



STATE CONTACT

Brian Fechter | 907-465-4841 | Brian.Fechter@alaska.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
\$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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrAK	1363 W. Spruce Av.	Wasilla	99654			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Matanuska-Susitna Borough	907-376-2411	jcook@matsuhealthservices.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	5 years	Psychotic or bipolar disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
10	3	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$143,298	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

American Samoa



STATE CONTACT

Seph Alesana Tuala and Talalupelele Sunia | atuala@dhss.as and tfsunia@dhss.as

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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
American Samoa Department of Human and Social Services	997534 Utelei Street	Utulei	96799			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Statewide	682-633-0315	mtsolomona@dhss.as	None			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16 and above	No Response	Suspected or diagnoses SMI				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	15	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$10,392	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

Arizona



STATE CONTACT

Tom Betlach | 602-417-4000 | Tom.Betlach@azahcccs.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
\$1,680,042	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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly to RBHA, annually and on demand to the state**

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	City	ZIP			
Fast Forward First Episode Intervention Program	1300 S Yale St	Flagstaff	86004			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Coconino, Mohave, and Yavapai Counties	928-774-7128	Jesse.Sharber@iasishealthcare.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	2 years	Any ICD-10 or DSM-V diagnosis descriptions containing the words psychosis or schizophrenia				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
44	44	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$500,000 (est.)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Program evaluation tool informed by First Episode Psychosis Fidelity Scale (FEPS-FS).				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Psychosis Intervention Center	535 N. Wilmot Rd. Suite 201	Tucson	85711			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Pima County	520-694-1797	Patricia.Harrison-Monroe@bannerhealth.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	5 years	Psychotic symptoms that are not drug induced or due to TBI				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	49	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$392,492 (est.)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Community education and training						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		The Director of EPICenter, Patricia Harrison-Monroe, Ph.D., monitors fidelity. No specific tool is used. The provider monitors fidelity to the program by monitoring appointment availability, frequency of individual services provided by various members of the team, frequency and consistency of treatment team meetings, and review of videotaped sessions during weekly clinical supervision with a licensed psychiatrist.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
NAMI-SA's "Ending the Silence" (ETS) is a 50-minute presentation for middle school, high school, and college students that helps raise awareness and change perceptions around mental health conditions.	6122 E. 22nd St.		Tucson	85711		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Pima, Cochise, Pinal, and Santa Cruz Counties	520-622-5582	H. Clarke Romans cromans@namisa.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-adult (18+)	N/A	Discusses psychotic symptoms that are not drug induced or due to TBI.				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
N/A	2,275	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$164,600 (est.)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Community education and training						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAMI selects schools from different areas of the United States. They complete a 12 item research questionnaire measuring knowledge and attitudes related to mental health conditions and help-seeking attitudes. The classes who take the ETS classes completed a 12-item research questionnaire before the ETS presentation, immediately after, and 4-6 weeks following the presentation			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
IMHR EpiCenter	1415 N 1st Street	Phoenix	85004			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Statewide	602-595-5447	llabreque@imhrepicenter.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	5 years	Schizophrenia spectrum disorder; affective disorder with psychotic features				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
50	35	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$180,400 (est.)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
MIHS First Episode Center	950 E. Van Buren St.	Avondale	85323			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Maricopa County	623-344-6860	Shasa.Jackson@mihs.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Brief psychotic disorder, schizophreniform disorder, delusional disorder, schizophrenia, schizoaffective disorder, other specified schizophrenia spectrum and other psychotic disorder, unspecified schizophrenia spectrum and other psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
70	63	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$180,400 (est.)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: CET, CommonGround/ Shared Decision						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

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

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Community Counseling Services (Ouachita Regional)	125 Wellness Way		Hot Springs	71923		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Montgomery, Garland, Pike, Clark, Hot Spring counties	501-624-7111	No Response		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		
5	0	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$29,543	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Counseling Associates	110 Skyline Drive	Russellville	72801			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Johnson, Pope, Conway, Faulkner, Perry, Yell counties	501-328-2222	No Response	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			
39	30	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$35,145	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Counseling Clinic	307 East Sevier St	Benton	72015			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Saline county	501-315-4224		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			
39	30	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$21,677	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Delta Counseling Associates	790 Roberts Drive	Monticello	71655			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Desha, Drew, Bradley, Ashley, Chicot counties	870-367-9732	No Response	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			
6	6	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$19,252	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Health Resources of Arkansas/Preferred Family Healthcare, Inc.	25 Gap Road	Batesville	72503			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Boone, Marion, Baxter, Fulton, Newton, Searcy, Izard, Sharp, Stone, Independence, Jackson, Woodruff, White, Cleburne, Van Buren counties	870-793-8900	No Response	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			
No Response	No Response	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$51,634	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Little Rock CMHC	1100 N University Ste. 200	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	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	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$32,383	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

