



FISCAL YEARS 2016 & 2017

Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs

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Introduction & Methodology

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

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

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

- Dollar amount of the ten percent set aside.
- Contact information for the person responsible for submitting the state’s MHBG application.
- A brief narrative of the state’s use of the ten percent set-aside.
- A brief narrative of the state’s use of the five percent set-aside.

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

² Ibid.

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

⁴ Ibid.

⁵ SAMHSA. (2014).

⁶ SAMHSA. (2015). WebBGAS System

- Total SMHA Expenditures for FY 2014.
- The amount of the 10% set-aside.
- Additional state funds allocated for early intervention programs.
- The state's current level of program implementation (based on SAMHSA's National Registry of Effective and Promising Practices, or NREPP), which is defined here as the highest level any CSC program has reached in the state. NREPP's five levels of implementation are⁷:
 - The Exploration stage requires states to identify their communities' needs, assess organizational capacity, identify programs that meet community needs, and understand program fidelity and adaptation.
 - The Installation stage occurs once a program has been selected and the state begins making the changes necessary to implement the program. This includes training and community outreach and education activities.
 - Initial Implementation occurs when the program has first been implemented and practitioners begin to put into practice the techniques learned during the exploration and installation stages.
 - Full Implementation occurs once staffing is complete, caseloads are full, services are provided, and funding streams are in place.
 - Program Sustainability occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the program. For the purposes of this report, program sustainability also includes the expansion of existing services.
- The specific target population of the state's FEP treatment activities.
- A brief description of the items that state funded with the 5% MHBG set-aside and what it plans to fund with the 10% set-aside.
- 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).
- A list of all FEP programs the state is supporting including the name of the program, the treatment model the program uses, the level of implementation (see above), the program's address, the amount of MHBG set-aside funds allocated to the program, and the amount of other funds allocated to the program by the state.

State responses were accessed using SAMHSA's WebBGAS system in June of 2016. Additional information about the states' and territories' total budgets was collected through NRI's Revenues and Expenditures Data Collection System for FY 2014. In June and July of 2016, each state's MHBG contact received a copy of their state summary for review. Through August 31, 2016, 50 states, the District of Columbia, Puerto Rico, and three Pacific Jurisdictions (Guam, the Republic of the Marshall Islands, and the Federated States of Micronesia) provided feedback on their summaries.

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

List of Acronyms

- ACT:** Assertive Community Treatment
- CBT:** Cognitive Behavioral Therapy
- CBTP:** Cognitive Behavioral Therapy for Psychosis
- CMHC:** Community Mental Health Center
- CSC:** Coordinated Specialty Care
- EASA:** Early Assessment and Support Alliance
- EBP:** Evidence-Based Practice
- EIP:** Early Intervention Program
- EPI:** Early Psychosis Intervention
- FEP:** First Episode Psychosis
- FPE-MFG:** Family Psychoeducation – Multi-family Group Format
- 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 25 programs operating at an implementation level of program sustainability. Table 1 shows the number of states in each level of implementation in the first three 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 by year of the set-aside | | | | |
|---|------------------------------|-------------------------------|----------------------------|-----------------------------|
| Implementation Phase | First Year of MHBG Set-Aside | Second Year of MHBG Set-Aside | Current 10% MHBG Set-Aside | Difference Year 1 to Year 3 |
| Exploration | 6 states | 4 states | 5 states | - 1 states |
| Installation | 20 | 11 | 7 | - 13 |
| Implementation | 6 | 15 | 14 | + 8 |
| Program Sustainability | 11 | 13 | 25 | +14 |

States use a combination of MHBG set-aside funds, other MHBG funds, and other state funds to start and support CSC programs. Twenty one states and territories provide additional funding to FEP treatment programs in addition to the set-aside (not including state Medicaid matches). Table 2 indicates how many CSC programs throughout the country receive set-aside funds and the total number that are operated or planned by states. The difference between these two numbers indicates CSC programs that states support with funds other than the MHBG set-aside. States reported that the set-aside at least partially funds 191 CSC programs and states fund an additional 35 programs for a total of 226.