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	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			
43	39	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$54,035	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Ozark Guidance Center	2400 South 48th St	Springdale	72766			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Benton, Carroll, Washington, Madison counties	479-750-2020	No Response	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			
18	9	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$63,360	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Professional Counseling Associates	3601 Richards Road	North Little Rock	72231			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Prairie, Lonoke, Pulaski (North of the AR River) counties	501-221-1843	No Response	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			
15	1	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$37,107	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
South Arkansas Regional Health Center	715 North College	El Dorado	71730			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Dallas, Ouachita, Calhoun, Union, Columbia, Nevada	870-862-7921	No Response	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			
37	24	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$21,486	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Southeast Arkansas Behavioral Healthcare System	2500 Rike Drive	Pine Bluff	71613			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Grant, Jefferson, Arkansas, Cleveland, Lincoln Counties	870-534-1834	No Response	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			
9	0	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$22,385	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Southwest Arkansas Counseling and Mental Health Center	2904 Arkansas Boulevard		Texarkana	71854		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Sevier, Howard, Hempstead, Lafayette, Miller, Little River Counties	870-774-1315	No Response		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		
14	7	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$22,100	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Western Arkansas Counseling and Guidance Center	3111 South 70th St	Fort Smith	72917			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Crawford, Franklin, Logan, Sebastian, Scott, Polk counties	479-452-6650	No Response	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			
8	0	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$38,290	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Felton Early Psychosis Program Alameda County	1814 Franklin St, Suite 400	Oakland	94612			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Alameda County	888-535-7737	FEPPalameda@felton.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-35	2 years	Schizophrenia, schizophreniform and schizoaffective disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
58	58	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREP				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Juvenile Hall and Jail Program	3217 Cohaffit Road	Chico	95973			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Butte 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	Program Type	Level of Implementation			
No Response	393	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation (Imputed)			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Colusa FEP Program	162 E. Carson Street, Suite A		Colusa	95932		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Colusa 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	Program Type		Level of Implementation		
No Response	393	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
First Hope	1340 Arnold Drive, Suite 200	Martinez	94553			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Contra Costa County	925-681-4450	Nancy.Ebbert@hsd.cccounty.us Phyllis.Mace@hsd.cccounty.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Transition Age Youth (TAY) Program	No Response	Placerville	No Response			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
El Dorado County	530-621-6133	Lesly.VanSloten@edcgov.us ; Sabrina.Owen@edcgov.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
AVATAR	720 Wood Street	Eureka	95501			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
El Dorado 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	Program Type	Level of Implementation			
4	11	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Imperial FEP Program	202 North 8th Street	El Centro	92243			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Imperial County	No Response	Sarah.Moore@co.imperial.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	352	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PIER			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Progressive Living Program	162 Grove Street, Suite J	Bishop	95314			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Inyo County	760-873-6533	gzwier@inyocounty.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Kings View Counseling Services	1393 Bailey Drive		Hanford	93230		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Kings 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	Program Type		Level of Implementation		
16	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation (Imputed)		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			RAISE			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lake County FEP Program	6302 Thirteenth St.	Lucerne	95458			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lake County	No Response	Christina.Drukala@lakecountyca.gov	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	65	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lassen County FEP Program	555 Hospital Lane	Susanville	96130			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lassen County	530-251-8108	snordstrom@co.lassen.ca.us pgrosso@co.lassen.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	1	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		For IRT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Transition Age Youth (TAY) Field Capable Clinical Services (FCCS)	550 South Vermont Avenue 11th Floor	Los Angeles	90020			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Los Angeles County	No Response	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
221	No Response	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Madera FEP Program	P. O. Box 1288	Madera	93639			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Madera 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	Program Type	Level of Implementation			
0	57	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			ACT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Marin County FEP Program	20 N. San Pedro, Suite 2028	San Rafael	94903			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Marin 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	Program Type	Level of Implementation			
0	12	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Mariposa FEP Program	P.O. Box 99	Mariposa	95338			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Mariposa County	No Response	tdavidson@mariposahsc.org bgatlin@mariposahsc.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	11	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Redwood Community Crisis Center	468 South Franklin St		Fort Bragg	95437		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Mendocino 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	Program Type		Level of Implementation		
No Response	60	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
MCDMH System of Care	P.O. Box 2087	Merced	95344			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Merced County	209-381-6800, ext. 3277	bhoskins@co.merced.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
AVANZA	1270 Natividad Rd	Salinas	93906			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Monterey 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	Program Type	Level of Implementation			
19	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation (imputed)			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PIER			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Supportive Outreach and Access to Resources (SOAR)	1546 1st Street		Napa	94559		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Napa County	707-253-0123	soglesby@aldeainc.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
8-30	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
9	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Crisis Insight Respite Center	500 Crown Point Circle, Ste 120		Grass Valley	95945		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Nevada 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	Program Type		Level of Implementation		
16	16	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Youth Hospital Intervention	4095 County Circle Drive	Riverside	95971			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Nevada County	No Response	jtschwarzlose@rcmhd.org pthompson@rcmhd.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
2491	2	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Illness management and recovery				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
UC Davis SacEdapt	No Response	Davis	No Response			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Sacramento County	916-734-7251	dmnngu@ucdavis.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-30	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
117	57	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EDAPT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Premier Program—Orchid Court	303 East Vanderbilt Way	San Bernardino	92415			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
San Bernardino 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	Program Type	Level of Implementation			
No Response	12	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Adults needs and strengths			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Pathways Community Kickstart	6160 Mission Gorge Rd, #100		San Diego	92120		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Diego County	619-481-3790	hgraven@provcorp.com		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
10-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	16	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$288,673	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PIER			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Felton Early Psychosis Program San Francisco	6221 Geary Blvd, 2nd Floor		San Francisco	94121		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Francisco County	415-614-5970	FEPPsf@felton.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-35	2 years	Schizophrenia, schizophreniform, and schizoaffective disorders				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	183	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PREP			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Telecare Early Intervention and Recovery Program	4545 Georgetown Place, Suite A3		Stockton	95207		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Joaquin County	209-955-1139	mplanas@telecarecorp.com		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$204,977	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Psychosis Program	2078 Johnson Ave	San Luis Obispo	93401			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
San Luis Obispo County	805-788-2055	fwarren@co.slo.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	43	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Felton Early Psychosis Program San Mateo	1108 S. El Camino Real	San Mateo	94402			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
San Mateo County	650-458-0026	FEPPsanmateo@felton.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-35	2 years	Schizophrenia, schizophreniform, and schizoaffective disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Prevention and Early Intervention for Transition Age Youth	300 N San Antonio Road, Bldg. #3		Santa Barbara	93110		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Santa Barbara County	805-681-5289	suzkirk@co-santa-barbara.ca.us		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 Response	370	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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	Program Type		Level of Implementation		
No Response	370	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Intervention Program for Transition Age Youth and Adults	1400 Emeline Ave.	Santa Cruz	95060			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Santa Cruz County	No Response	Jasmine.Najera@santacruzcounty.us Steve.Ruzicka@santacruzcounty.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
53	63	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,215	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The Underserved Child	1810 Market St	Redding	96001			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Shasta County	530-229-8423	dshelton@co.shasta.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
25	19	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$137,205	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Sierra County FEP Program	P.O. Box 1019	Loyalton	96118			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Sierra County	530-993-6746	khill@sierracounty.ca.gov lsalas@sierracounty.ca.gov	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Support Outreach and Access to Resources (SOAR)	470 Chadbourne Road, Suite A	Fairfield	94534			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Solano County	707-425-9670	nmartinez@aldeainc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-30	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16	39	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EDAPT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Crisis Assessment, Prevention, and Education (CAPE) Team	3322 Chanate Road		Santa Rosa	95404		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Sonoma County	707-565-6900	No Response		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	38	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The Life PATH Program	1400 K Street, Suite I	Modesto	95354			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Stanislaus County	209-312-9580	No Response	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-25	1 year	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
23	25	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$204,977	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
FEP Program Tehama County	P. O. Box 400	Red Bluff	96080			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Tehama County	No Response	Betsy.Gowan@tchsa.net	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Forensic Services Program	P. O. Box 400		Weaverville	96093		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Trinity 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	Program Type		Level of Implementation		
No Response	12	<input type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Tuolumne County FEP Program	105 Hospital Rd	Sonora	95370			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Tuolumne County	No Response	laustin@co.tuolumne.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	12	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$73,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Ventura Early Intervention Prevention Services (VIPS)	1746 S. Victoria Ave, #220		Ventura	93003		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Ventura County	805-477-9848	vips@telecare.com		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	1 year	Psychotic symptoms				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
68	65	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$216,943	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PIER			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Yolo EDAPT	137 N. Cottonwood St. Suite 2500		Woodland	95695		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Yolo 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	Program Type		Level of Implementation		
No Response	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation (imputed)		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,214	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EDAPT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
First Onset Team	No Response	Fresno	No Response			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Fresno County	559-600-4681	javery@co.fresno.ca.us	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
First Episode Outreach and Support Program (FEOSP)	No Response		Los Angeles	No Response		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Los Angeles 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	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Felton Early Psychosis Program Monterey	11 Quail Run Circle, Suite 202	Salinas	93907			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Monterey County	831-424-5033	FEPPmonterey@felton.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-35	2 years	Schizophrenia, schizophreniform, and schizoaffective disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Orange County Center for Resiliency Education and Wellness (OC CREW)	792 Town & County		Orange	92868		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Orange County	714-480-5115	OC_CREW@ochca.com		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-25	1 year	Schizophreniform spectrum disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
UC Davis EDAPT	No Response	Davis	No Response			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Sacramento County	916-734-3350	OC_CREW@ochca.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-40	1 year	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EDAPT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Cognitive Assessment and Risk Evaluation (CARE) Program	140 Arbor Drive, 4th Floor		San Diego	92103		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Diego County	619-543-7745	kcadenhead@ucsd.edu		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-30	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
UCSF Path Program	401 Parnassus Ave	San Francisco	94143			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
San Francisco County	415-476-7278	Itzel.Lopez@ucsf.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Raising Awareness and Creating Early Hope (REACH)	185 Martinville Lane		San Jose	95119		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Santa Clara County	855-273-2248	info@reach4scc.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
10-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
INSPIRE Clinic	401 Quarry Road	Stanford	94304			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Santa Clara County	650-498-9111	jballon@stanford.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
EPIC at the Jefferson Center for Mental Health	3595 South Teller Street	Lakewood	80235			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Jefferson, Clear Creek, and Gilpin Counties	303-432-5835	EPIC@jcmh.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-29	2 years	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
19	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$314,461	\$0	\$48,893	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrack Critical Items Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Prevention & Recovery In Early Psychosis (PREP) Program	8931 N. Huron St.	Thornton	80260			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Adams County	303-853-3831	FEP-PREP@communityreachcenter.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-29	2 years	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
32	25	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$300,798	\$0	\$133,861	\$23,531			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Critical Items Scale				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAP (Wraparound Program), Aurora Mental Health Center	791 Chambers Road	Aurora	80011			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
City of Aurora and Arapahoe County	303-923-2918	RAPteam@aumhc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-29	2 years	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
22	29	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$159,939	\$13,307	\$235,063	\$6,871			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Critical Items Scale				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
TACT (Transitional Age Community Treatment), North Range Behavioral Health	928 12th Street	Greeley	80631			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Weld County	970-347-2401	Kelly.Slade@northrange.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-29	2 years	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
20	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$135,562	\$0	\$65,300	\$12,600			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrack Critical Items 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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Specialized Treatment Early in Psychosis (STEP)	34 Park St	New Haven	06519			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Towns of New Haven, East Haven, West Haven, North Haven, Bethany, Orange, Woodbridge, Hamden, Branford, and Milford	203-589-0388	Jessica.Pollard@yale.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	First few years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3-4 average admissions/month	67	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$226,810	\$597,090	DSS data, not available	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Social cognition intervention group						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		STEP specific measures published: doi:10.1001/jamapsychiatry.2015.2821				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
POTENTIAL Program at the Institute of Living (IoL)	200 Retreat Avenue	Hartford	06106			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Statewide (excluding towns served by STEP)	860-545-7210	Mallory.Fergione@hhchealth.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
17-26	2 years	Schizophrenia spectrum diagnoses and affective psychoses				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
44	54	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$294,000	\$191,613	DSS data, not available	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Social networking events						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BPRS and IoL specific 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

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Delaware CORE	Kent & Sussex: 630 W. Division St; New Castle: 1901 N Dupont Hwy (Springer Bldg, 100)		Dover; New Castle	19904; 19720		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Statewide	888-284-6030	channa-ronald@psi-corp.net		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	1 year	Symptoms of early psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
10	6	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$207,118	\$0	\$0	\$1,000,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PIER			

District of Columbia

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
\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Semi-annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Community Connections	801 Pennsylvania Ave. SE # 201	Washington	20003			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
District of Columbia	202-281-2934	dfreeman@ccdc1.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	2 years	Presentation of any psychotic feature such as auditory or visual hallucinations, paranoia, disorganized thought process.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
35	19	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$138,860	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

Florida



STATE CONTACT

Jeff Cece | 850-717-4405 | Jeffrey.Cece@myffamilies.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
\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Annually and upon request**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE at Henderson Behavioral Health	4700 N. State Rd, Bldg A, Suite 300	Lauderdale Lakes	33319			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Broward County	957-634-8096	sguinart@hendersonbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	1 year	Psychosis unspecified, schizophrenia, schizoaffective				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
101	56	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$776,180	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Psychosis Intervention Care, NAVIGATE at Life Management Center	525 E. 15th St	Panama City	32405			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bay County	850-522-4485	epicprogram@lmccares.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	1 year	Affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	59	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$750,000	\$0	\$0	\$5,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE Team Members Guide			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE at South County Mental Health Center	16158 S. Military Trail	Delray Beach	33484			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Palm Beach County	561-637-1038	greenk@scmhinc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-34	12 months-18 months	Schizoaffective disorder, psychosis NOS				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3	60	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$750,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE Team Members Guide			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE at Citrus Health Center	4175 W. 20th Ave	Hialeah	33012			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Miami-Dade County	305-216-0327	navigate@citrushealth.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia and schizoaffective disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
70	60	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$750,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE Team Members Guide			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE at Clay Behavioral Health Center	3292 County Rd 220	Middleburg	32068			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Clay and Putnam Counties	904-261-5561	Winnie.Holland@ccbhc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-36	1 year	Schizophrenia and schizoaffective and schizophreniform disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	50	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$475,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE Team Members 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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Psychosis Intervention Collaborative (EPIC) at Advantage Behavioral Health Systems	1030 Mitchell Bridge Road	Athens	30606			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Athens and 10-county surrounding area	706-369-6363	csharkey@advantagebhs.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
11	26	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$230,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based off FEP-FS				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
EVOLVE at Aspire	2500 Dawson Rd	Albany	31707			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Albany and 16-county surrounding area in SW Georgia	229-430-5100	lspears@albanycsb.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
18	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$257,993	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based off FEP-FS				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
InTUNE at River Edge Behavioral Health Center	Macon-Bibb County: 175 Emery Hwy;	Macon	31217			
	Houston County: 281 Carl Vinson Pkwy	Warner Robins	31088			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Macon and 9-county surrounding area in central Georgia	478-803-7899	mnunez@river-edge.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
14	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$231,234	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based off FEP-FS				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Project LIGHT at View Point Health–Gwinnett Team	2755 Sawnee Ave.	Buford	30518			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Gwinnett County, North Metro Atlanta	678-209-2390	light@VPHealth.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16	26	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$234,700	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based off FEP-FS				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Project LIGHT at View Point Health–DeKalb/Fulton Team	2799 Lawrenceville Highway		Decatur	30033		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
DeKalb and Fulton Counties, Metro Atlanta	678-209-2390	lightdf@VPHealth.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
25	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$247,818	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			State developed, based off FEP-FS			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
McIntosh Trail CSB	1435 North Expressway	Griffin	30244			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Henry County and 7-county surrounding area, South Metro Atlanta	770-358-5252	kwalker@mctrail.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	20	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$243,497	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based off FEP-FS				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Horizons Behavioral Health	2100 Comer Avenue	Columbus	31904			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Columbus and 7-county surrounding area	706-249-0575	aspears@nhbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia spectrum disorders and affective disorders with psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$50,456	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed, based 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
I Fine'na-Guam Behavioral Health & Wellness Center	790 Governor Carlos G. Camacho Rd		Tamuning	96932		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Statewide	671-647-5440	Reina.Sanchez@gbhwc.guam.gov		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-26	No Response	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
9	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Installation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$30,690	Staff salary	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Oasis Empowerment Center	556 East Marine Corps Drive	Hagatna	96910			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Statewide	671-989-4609	oasis@guam.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
18 and up	None	Serious mental illness; co-occurring diagnosis;				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	0	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$31,000	\$20,000	No Response	\$45,700			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 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	<input checked="" type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **No Response**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackHawaii	2444 Dole Street, Krauss Hall, 101	Honolulu	96822			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Island of Oahu	808-956-6289	TrackHI@hawaii.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-24	2 years	Non-organic, non-affective psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	13	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$365,300 (across two programs)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackHawaii	1441 Kapiolani Blvd. Ste. 1503	Honolulu	96814			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Island of Oahu	808-956-6289	TrackHI@hawaii.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-24	2 years	Non-organic, non-affective psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$365,300 (across two programs)	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/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

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Strength Through Active Recovery (STAR) Region 3 Behavioral Health Center	3402 Franklin Rd	Caldwell	83605			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Canyon, Gem, Payett, Owyhee, Washington and Adams counties	208-459-0092	STAR3@dhw.idaho.gov	Under Development			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Schizophrenia, schizoaffective, schizophreniform, bipolar I, delusional disorder, psychosis NOS				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$107,800	No Response	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		First Episode Psychosis Fidelity Scale (FEP-FS)				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Strength Through Active Recovery (STAR) Region 6 Behavioral Health Center	421 Memorial Dr	Pocatello	83201			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bannock, Power, Caribou, Bear, Lake, Franklin, Oneida counties	208-459-0092	STAR6@dhw.idaho.gov	Under Development			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Schizophrenia, schizoaffective, schizophreniform, bipolar I, delusional disorder, psychosis NOS				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
2	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$59,500	No Response	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Strength Through Active Recovery (STAR) Region 7 Behavioral Health Center	150 Shoup Ave, Suite 17	Idaho Falls	83440			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bingham, Bonneville, Jefferson, Madison, and Teton counties	208-528-5700	STAR7@dhw.idaho.gov	Under Development			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Schizophrenia, schizoaffective, schizophreniform, bipolar I, delusional disorder, psychosis NOS				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$135,000	\$101,800	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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

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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly or Bi-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 Name	Address		City	ZIP		
Advocate Illinois Masonic Behavioral Health	938 W. Nelson Ave		Chicago	60657		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
City of Chicago	773-892-8135	Stacey.Brown@advocatehealth.com		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
30	21	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Bridgeway MHC	2323 Windish Dr	Galesburg	61404			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Northwest Illinois	309-344-4204	StacyB@bway.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
13	10	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Centerstone	200 N. Emerald Ln	Carbondale	62901			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Southern Illinois	618-713-1394	Barb.Gossman@centerstone.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
22	20	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Chestnut Health Systems	50 Northgate Industrial Dr	Granite City	62040			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Illinois suburbs of St. Louis	618-314-5561	agwoehlke@chestnut.org ajsimpson@chestnut.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
28	21	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Grand Prairie Services	19530 S. Kedzie St	Flossmoor	60422			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Chicago South Suburbs	630-333-5217	gmoore@gpsbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
29	19	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Human Services Development Institute	340 E. 51st St	Chicago	60615			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
South Chicago	No Response	ahull@hrdi.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
20	19	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
LifeLinks	750 Broadway Ave E.	Mattoon	61938			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Central Illinois	217-259-1237	chughes@lifelinksinc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	8	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Memorial Behavioral Health	710 N. 8th St	Springfield	62702			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Springfield	217-588-7928	Mester.Cynthia@mhsil.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
20	17	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Robert Young Mental Health Center	2200 3rd Ave	Rock Island	61201			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Northwest Illinois	309-737-2489	Paul.Phares@unitypoint.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
21	17	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Trilogy, Inc	3737 W. Lawrence Ave	Chicago	60625			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	773-564-4725	brohloff@trilogyinc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
17	14	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Thresholds	4101 N. Ravenswood Dr	Chicago	60613			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
North, west and central Chicago	773-432-6555	Jose.Viruet@thresholds.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	14	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Transitions of Western Ill.	4409 Maine St	Quincy	62305			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Quincy area	217-653-0416	jpeters@twi.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
1	2	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Human Service Center of Peoria	600 Fayette	Peoria	61654			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Central Illinois	309-282-1351	cgilmer@hscpeoria.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	18 months	Schizophrenia, schizoaffective, schizophreniform or other psychotic disorder, bipolar disorder with psychotic features, major depression with psychotic features, PTSD with dissociative symptoms				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Prevention and Recovery Center (PARC) for Early Psychosis	720 Eskenazi Ave	Indianapolis	46202			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Indianapolis	317-880-8494	Kristen.Ratliff@eskenazihealth.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	3 years	Psychosis that is not affective, organic, or substance-induced				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
43 (across both PARC programs)	206 (across both PARC programs)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$1,215,381 (across both PARC programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Proprietary fidelity tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Prevention and Recovery Center (PARC) for Early Psychosis–Remote Program	720 Eskenazi Ave	Indianapolis	46202			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Fort Wayne and Bloomington	317-880-8494	John.Lurkins@eskenazihealth.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	3 years	Psychosis that is not affective, organic, or substance-induced				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
43 (across both PARC programs)	206 (across both PARC programs)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$1,215,381 (across both PARC programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Proprietary fidelity tool				

Iowa



STATE CONTACT

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

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

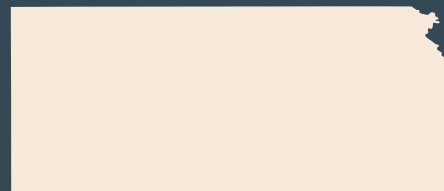
The FEP provider submits this information at the individual level or aggregated at the provider level.

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
FERST NAVIGATE Program at the Abbe Center for Community Mental Health	520 11th Street N.W.		Cedar Rapids	52405		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Cedar Rapids and northeast/east central counties	319-398-3562	kjohnson@abbehealth.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-65	No Response	Schizophrenia, schizoaffective, schizophreniform, and brief psychotic disorder or psychotic disorder NOS				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
22	17	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$128,280	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Community support services						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RESTORE NAVIGATE Program at Eyerly Ball Community Mental Health Center	945 19th St.	Des Moines	50314			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Des Moines and 5-county surrounding area in central Iowa	515-243-5181	cynthias@eyerlyball.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-40	No Response	Schizophrenia, schizoaffective, schizophreniform, and brief psychotic disorder or psychotic disorder NOS				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$148,542	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Community support services						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
HARMONY NAVIGATE Program at Siouxland Mental Health Center	625 Court St.		Sioux City	51102		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Sioux City and Northwest Iowa Counties	712-252-3871, ext. 256	martins@siouxlandmentalhealth.com		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-45	No Response	Schizophrenia, schizoaffective, schizophreniform, and brief psychotic disorder or psychotic disorder NOS				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
9	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$124,413	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Community support services						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAVIGATE			

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

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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Valeo NAVIGATE Program	5401 West 7th Street	Topeka	66606			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, Shawnee, Washington, Nemaha, Brown, Doniphan, and Jackson counties	785-783-7513	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	20	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$110,140	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Wyandot Center's Early intervention Team	757 Armstrong Ave		Kansas City	66101		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Atchison, Douglas, Jefferson, Johnson, Leavenworth, and Wyandotte counties	No Response	krehbiel_j@wmhci.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	No Response	Diagnosis of schizophrenia, schizoaffective, unspecified schizophrenia spectrum, other psychotic disorders, and bipolar disorder with psychotic features				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
65	23	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$201,558	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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