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 | Not Receiving Set Aside Funds | Total Number of Programs |
| Exploration | 7 programs | 6 programs | 13 programs |
| Installation | 44 | 7 | 51 |
| Implementation | 77 | 1 | 78 |
| Program Sustainability | 63 | 21 | 84 |
| Total | 191 | 35 | 226 |

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

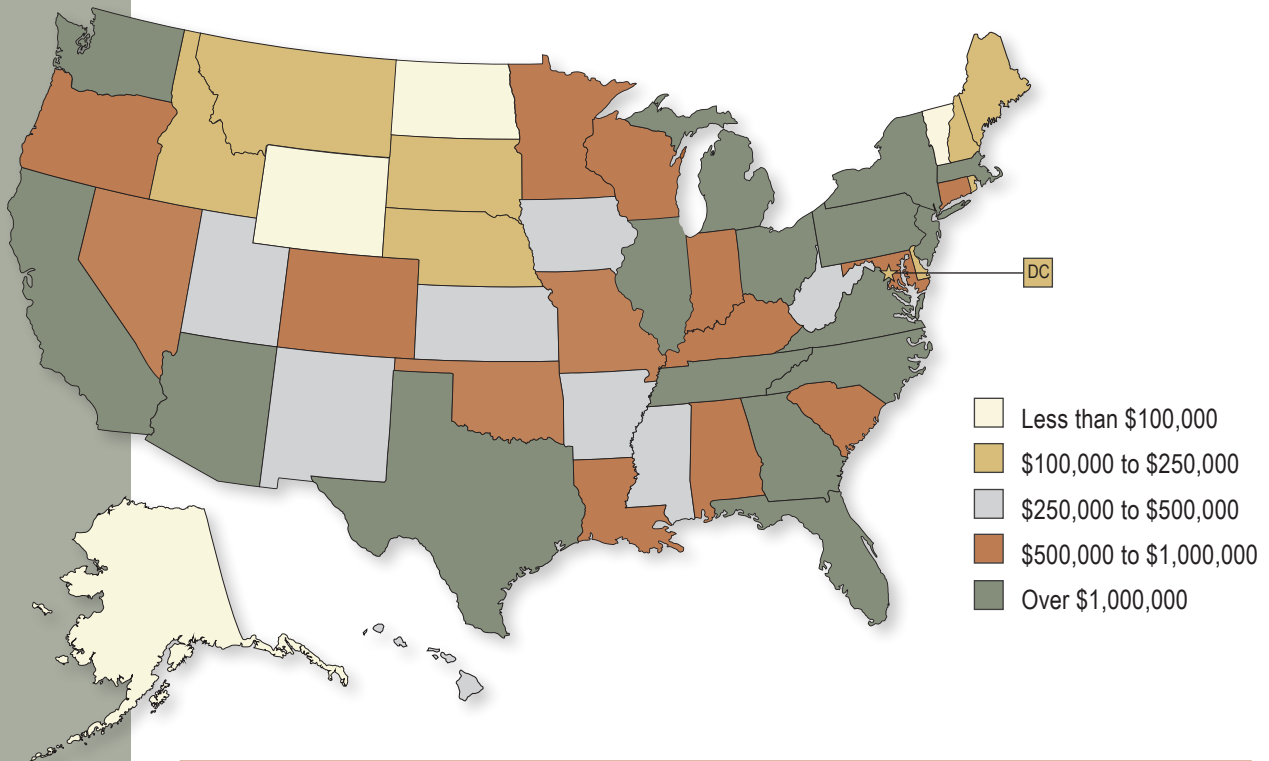
Table 3: Number of SMHAs Collecting Outcome and Performance Measures for FEP by Domain

| Number of SMHAs Collecting Outcome and Performance Measures for FEP by Domain | |
|---|---|
| Domain | Number of SMHAs Collecting Data in Domain |
| Identification, Intake, and Enrollment | 47 SMHAs |
| Improved Symptoms | 33 |
| Improved Functioning | 45 |
| • Global Functioning | 34 |
| • Employment | 42 |
| • School Participation | 41 |
| • Legal Involvement | 34 |
| • Living Situation | 36 |
| • Social Connectedness | 32 |
| Physical Health | 31 |
| Program Involvement | 36 |
| Substance Use | 36 |
| Suicidality | 32 |
| Psychiatric Hospitalization | 30 |
| Use of Emergency Rooms | 27 |
| Prescription Adherence and Side Effects | 23 |

State Descriptions

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

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



States also vary in the types of programs they are implementing with the ten percent set aside. Many states are implementing programs that evolved out of the original NIMH RAISE Studies, including programs based on RAISE Early Treatment Program (now referred to as NAVIGATE) and RAISE Connection (which includes OnTrackNY). Tables 4 through 6 detail each state's stage of implementation of FEP and EIP CSC programs in compliance with the 10% set aside. Table 4 shows states that are implementing programs adhering to the NAVIGATE and OnTrack models. Table 5 shows states that are implementing a CSC model other than NAVIGATE or OnTrack, while table 6 shows states that have determined that they will implement a CSC program, but have not identified which program to implement (based on RAISE or otherwise). Table 7 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 some states have decided to implement programs according to different treatment models, while a couple of states are implementing both CSC programs and EBPs using set-aside funds.