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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Cumberland River iHOPE	349 Riverbend Road	London	40744			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan, and Bell counties	606-878-7013 or 606-280-2466	Samantha.Reid@crccc.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$175,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lifeskills iHOPE	3080 Suwanee Trail Street	Bowling Green	42101			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Butler, Edmonson, Hart, Logan, Warren, Barren, Metcalfe, Simpson, Allen, and Monroe counties	270-901-5000 ext. 1214	lwolfin@lifeskills.com	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	21	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Centerstone iHOPE	708 Magazine Street	Louisville	40223			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry and Trimble counties	502-589-8926, ext. 4468	Ann.Behymer@centerstone.org Mary.Williams@centerstone.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
27	19	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$50,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Pathways iHOPE	3701 Landsdowne Dr	Ashland	41102			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Montgomery, Bath, Rowan, Menifee, Morgan, Greenup, Boyd, Elliott, and Lawrence counties	606-473-7333	David.cheesbro@pathways-ky.org Heather.Compton@pathways-ky.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	1	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$50,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Four Rivers iHOPE	425 Broadway	Paducah	42001			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, and McCracken counties	270-442-7121	bcraig@4rbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
10	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Bluegrass iHOPE	1351 Newtown Pike	Lexington	40511			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Fayette and Madison counties	800-928-8000	ajlakes@bluegrass.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	5	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$200,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Communicare iHOPE	100 Gray St	Elizabethtown	42701			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Hardin, Nelson, Meade, Grayson, Larue, Breckinridge, Washington, Marion counties	270-737-1360 ext. 1253	jyoung@communicare.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Any DSM diagnosis that includes psychosis in criteria				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$200,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Capital Area Human Services District	4615 Government St, Building 2	Baton Rouge	70806			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Ascension, Iberville, East Baton Rouge, West Baton Rouge, Pointe Coupee, East Feliciana, and West Feliciana parishes	225-922-2700	Paul.Tuminello@la.gov	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-38 (flexible)	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
21	14	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$136,440	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			State developed process measures			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early Psychosis Intervention Clinic-New Orleans (EPIC-NOLA)	4000 Bienville St, Suite G	New Orleans	70119			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Orleans, St. Bernard, and Plaquemines parishes	504-434-2564	epicnola@sflouisiana.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-35 (flexible)	2 years	Schizophrenia or other psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
81	111	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$366,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			State developed process measures			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Florida Parishes Human Services Authority	835-B Pride Drive, Suite B	Hammond	70401			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Livingston, St. Helena, Tangipahoa, Washington, and St. Tammany parishes	985-543-4333	Cindy.gutowski@fphsa.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40 (flexible)	2 years	Psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
8	13	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$21,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State developed process measures				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Jefferson Parish Human Services Authority	3616 S. I-10 Service Road W.		Metairie	70001		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Jefferson Parish	504-838-5215	No Response		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40 (flexible)	2 years	Psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
13	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$21,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			State developed process 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Portland Identification and Early Recovery (PIER) Program	66 Bramhall St.	Portland	04102			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Program is located in Cumberland County and serves those willing to travel. Consultation and training to the rest of the state.	Sarah Lynch, LCSW PIER Program Manager 207-662-3162	lynchs@mmc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-26	Psychosis onset within past year	Schizophrenia spectrum and affective psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
21	34	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$483,147	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FEPS Fidelity Scale; MFG and CBTp fidelity scales				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
THRIVE/Youth MOVE Maine	175 Lancaster St.	Portland	04101			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cumberland, York and Androscoggin Counties	207-541-0900	info@youthmovemaine.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-26	Psychosis onset within past year	Schizophrenia spectrum and affective psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
21	21	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Exploration			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$60,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			Certified Intentional Peer Support Specialist Training and 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Early Psychosis Intervention	Ministry of Health and Human Services		Majuro	96960		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Majuro	692-456-1151	maritaedwin54@gmail.com		None		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	No Response	All				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
46	46	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		Installation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$26,000	\$177,872	No Response	\$16,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrack Maryland Family Services Inc. Part of the Sheppard Pratt Health System	610 East Diamond Avenue, Suite 100	Gaithersburg	20877			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Montgomery County, MD	301-840-3216	katie.moss@fs-inc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Schizophrenia, schizophreniform, psychosis NOS, drug induced psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
13	25	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$350,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(1) FPE Family Psychoeducation and (2) IPS-Supported Employment				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Johns Hopkins EPIC/ Maryland Early Intervention Program	5500 E Lombard Street	Baltimore	21244			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Greater Baltimore and surrounding area within a 25 mile radius	410-550-8241	ksander5@jhmi.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	All primary psychotic disorders to include schizophrenia, schizophreniform disorder, unspecified psychotic disorder, schizoaffective disorder, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
17	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$350,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(1) FPE Family Psychoeducation and (2) IPS-Supported Employment				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RA1SE--Part of the UMMC Carruthers Clinic	827 Linden Avenue	Baltimore	21201			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
30 mile radius of clinic	410-462-5799	Laustin@som.umaryland.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
19	24	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$350,000	\$376,043	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Center of Excellence Maryland Early Intervention Program	55 Wade Avenue	Catonsville	21228			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Statewide	877-277-6347	info@marylandmeip.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-45	2 years	Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
17	108	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$1,224,000	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

Massachusetts



STATE CONTACT

Teresa Anderson | 617-626-8308 | Terri.Anderson@massmail.state.ma.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
\$1,362,350	\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly and Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Metro Boston PREP®	76 Amory Street	Roxbury	02119			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Metro Boston	617-516-5102	None	None			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	5 years	Any psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	42	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$86,547	\$721,225	No Response	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MA DMH Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Western Mass. PREP®	1236 Main Street	Holyoke	01040			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Western Massachusetts	413-561-0060	None	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	5 years	Any psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
44	45	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$515,857	\$0	\$42,000	\$24,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Multifamily group						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MA DMH 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly and Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAISE Navigate–InterAct	610 South Burdick St.	Kalamazoo	49007			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Kalamazoo City	269-381-3700	mheine@interactmich.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	First episode psychosis	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16 (FY17)	23	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$251,896	No Response	No Response	\$10,200			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Compliance with ETCH monitored weekly discipline specific consult calls, submission of audio recording, and completion of required outcome tools.			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAISE Navigate–InterAct	1131 Ionia NV	Grand Rapids	49503			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Kent County	616-259-7900	ccutcher@interactmich.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	First episode psychosis	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
17 (FY17)	43	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$330,746	No Response	No Response	\$48,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Compliance with ETCH monitored weekly discipline specific consult calls, submission of audio recording, and completion of required outcome tools.			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAISE Navigate–ETCH	4572 S. Hagadorn Rd., Suite 1E	East Lansing	48823			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Ingham County	517-481-4800	adams@etchwellness.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	First episode psychosis	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
25 (FY17)	53	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$574,996	No Response	No Response	\$72,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Compliance with ETCH monitored weekly discipline specific consult calls, submission of audio recording, and completion of required outcome tools.			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAISE Navigate–Easter Seals	2399 E. Walton Blvd.	Auburn Hills	48326			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Oakland County	248-475-6400	lbrdak@essmichigan.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	First episode psychosis	Schizophrenia spectrum				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
22 (FY17)	53	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$248,844	No Response	No Response	\$38,000			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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

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	No Response	No Response

DATA REPORTING

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently 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

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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **At Intake, Every 6 Months, and at Discharge**

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	City	ZIP			
The HOPE Program—Healing and Opportunities for Psychotic Experiences	914 South 8th Street	Minneapolis	55404			
Area Served (counties, cities, whole state, etc.)	Phone Number	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.	612-873-5692	Marielle.Demarais@hcmcd.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	2 years	Schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, delusional disorder, and/or other specified schizophrenia spectrum or other psychotic disorder.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$867,439 (FY16-FY18)	\$0	Yes	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
First Episode Psychosis Program (FEP) (located at M Health) (Two Teams)	5775 Wayzata Blvd., Suite 255	St. Louis Park	55416			
Area Served (counties, cities, whole state, etc.)	Phone Number	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.	952-525-4500	MDalahoe10@umnphysicians.umn.edu SCurran10@umnphysicians.umn.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	2 years	Schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, delusional disorder, and/or other specified schizophrenia spectrum or other psychotic disorder.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	64	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$689,774 (FY16-FY18)	\$413,000 (FY16-FY18)	Yes	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Human Development Center (HDC)	1401 East 1st Street	Duluth	55805			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Carlton, Cook, Lake, and St. Louis counties. Clients and families outside this area are also able to access FEP services.	218-728-4491	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	2 years	Schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, delusional disorder, and/or other specified schizophrenia spectrum or other psychotic disorder.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	\$686,000 (FY18-FY20)	Yes	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.				

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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CMHC Region 13/Gulf Coast Mental Health Center	1600 Broad Avenue	Gulfport	39501			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Harrison County	228-863-1132	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	No Response	Disorders classified in the DSM-5 under schizophrenia spectrum and other psychotic disorders.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
8	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$240,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE model and contract with NAVIGATE consultants.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CMHC Region 6/Life Help	101 Hwy. 7 South	Greenwood	38935			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Leflore, Grenada, and Holmes Counties	601-453-6211	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	No Response	Disorders classified in the DSM-5 under schizophrenia spectrum and other psychotic disorders.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
8	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$188,855	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE model and contract with NAVIGATE consultants.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CMHC Region 9/Hinds Behavioral Health Services	3450 Highway 80 West	Jackson	39284			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Hinds County	601-321-2400	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	No Response	Disorders classified in the DSM-5 under schizophrenia spectrum and other psychotic disorders.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3	3	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$214,338	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE model and contract with NAVIGATE consultants.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CMHC Region 15/ Warren-Yazoo Behavioral Health, Inc.	2303 Gordon Ave	Yazoo City	39194			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Yazoo County	601-746-5712	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	No Response	Disorders classified in the DSM-5 under schizophrenia spectrum and other psychotic disorders.				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$155,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATE model and contract with NAVIGATE consultants.				

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

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

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):

Suicidality	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

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 individual level or aggregated at the provider level.

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Burrell Behavioral Health	323 E. Grand St	Springfield	65807			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Greene County	417-761-5740	susan.baker@burrellcenter.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
49	45	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	\$3,133	\$37,989	\$6,658			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TMACT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Burrell Behavioral Health	3301 Berrywood Drive, Suite 201	Columbia	65201			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Boone County	573-777-8420	marlene.howser@burrellcenter.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
58	37	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$5,776	\$3,418	\$42,540	\$5,451			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TMACT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Compass Health Pathways–Raymore	1010 Remington Plaza	Raymore	64083			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cass County	816-318-4430	kkauffman@compasshn.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
57	48	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	\$5,875	\$21,511	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TMACT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Compass Health Pathways–Jefferson City	227 Metro Drive	Jefferson City	65109			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cole County	573-556-3320	nwalker@compasshn.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
32	32	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	\$1,315	\$20,229	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TMACT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Compass Health Crider Health Center	102 Compass Point Drive		St. Charles	63301		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
St. Charles County	636-332-8353	lcreath@compasshn.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
33	33	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$211,271	\$0	\$803	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TMACT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Ozark Center	1105 East 32nd St., PO Box 2526	Joplin	64803			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Barton, Jasper, McDonald, and Newton counties	417-347-7450	jdhefner@freemanhealth.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
50	44	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$8,735	\$33,642	\$42,281	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TMACT				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Hopewell Center	2012 Dr. Martin Luther King Drive		St. Louis	63106		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
St. Louis City County	314-600-3579	cbaker@hopewellcenter.com		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
46	41	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	\$99,847	\$306,729	\$5,333			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TMACT			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Preferred Family Healthcare	653 Clinic Road	Hannibal	63401			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby, Audrain, Callaway, Monroe, Montgomery, Pike and Ralls counties	573-248-3811	jbaker@pfh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	Early serious mental illness				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
31	29	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$422,542	\$0	\$10,413	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
EPIC Montana	Billings Medical Center, 2917 10th Ave N	Billings	59101			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Gallatin, Park, Sweet Grass, Stillwater, Carbon, and Yellowstone counties	855-537-4268	No Response	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
37	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$263,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Yale STEP			

Nebraska



STATE CONTACT

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

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	<input checked="" type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly and Semi-annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrack of the Heartland	4715 S 132 St	Omaha	68137			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	402-444-6534	pjurjevich@regionsix.com	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	10	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$41,236	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrack Central Nebraska	4009 6th Avenue	Kearney	68848			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	(308) 237-5113 x222	bbaxter@region3.net	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$52,485	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Addington Fidelity Scale			

Nevada



STATE CONTACT

Stephanie Woodard | SWoodard@health.nv.gov

Laurie Gleason | LaGleason@health.nv.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
\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Upon Request**

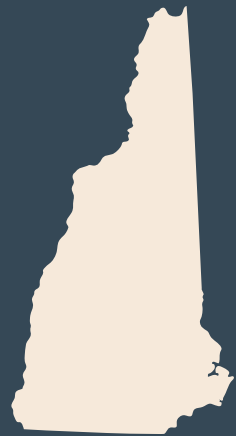
The FEP provider submits this information at the individual level or aggregated at the provider level.

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
RAISE Up Nevada (North)	2655 Enterprise Rd.	Reno	89512			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Reno, Sparks	775-688-1600	Tbowles@dcfs.nv.gov	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	18 months	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
11	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$305,544	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
RAISE Up Nevada (South)	6171 W. Charleston Boulevard, Building 7		Las Vegas	89179		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Las Vegas	702-486-7707	apolakowski@dcfs.nv.gov		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	18 months	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
19	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$157,401	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE First Episode of Psychosis-Rural Nevada	4126 Technology Way	Carson City	89706			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Carson City, Churchill, Douglas, Lyon, Mineral & Storey Counties	775-684-4229	rcondray@health.nv.gov	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-44	12-18 months	Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	0	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$17,328	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		First Episode Psychosis Fidelity Scale (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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Helping Overcome Psychosis Early (HOPE)	100 West Pearl Street	Nashua	03060			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Carson City, Churchill, Douglas, Lyon, Mineral, and Storey Counties	603-402-1547	hope@gnmhc.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	12-18 months	Schizophrenia, brief psychotic disorder, schizoaffective disorder, unspecified psychosis not due to substances, and schizoid personality disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$70,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Individual resiliency training						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently 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 Name	Address	City	ZIP			
Rutgers UBHC	100 Metroplex Drive, Suite 200,	Edison	08817			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Mercer, Middlesex, and Monmouth counties	732-235-2868	haguead@ubhc.rutgers.edu ; Coordinatedspecialtycare@ubhc.rutgers.edu	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS)				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
38	41	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$172,115	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		A fidelity model is currently in development.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Oaks Integrated Care	19 East Ormond Avenue	Cherry Hill	08002			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties	856-428-1300	Evelyn.Holmes@oaksintcare.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS)				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
61	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$258,658	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		A fidelity model is currently in development.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CarePlus NJ, Inc.	610 Valley Health Plaza	Paramus	07652			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, and Warren counties	201-265-8200	melissas@careplusnj.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS)				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
35	36	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$258,658	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		A fidelity model is currently in development.				

New Mexico



STATE CONTACT

Jacqueline Nielsen | 505-476-9267 | Jacqueline.Nielsen@state.nm.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
\$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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Early First Episode Clinic	2600 Marble Ave, NE	Albuquerque	87131			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bernalillo, Sandoval, and Valencia counties	1-88-NM-EARLY (1-888-663-2759)	RLenroot@salud.unm.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	1 year	Patient must have experienced their first episode of psychosis within the past 12 months				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
90	57	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$299,565	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			They are planning on using one soon, likely the First Episode Psychosis Services Fidelity Scale.			

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ Montefiore	111 East 210th Street		Paramus	10467		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	718-920-5045	chosorio@montefiore.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	37	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ The Institute for Family Health	1894 Walton Ave		Bronx	10453		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	718-583-2508 Ext. 2111	ontrackny@institute.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	39	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Early Treatment Program at Lenox Hill	210 East 64th Street		New York	10065		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	212-434-6887	etplenox@northwell.edu		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ The Jewish Board	135 West 50th Street, 6th Floor		New York	10020		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	212-632-4789	agaudet@jbfcs.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	39	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ Bellevue	462 First Avenue, C/D Building, 2nd Floor		New York	10016		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	212-562-7289	Caitlin.Graziano@bellevue.nychhc.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	23	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackNY Connections Program	1051 Riverside Drive, Suite 1701, Unit 113	New York	10032			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	646-774-8416	Nannan.Liu@nypsi.columbia.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	44	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrack @ Elmhurst	79-01 Broadway, H3-51	Elmhurst	11373			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	718-334-1392	ontracknyelmhurst@nychhc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	46	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Early Treatment Program at Zucker Hillside Hospital	75-59 263rd Street		Glen Oaks	11004		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	718-470-8888	earlytreatmentprogram@northwell.edu		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	52	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Kings OnTrackNY	451 Clarkson Ave	Brooklyn	11203			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	718-245-5242	crystal.marsonia@nychhc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	37	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackNY @ Staten Island University Hospital	392 Seguire Ave	Staten Island	10309			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	718-226-2538	otny@northwell.edu	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Mercy Medical Center OnTrackNY Program	506 Stewart Avenue		Garden City	11530		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	516-705-3400 x3202	CynthiaT.Scott@chsli.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	23	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ MHA	20 South Broadway, Suite 1111		Yonkers	10701		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	914-345-5900 ext. 7727	SmithS@MHAWestchester.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ Access: Supports for Living	16-24 Union Street		Middletown	10940		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	845-645-8696	OnTrackNy@asfl.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	29	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackNY @ Parsons	401 New Karner Road, 2nd Floor	Albany	12205			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
	518-292-5452	ontrackny@parsonscenter.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	34	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrack CNY	600 East Genesee Street, 1st Floor, Suite 123		Syracuse	13202		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	315-728-4323	ontrack-cny@omh.ny.gov		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY Southern Tier	114 Clinton Street, Suite B		Binghamton	13905		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	607-763-2749	ontrack-st@omh.ny.gov		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	17	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrack @ BestSelf	255 Delaware Ave, Suite 400	Buffalo	14202			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	716-566-6188	Kdauscher@bestselfwny.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY Rochester	175 Humboldt Street, Suite 100		Rochester	14610		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	585-241-1364	Debra.Wolfson@omh.ny.gov		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	34	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
OnTrackNY @ Pesach Tikvah	18 Middleton St		Brooklyn	11206		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
No Response	718-875-6900 x233	nchopp@pesachtikvah.org		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	11	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OnTrackNY Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackNY @ SUS	1125 Fulton St, 3rd Floor	Brooklyn	11238			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	347-226-9025 x1143	MMcCulloch@sus.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrackNY Fidelity Tool				

North Carolina



STATE CONTACT

Mary Ellen Anderson | 919-715-2321 | 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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Bi-Annually**

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

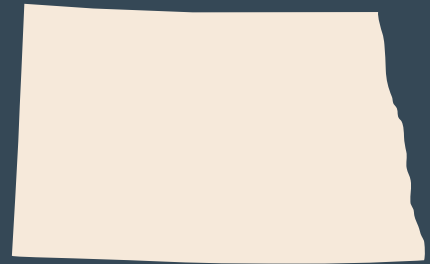
FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
SHORE (Supporting Hope, Opportunities, Recovery and Empowerment)	503 Covil Avenue	Wilmington	28403			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
24-county area in eastern North Carolina	910-332-5734	heather.hughes@rhanet.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	3 years	Schizophrenia spectrum and other psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
18	41	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$432,024	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NC EPI-TA Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Atrium Health Eagle Program	330 Billingsley Road	Charlotte	27603			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Mecklenburg County and surrounding counties if client can travel	No Response	rachel.rebich@carolinashealthcare.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	3 years	Schizophrenia spectrum and other psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
35	24	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$460,578	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NC EPI-TA Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
UNC Wake Encompass	3010 Falstaff Road	Raleigh	27610			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Wake, Durham, Johnston, and Cumberland Counties	919-445-0401	claudia_driver@med.unc.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	3 years	Schizophrenia spectrum and other psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
14	35	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$484,804	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NC EPI-TA Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OASIS Chapel Hill	200 N Greensboro St, Suite C-6	Carrboro	27510			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Orange, Durham, Wake, Alamance, Chatham, and Person counties	919-962-7373	No Response	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	3 years	Schizophrenia spectrum and other psychotic disorders				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Prairie St. Johns	510 4th Street S	Fargo	58103			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cass, Sargent, Traill, Richland, Ransom, and Steele counties	701-476-7800	Monica.McConkey@uhsinc.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	1 year	Schizophrenia spectrum disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	6	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		GAD7, PH-Q, WHO-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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **No Response**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Community Guidance Center	Gloria Dr. P.O. Box 500409	Saipan	96950			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	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	Program Type	Level of Implementation			
No Response	No Response	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$8,258	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

Ohio



STATE CONTACT

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Baseline, Every 6 Months, and Discharge**