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

| States Implementing Coordinated Specialty Care Models | |
|---|--|
| States Implementing NAVIGATE Programs | |
| State | Stages of Implementation |
| California | 1 Full Implementation |
| Florida | 2 Program Sustainability; 3 Installation |
| Iowa | 2 Program Sustainability |
| Louisiana | 3 Initial Implementation |
| Michigan | 3 Program Sustainability |
| Minnesota | 2 Exploration |
| Mississippi | 1 Full Implementation; 1 Installation |
| Montana | 1 Exploration |
| New Hampshire | 1 Initial Implementation |
| New Mexico | 1 Program Sustainability |
| Oklahoma | 1 Program Sustainability; 1 Full Implementation |
| Virginia | 1 Program Sustainability |
| Washington | 1 Full Implementation; 2 Installation |
| States Implementing OnTrack Programs | |
| State | Stage of Implementation |
| American Samoa | 1 Exploration |
| Colorado | 1 Initial Implementation |
| Guam | 1 Installation |
| Hawaii | 1 Full Implementation |
| Idaho | 1 Full Implementation |
| Marshall Islands | 1 Installation |
| Maryland | 1 Program Sustainability |
| Micronesia, Federated States of | 1 Installation |
| Nebraska | 2 Initial Implementation |
| New York | 11 Program Sustainability; 5 Installation; 4 Exploration |
| Puerto Rico | 1 Initial Implementation; 1 Installation |
| Rhode Island | 2 Program Sustainability |
| South Dakota | 2 Installation |
| Tennessee | 1 Program Sustainability; 2 Installation |
| Utah | 1 Initial Implementation |
| Virginia | 7 Program Sustainability |
| West Virginia | 1 Installation |
| Wisconsin | 1 Initial Implementation |

Table 5: States Implementing Other Identified CSC Programs

| States Implementing Other Identified CSC Models | | |
|---|--|--|
| State | Program Model | Stage of Implementation |
| Alabama | EASA | 1 Initial Implementation |
| Arizona | EPICENTER | 1 Program Sustainability; 1 Installation |
| California | PREP | 1 Program Sustainability; 1 Full Implementation |
| California | SacEDAPT | 1 Program Sustainability |
| Connecticut | POTENTIAL | 1 Program Sustainability |
| Connecticut | Yale STEP | 1 Program Sustainability |
| Delaware | Project CORE | 1 Program Sustainability |
| Georgia | LIGHT ETP | 1 Program Sustainability |
| Georgia | Prevention and Early Intervention Program (PEIP) | 1 Program Sustainability |
| Georgia | Early Psychosis Intervention Collaborative (EPIC) | 1 Program Sustainability |
| Indiana | PARC | 1 Program Sustainability; 3 Installation |
| Kentucky | iHOPE (based on EASA with elements of OnTrackNY) | 2 Full Implementation; 2 Initial Implementation; 2 Installation |
| Maine | PIER | 2 Program Sustainability |
| Maryland | Johns Hopkins EPIC | 1 Program Sustainability |
| Massachusetts | PREP | 2 Program Sustainability |
| North Carolina | SHORE (Supporting Hope, Opportunities, Recovery and Empowerment) | 1 Program Sustainability |
| North Carolina | UNC OASIS | 2 Program Sustainability |
| Ohio | Ohio FIRST | 8 Program Sustainability |
| Oregon | Baker County EASA | 20 Program Sustainability; 1 Full Implementation; 6 Initial Implementation |
| Pennsylvania | Early Onset Psychosis CSC Recovery Program | 1 Installation |
| Pennsylvania | Horizon House PEACE | 1 Installation |
| Pennsylvania | PERC | 1 Program Sustainability |
| Pennsylvania | WPIC STEP | 1 Program Sustainability |
| Utah | PIER | 1 Full Implementation |
| Virgin Islands | PIER | 1 Installation |