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	City	ZIP			
Catholic Charities FIRST Team—Cuyahoga County	1515 West 29th	Cleveland	44113			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cuyahoga County	216-339-1438	jdjones@ccdocle.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
20	28	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$178,462	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Coleman Prof. Services FIRST Team–Portage	5982 Rhodes Road	Kent	44240			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Portage County	330-676-6859	karen.fleming@colemanservices.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across four programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Coleman Prof. Services FIRST Team–Stark County	400 Tuscarawas Street West, Suite 200	Canton	44702			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Stark County	330-541-1877	michelle.smith@ colemanservices.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across four programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Coleman Prof. Sevices FIRST Team–Allen, Auglaize and Hardin	799 South Main St	Lima	45804			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Allen, Auglaize and Hardin counties	330-541-8543	ashleyhinkle@ colemanservices.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across four programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Coleman Prof. Services FIRST Team–Trumbull County	552 North Park Avenue	Warren	44481			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Trumbull County	330-392-1177	carmella.hill@ colemanservices.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-40	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	26	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across four programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Greater Cincinnati Behavioral Health FIRST Team—Hamilton and Clermont	7162 Reading Rd., Suite 400	Cincinnati	45237			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Hamilton and Clermont Counties	513-354-7337	slumpkin@gcbhs.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
27 (across two sites)	55 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across two sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Greater Cincinnati Behavioral Health FIRST Team–Butler County	1074 Wasserman Way	Batavia	45103			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Butler County	513-354-7337	slumpkin@gcbhs.com	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
27 (across two sites)	55 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (across two sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The Nord Center FIRST Team—Lorain County	6140 S. Broadway Ave	Lorain	44053			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lorain County	440-204-2400	kmaimone@nordcenter.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
34	25	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$53,878	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Horizons First Episode Psychosis Team	1592 Granville Pike	Lancaster	43130			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Fairfield County	740-687-0835	wshackleford@newhorizonsmentalhealth.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$88,569	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Metacognitive Remediation Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Epicenter Fidelity Scale				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
North Central Mental Health Center First-Episode Psychosis Team	1301 North High St		Columbus	43201		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Franklin County	614-299-6600	kyates@ncmhs.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Installation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$150,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Metacognitive Remediation Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Hopewell Health First-Episode Psychosis Team	90 Hospital Dr.	Athens	45701			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Athens, Hocking, Vinton, Gallia, Jackson, and Meigs Counties	740-637-7505	tammy.stage@hopewellhealth.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$174,706	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Metacognitive Remediation Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Allwell Behavioral Health Services FIRST Team	2845 Bell St.	Zanesville	43701			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Muskingum, Guernsey, Perry, Coshocton, Noble and Morgan Counties	740-561-3270	bmontgomery@allwell.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$50,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		QA measures from the BEST Center				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The Zepf Center FIRST Team	6605 W. Central Ave	Toledo	43617			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lucas and Wood Counties	419-764-2773	mlamb@zepfcenter.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	18 months	Diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16	16	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$51,870	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Alta Care Group—FIRST Team	711 Belmont Ave.	Youngstown	44502			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Mahoning County	330-793-2487	vincep@altacaregroup.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$135,592	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Scioto Paint Valley Mental Health Center	4449 St. Rt. 159		Chillicothe	45601		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Ross, Fayette, Highland, Pike and Pickaway counties	740-772-7885	tcyrus@spvmhc.org		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-35	2 years	Diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$200,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> 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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly or Bi-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 Name	Address		City	ZIP		
NAVIGATE through Family and Children's Services	2325 S. Harvard Ave		Tulsa	74114		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Tulsa County	918-560-2500	jsmith@fcsok.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Psychotic episode unrelated to substance use				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
29	39	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$204,908	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
NAVIGATE through Red Rock Behavioral Services	4400 N. Lincoln Blvd		Oklahoma City	73105		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Oklahoma County	405-425-0332	alanja@red-rock.com		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Psychotic episode unrelated to substance use				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
27	21	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$221,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Be the Change	1724 NW 4th St	Oklahoma City	73106			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Oklahoma County	405-415-8449	jonathanroberts@bethechangeok.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	N/A	All				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
438 Outreach Contacts	Varies/Street Outreach	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$40,000	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Street outreach, referral to services						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

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 REPORTING

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Baker County EASA	2200 4th St	Baker City	97814			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Baker County	541-523-3646	kwright@ndninc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
5	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$78,311	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Benton County EASA	530 NW 27th St	Corvallis	97330			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Benton County	541-223-4666	sara.kaye@co.benton.or.us	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3	3	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$200,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Clackamas County EASA	4105 International Way, Suite 501		Milwaukie	97222		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Clackamas County	503-710-8843	cara.sams@lifeworksnw.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
46	29	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$200,000	\$698,204	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Clatsop County EASA	65 N Highway 101, Suite 204	Warrenton	97146			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Clackamas County	503-298-7416	christinat@clatsopbh.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$26,250	\$105,074	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Columbia County EASA	58646 McNulty Way	St. Helens	97051			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Columbia County	503-397-5211, ext. 174	karissar@ccmh1.com	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$32,139	\$26,148	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Coos County EASA	281 Laclair St	Coos Bay	97420			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Coos County	541-751-2504	Shawna.Schaar@hw.coos.or.us	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
1	1	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$80,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Curry County EASA	94235 Moore St, Suite 121	Gold Beach	97444			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Curry County	541-373-8000	portere@currych.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
2	1	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$80,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Deschutes County EASA	1340 NW Wall St	Bend	97703			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Deschutes, Crook, and Jefferson counties	541-213-6851	elizabeth.holden@deschutes.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
74	47	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$174,528	\$212,496	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Douglas County EASA	621 W. Madrone St	Roseburg	97470			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Douglas County	541-530-2834	cherieb@compassoregon.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
11	9	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$174,528	\$193,843	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Grant County EASA	528 E. Main St, Suite W	John Day	97845			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Grant County	541-575-1466	yao-hui.huang@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
1	1	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$40,000 (across four sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Grant County EASA–Gilliam County	422 N. Main St	Condon	97823			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Gilliam County	541-384-2666	yao-hui.huang@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$40,000 (across four sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Grant County EASA–Morrow County	104 SW Kinkade Ave	Boardman	97836			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Morrow County	541-481-2911	yao-hui.huang@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$40,000 (across four sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Grant County EASA–Wheeler County	401 4th St	Fossil	97830			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Wheeler County	541-763-2746	yao-hui.huang@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$40,000 (across four sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lake & Harney County EASA	348 W. Adams St	Burns	97720			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Harney County	541-573-8376	cathy.stauffer@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$80,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Hood River County EASA–Hood River	1610 Woods Ct	Hood River	97031			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Hood River, Wasco, and Sherman counties	541-386-2620	liz.barteld@mccfl.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
8 (across two sites)	9 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$29,031 (across two sites)	\$131,262 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Hood River County EASA–The Dalles	419 E. 7th St, Annex A		The Dalles	97058		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Hood River, Wasco, and Sherman counties	541-296-5452	liz.barteld@mccfl.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
8 (across two sites)	9 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$29,031 (across two sites)	\$131,262 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Jackson County EASA	140 S. Holly St	Medford	97501			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Jackson County	541-774-8201	BuehleAA@jacksoncounty.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
18	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$308,596	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Josephine County EASA	1181 SW Ramsey Ave	Grants Pass	97527			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Josephine County	541-244-3103	tamaral@optionsonline.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$195,044	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Klamath County EASA	2210 N. Eldorado Ave	Klamath Falls	97601			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Klamath County	541-883-1030	kthomas@kbbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	14	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$119,709	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lane County EASA	1200 Hilyard St, Suite 540 and 570	Eugene	97401			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lane County	458-205-7070	cfalkenstein@peacehealth.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
58	65	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$633,619	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lincoln Program EASA–Newport	36 SW Nye St	Newport	97365			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lincoln County	541-265-4179, ext. 0541	SBenson-Arb@co.lincoln.or.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
58	65	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$80,000 (across two sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Lincoln Program EASA–Lincoln City	4422 NE Devils Lake Road	Lincoln City	97367			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lincoln County	541-265-4179, ext. 0541	SBenson-Arb@co.lincoln.or.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
58	65	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$80,000 (across two sites)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Linn County EASA	2730 Pacific Blvd SE	Albany	97321			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Linn County	541-967-3866 Option #4	gthoma@co.linn.or.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
7	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$180,000	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Malheur County EASA	702 Sunset Dr	Ontario	97914			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Malheur County	541-889-9167	nlongoria@lifeways.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$78,311	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Marion County EASA	3878 Beverly Ave NE, Building H		Salem	97305		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Marion County	503-576-4690	rsischo@co.marion.or.us		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$720,000	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Multnomah County EASA	2951 NW Division St	Gresham	97030			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Multnomah County	503-988-8202	angela.petrijanos@multco.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
61	96	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$20,247	\$1,628,142	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Polk County EASA–West Salem	1520 Plaza St NW, Suite 150		Salem	97304		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Polk County	503-385-7417	mangis.leah@co.polk.or.us		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
8 (across two sites)	7 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$162,000 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Polk County EASA–Dallas	182 SW Academy St, Suite 333		Dallas	97338		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Polk County	503-585-3012 Ext. 119	blum.kerry@co.polk.or.us		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
8 (across two sites)	7 (across two sites)	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$162,000 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Tillamook County EASA	906 Main Ave	Tillamook	97141			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Tillamook County	503-842-8201	robynh@tfcc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$45,456	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Umatilla County EASA–Hermiston	595 NW 11th St	Hermiston	97838			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Umatilla County	541-567-2536	scarvalho@lifeways.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$78,311 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Umatilla County EASA–Pendleton	331 SE 2nd St	Pendleton	97801			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Umatilla County	541-276-6207	mcathey@lifeways.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$78,311 (across two sites)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EASA Fidelity Tool				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Union County EASA	2301 Cove Ave	La Grande	97850			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Union County	541-962-8800	dthompson@chdinc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$26,250	\$80,583	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Wallowa County EASA	207 SW 1st St	Enterprise	97828			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Wallowa County	541-426-4524	carrise.murray@gobhi.net	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
0	3	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$78,311	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Washington County EASA	14600 NW Cornell Rd	Portland	97229			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Washington County	503-641-1475 Ext. 1249	cara.sams@lifeworksnw.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
32	49	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$989,284	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Yamhill County EASA	627 NE Evans St	McMinnville	97128			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Yamhill County	503-583-5527	morrish@co.yamhill.or.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
12-25	1 year	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
8	12	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	\$198,000	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Occupational Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			EASA Fidelity Tool			

Republic of Palau

STATE CONTACT

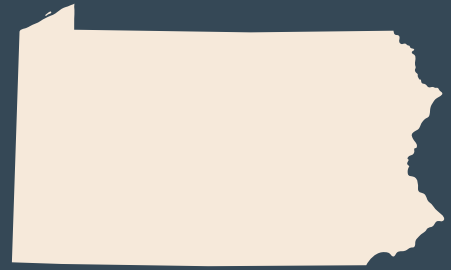
Everlynn Temengil | 680-488-4573



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 | jjstemple@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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Penn Psychosis Evaluation and Recovery Center (PERC)	10 Gates Building, HUP, 3400 Spruce St		Philadelphia	19104		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Statewide	215-662-2826	PERCinfo@lists.upenn.edu		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-35	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
41	59	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$198,000	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Cognitive Remediation Group						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
WPIC-STEP	200 Lothrop St	Pittsburgh	15213			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Allegheny County	412-246-5432	radliffe@upmc.edu	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-40	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
65	165	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$198,000	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Cognitive Remediation Group						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Safe Harbor Early Onset Recovery Program	1330 W. 26th St	Erie	16508			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Erie County	814-451-2283	Merskiv2@upmc.edu	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
24	24	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$198,000	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
CAPSTONE	2501 N. 3rd St	Harrisburg	17110			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Dauphin County	717-782-2188	smullins@papsychinst.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-26	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	6	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$161,176	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PA Coordinated Specialty Care Fidelity Scale				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
On My Way	450 Park Way Dr	Broomall	19008			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Delaware County	610-325-3131, ext. 27	mjenkins@childandfamilyfocus.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-26	1 year	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
11	11	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$131,748	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PA Coordinated Specialty Care Fidelity Scale				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Psychosis, Education, Assessment, Care, and Empowerment (PEACE)	120 S. 30th St		Philadelphia	19104		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Philadelphia County	215-387-3223	marie.kearns@hhinc.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
Over 15	1 year	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
17	41	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$188,404	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Helping Overcome Psychosis Early (HOPE)	335 S. Franklin St		Wilkes-Barre	18702		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Luzerne and Wyoming counties	507-825-6425	dnamowicz@e-csc.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-24	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
28	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$291,000	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Educate, Navigate, Grow and Get Empowered (ENGAGE)	221 Penn Ave	Wilkinsburg	15221			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Allegheny County	412-694-6142	sturgeonm@fswp.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	1 year	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$194,438	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PA Coordinated Specialty Care Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Connect2Empower (CSMU)	219 Terrace Building	Danville	17821			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Columbia, Montour, Snyder and Union counties	570-275-5422	dagosti@cmsu.org	No Response			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
4	4	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$219,899	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PA Coordinated Specialty Care Fidelity Scale				

Puerto Rico



STATE CONTACT

Misael E. Pérez Marrero | 787-763-7575 ext. 1252 | Misael.Perez@asmca.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

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	39	35

DATA REPORTING

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
PORTI-Rio Piedras	Medical Sciences Campus Main Building, 9th Floor		San Juan	00921		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Juan Metro Area	787-600-3115; 787-522-8280	Lelis.Nazario@upr.edu		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	No Response	Non-affective psychoses				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
25	21	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$285,305	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			CSC Fidelity Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
PROCCERI–Mayaguez	Road #2, 510 Hostos Ave	Mayagüez	00680			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Western part of island	787-833-0663 ext. 238	bortiz@assmca.pr.gov				
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	No Response	Non-affective psychoses				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
14	14	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$220,500	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently 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.

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Health Transitions	65 Main St	Woonsocket	02895			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Woonsocket, Burrillville, North Smithfield, Cumberland, Lincoln	401-235-7181	MTurillo@CommunityCareRI.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
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				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
106	70	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$93,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Health Transitions at the Kent Center	2756 Post Rd	Warwick	02886			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Warwick, West Warwick, Coventry, East Greenwich, West Greenwich	401-691-6000	blamoureux@thekentcenter.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
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				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
105	70	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$93,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
NAVIGATE at Charleston/Dorchester Mental Health Center	2100 Charlie Hall Blvd	Charleston	29414			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Charleston and Dorchester counties	843-852-4100	Jennifer.Roberts@scdmh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	17	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementations			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$518,986 (across two programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Care Coordination						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IRT Fidelity & Family Fidelity Scales				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Direction at Charleston/Dorchester Mental Health Center	2100 Charlie Hall Blvd	Charleston	29414			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Charleston and Dorchester counties	843-852-4100	Jennifer.Roberts@scdmh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis, excluding schizophrenia or schizoaffective disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
21	34	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	Initial Implementations			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$518,986 (across two programs)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Care Coordination						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Pee Dee Mental Health Center	125 E. Cheves St		Florence	29506		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Darlington, Florence, and Marion counties	843-317-4073	Susan.Carter@scdmh.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	None	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
40	33	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$123,320	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Lexington County Community Mental Health Center	301 Palmetto Park Blvd		Lexington	29072		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Lexington County	803-399-9217	Sarah.Main@scdmh.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-39	None	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
200	118	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$101,272	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

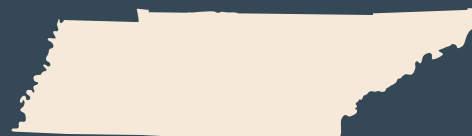
How frequently are these data reported to the SMHA by FEP providers? **Enrollment, Every 6 Months, and Discharge**

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	City	ZIP			
OnTrackNY at Southeastern Behavioral Health Care	200 South Summit Ave	Sioux Falls	57105			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Lincoln, McCook, Minnehaha, and Turner Counties	605-336-0503	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Non-affective psychosis spectrum disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
9	18	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$52,554	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		In FY18 with the collaboration of OnTrackNY, SD developed a fidelity monitoring tool that will be implemented in FY19.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackNY at Behavior Management Systems	350 Elk Street	Rapid City	57701			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Bennett, Butte, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota Counties	605-343-7262	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Non-affective psychosis spectrum disorder				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
10	12	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$52,553	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		In FY18 with the collaboration of OnTrackNY, SD developed a fidelity monitoring tool that will be implemented in FY19.				

Tennessee



STATE CONTACT

Heather Taylor Griffith | 615-253-4800 | Heather.Taylor.Griffith@tn.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
\$1,394,586	\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Semi-annually**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackTN–Carey Counseling Center	408 Virginia Street	Paris	38242			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Benton, Carroll, Gibson, Henry, Lake, Obion, and Weakley Counties	800-611-7757	ontrack@careyinc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
6	14	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$322,127	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Components Quarterly Report				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackTN–Mental Health Cooperative	275 Cumberland Bend	Nashville	37228			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Davidson County	615-744-7524	kwilson@mhc-tn.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
18	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$376,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Components Quarterly Report				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackTN–Alliance Healthcare Services	2220 Union Avenue	Memphis	38104			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Shelby County	901-608-9485	atanner@alliance-hs.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
19	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$376,000	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Components Quarterly Report				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
OnTrackTN–Helen Ross McNabb Center	2455 Sutherland Ave	Knoxville	37919			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Knox County	865-329-5915	Mary.Katsikas@mcnabb.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
N/A	N/A	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$100,000 (FY19)	\$100,000 (FY19)	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OnTrack Components Quarterly Report				

Texas



STATE CONTACT

Reese Carroll | 512-838-4327 | Reese.Carroll@hpsc.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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Real-time**

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	City	ZIP			
Harris Center MHMR–Houston CSC Program	9401 Southwest Fwy	Houston	77074			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Harris County	713-970-4360	April.Macakanja@mhmraharris.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
38	97	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$532,691	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Dallas County MHMR–Dallas Metrocare CSC Program	1353 N. Westmoreland Road, Building B	Dallas	75211			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Dallas	469-680-3544	jasmine.brown@metrocareservices.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
26	63	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$444,624	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Burke Center CSC Program	4101 S. Medford Dr	Lufkin	75901			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties	936-639-2384	Melissa.Simmons@myburke.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
31	52	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$315,147	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Center for Healthcare Services—San Antonio CSC (POWER)	1123 N. Main Ave		San Antonio	78212		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
San Antonio, Bexar County	210-261-3143	power@chcsbc.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
21	40	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$361,056	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Bluebonnet Trails Community MHMR Center–ClearPath	1009 North Georgetown St.		Round Rock	78664		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Williamson County	512-657-3294	clearpath@bbtrails.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
12	32	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$265,121	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
MHMR of Tarrant County– Tarrant CSC Program	3840 Hulen Tower North	Fort Worth	76107			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Tarrant County	817-569-5131	Kristin.Brock@mhmrtc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
14	29	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$265,121	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Tropical Texas Behavioral Health–Tropical CSC Program	1901 S. 24th Avenue	Edinburg	78539			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Cameron, Hidalgo, and Willacy Counties	956-289-7163	btrejo@ttbh.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	41	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$229,507	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Austin Travis County MHMR–Austin CSC Program	1430 Collier Street	Austin	78704			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Travis County	512-804-3480	chelsea.keyt@atcic.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
16	40	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$331,019	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Texas Panhandle Mental Health Authority–Panhandle CSC Program	901 Wallace St	Amarillo	79106			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Armstrong, Carson, Collingworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hitchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman and Wheeler counties	806-351-3301	diana.vanscoy@txpan.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
31	52	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$331,019	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Emergence Health Network– Emergence CSC Program	1600 Montana St		El Paso	79902		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
El Paso County	915-599-6690	vaguirre@ehnel Paso.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
15	30	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Initial Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$331,019	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

Utah



STATE CONTACT

LeAnne Huff | 801-538-4326 | lhuff@utah.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
\$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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Bi-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 Name	Address		City	ZIP		
PIER–Weber Human Services	1600 Montana St		El Paso	79902		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Weber County	801-625-3700	stacys@weberhs.org		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-26	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
8	8	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$158,043	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Multi-Family Group Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			YOQ			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
EASA–Davis Behavioral Health	934 South Main St	Layton	84041			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Davis County	801-336-1827	prep@dbh.utah.gov	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-26	2 years	Psychosis not due to a mood disorder, trauma, substance use, or a known medical issue				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	14	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$142,426	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Multi-Family Group Therapy						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
Wasatch Mental Health	750 North Freedom Blvd., Suite 300		Provo	84601		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Utah and Wasatch counties	No Response	No Response		Provider Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
34	30	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		No Response		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$257,751	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Multi-Family Group Therapy						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

Vermont

STATE CONTACT

Patricia Singer | 802-241-0090 | Patricia.Singer@vermont.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
\$122,035	\$0	\$95,607

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

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Soteria	No Response	No Response	No Response			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
No Response	888-492-8218 ext. 403	jason@pathwaysvermont.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	Initial experiences of psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input type="checkbox"/> CSC <input checked="" type="checkbox"/> ESMI	No Response			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$0	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

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
The Virgin Islands has not responded.		

Virginia



STATE CONTACT

Jeffrey VanArnam | 804-786-7357 | Jeffrey.VanArnam@dbhds.virginia.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
\$1,535,557	\$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

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The TRAILS Program	4480 King Street, 5th Floor	Alexandria	22314			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Alexandria City	703-746-3550	nichole.rohrer@alexandriava.gov	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
14-26	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
7	21	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$185,307	\$572,416	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Housing Support						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Staff meetings, supervision, chart reviews				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Turning Point	8221 Willow Oaks Corporate Drive	Fairfax	22031			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Fairfax County and Falls Church City	703-383-8535	CSBTurningPointCSC@fairfaxcounty.gov	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	2 years	Psychosis (schizophrenia spectrum)				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
18	31	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$185,310	\$572,428	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
In S.T.R.I.D.E.	2010 Bremono Road, Suite 122	Henrico	23226			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Henrico, Charles City, and New Kent County	804-727-8924	par094@henrico.us	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	2 years	Schizophrenia				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
20	38	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$153,883	\$476,237	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Modified Colorado, illness management, consumer satisfaction			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
NAVIGATE at Highlands Community Services	610 Campus Drive		Abingdon	24210		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Bristol and Washington County	276-525-1942	aleonard@highlandscsb.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-35	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
19	27	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$149,628	\$463,215	\$36,364	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Case staffing, phone consultation/TA			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
LINC (Linking Individuals & Navigating Care)	102 Heritage Way, NE #302		Leesburg	20176		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Loudoun County	703-777-0147	lberan@prsinc.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-30	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
14	22	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$160,690	\$497,074	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Addington's Scale			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
YACC (Young Adult Coordinate Care)	15361 Bradford Road, P.O. Box 1568	Culpeper	22701			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Culpeper, Fauquier, Madison, Orange, and Rappahannock counties	540-825-3100 ext. 3153	yacc@rrcsb.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
7	18	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$145,216	\$449,709	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Staff meetings, supervision, chart reviews				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
GetOnTrack	15941 Donald Curtis Drive Suite 200		Woodbridge	22191		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Prince William County, Manassas, and Manassas Park	703-792-5262	kgoswell@pwcgov.org		No Response		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
9	25	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Program Sustainability		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$162,014	\$501,123	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Case staffing, supervision, training, internally developed monitoring form			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
The Life Management Program (LMP)	5268 Godwin Blvd.	Suffolk	23434			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Isle of Wight and Southampton counties and Franklin and Suffolk cities	757-323-0458	lmartin@wtcsb.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
16-25	2 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
5	15	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Program Sustainability			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$151,126	\$467,798	\$19,207	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Journeys– Comprehensive Healthcare	402 S. 4th Avenue	Yakima	98907			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Yakima County	509-575-4084	No Response	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 (flexible)	No Response	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
New Journeys–Valley Cities	325 W. Gowe St.		Kent	98032		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
King County	206-408-5329	No Response		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 (flexible)	No Response	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$379,651	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address		City	ZIP		
New Journeys—Behavioral Health Resources	3857 Martin Way East		Olympia	98506		
Area Served (counties, cities, whole state, etc.)	Phone Number	Email		Website		
Thurston and Mason counties	360-704-7170	BHRNewJourneys@bhr.org		Program Website		
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 (flexible)	No Response	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				
Total Admissions	Total Currently Being Served	Program Type		Level of Implementation		
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI		Full Implementation		
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$201,745	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Journeys—Behavioral Health Resources	P.O. Box 217	Cathlamet	98612-0217			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Grays Harbor, Pacific, Lewis, Wahkiakum, and Cowlitz counties	360-795-5959	No Response	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 (flexible)	No Response	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
New Journeys—Community Services Northwest	P.O. Box 1845	Vancouver	98668-1845			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Clark and Skamania counties	360-397-8484	No Response	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 (flexible)	No Response	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Installation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
No Response	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input type="checkbox"/> YES <input type="checkbox"/> NO		No Response				

West Virginia



STATE CONTACT

Kim Harrison | 304-356-4777 | Kimberly.I.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

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	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input type="checkbox"/>	Improved Symptoms	<input type="checkbox"/>	Prescription Adherence and Side Effects	<input type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Monthly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Youth Services System	87 15th St	Wheeling	26003			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Ohio, Hancock, Brooke, Marshall, Wetzell, and Tyler counties	304-233-9627	No Response	Program-related Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
No Response	No Response	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$384,098	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input checked="" type="checkbox"/> Other: Health Management						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input type="checkbox"/> NO			No Response			

Wisconsin



STATE CONTACT

Ryan Stachoviak | 608-261-9316 | Ryan.Stachoviak@dhs.wisconsin.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
\$1,112,258	\$866,923	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	29	40

DATA REPORTING

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input checked="" type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Bi-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 Name	Address	City	ZIP			
Promoting Recovery from Onset of Psychosis (PROPS) 1	1320 Mendota St., Suite 106	Madison	53704			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Dane County	608-280-3140	props.referrals@journeymhc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	3 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
15	26	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$349,998 (FY17 expenditures); \$369,000 (FY18 allocation)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MHBG 10% Evaluation, state evaluation				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Milwaukee County Behavioral Health Division: CORE	9455 West Watertown Plank Rd.	Wauwatosa	53226			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Milwaukee County	414-257-4766	Maria.Castillo@milwaukeecountywi.gov	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	3 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	12	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$79,703 (FY17 expenditures); \$584,014 (FY18 allocation)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored		Fidelity Measure Used				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		State evaluation				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS

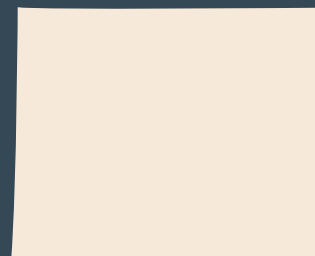
NOTE: THIS PROGRAM ENDED 3/31/2018

Program Name	Address	City	ZIP			
Promoting Recovery from Onset of Psychosis (PROPS) 2	1800 Kutzke Road, Ste. 105	Portage	53901			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Columbia, Dodge, and Sauk counties	608-513-8409	props2.referrals@journeymhc.org	Program Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25	3 years	Psychosis				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
2	2	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Full Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$227,627 (FY17 expenditures); \$123,709 (FY18 allocation)	No Response	No Response	No Response			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			MHBG 10% Evaluation, state evaluation			

Wyoming

STATE CONTACT

Dani Sullivan | 307-777-7903 | Dani.Sullivan1@wyo.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
\$82,089	\$127,500	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	15	10

DATA REPORTING

The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):

Suicidality	<input type="checkbox"/>	Substance Use	<input checked="" type="checkbox"/>	Physical Health	<input type="checkbox"/>
Global Functioning	<input checked="" type="checkbox"/>	Improved Symptoms	<input checked="" type="checkbox"/>	Prescription Adherence and Side Effects	<input checked="" type="checkbox"/>
Identification, Intake, Enrollment	<input checked="" type="checkbox"/>	Program Involvement	<input checked="" type="checkbox"/>	Employment	<input checked="" type="checkbox"/>
Psychiatric Hospitalization	<input checked="" type="checkbox"/>	Legal Involvement	<input checked="" type="checkbox"/>	Living Situation	<input checked="" type="checkbox"/>
Use of Emergency Rooms	<input checked="" type="checkbox"/>	School Participation	<input checked="" type="checkbox"/>	Social Connectedness	<input checked="" type="checkbox"/>

How frequently are these data reported to the SMHA by FEP providers? **Quarterly**

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

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Yellowstone Behavioral Health Center	2538 Big Horn Ave.	Cody	82414			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Park County	307-587-2197	markr@ybhc.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
No Response	No Response	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
3	3	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$47,514	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input type="checkbox"/> Medication	<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS						
Program Name	Address	City	ZIP			
Southwest Counseling Services	1124 College Rd.	Rock Springs	82901			
Area Served (counties, cities, whole state, etc.)	Phone Number	Email	Website			
Sweetwater Co.	307-352-6677	swilcox@swcounseling.org	Provider Website			
Age Range Accepted	Maximum Time Since Onset	Eligible Diagnoses				
15-25 years	2 years	No Response				
Total Admissions	Total Currently Being Served	Program Type	Level of Implementation			
12	7	<input checked="" type="checkbox"/> CSC <input type="checkbox"/> ESMI	Initial Implementation			
This Program Receives the Following Funds:						
Block Grant Set-Aside Funds	State General Revenue Funds	Medicaid Funds	Other Funds			
\$47,514	\$0	\$0	\$0			
This Program Includes the Following Components:						
<input checked="" type="checkbox"/> Medication	<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychotherapy	<input checked="" type="checkbox"/> Family Education and Support	<input checked="" type="checkbox"/> Supported Employment and Education	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Peer Services
<input type="checkbox"/> Other:						
The State Requires Fidelity to Be Monitored			Fidelity Measure Used			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			N/A			