Table 6: States Implementing Other CSC Programs, Specific Model Unknown

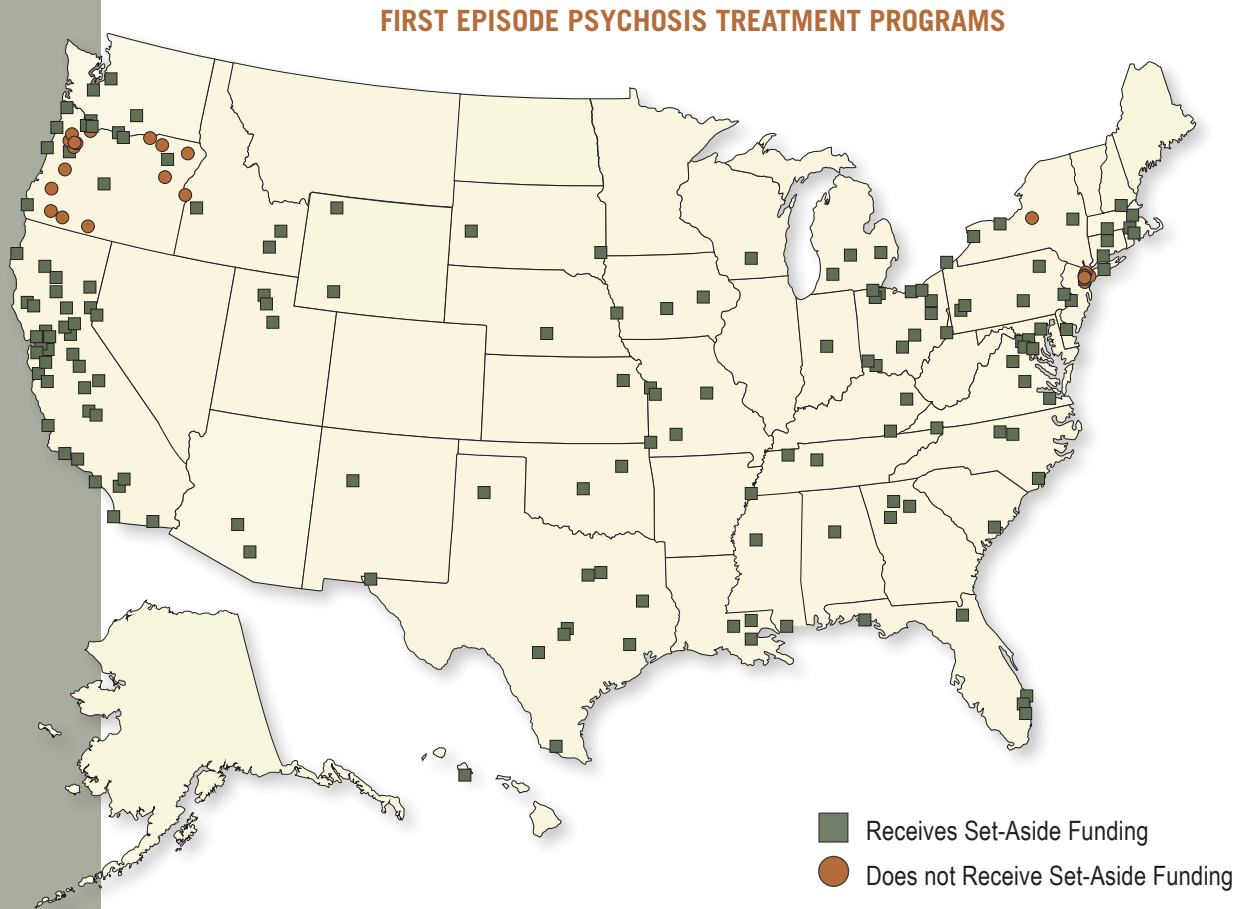
| States Implementing CSC Model, Specific Model Unknown or to be Determined | |
|---|--|
| State | Stage of Implementation |
| Alaska | 1 Exploration |
| California | 36 Full Implementation |
| District of Columbia | 1 Installation |
| Idaho | 2 Initial Implementation |
| Illinois | 12 Installation |
| Kansas | 1 Initial Implementation |
| Minnesota | 1 Exploration |
| Missouri | 2 Program Sustainability; 2 Installation |
| Nevada | 1 Full Implementation |
| New Jersey | 1 Installation |
| North Carolina | 1 Exploration |
| North Dakota | 1 Installation |
| Palau | 1 Exploration |
| South Carolina | 1 Installation |
| Texas | 2 Full Implementation; 8 Installation |
| Wyoming | 2 Installation |

Table 7: States Implementing Individual EBPs and Stage of Implementation

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

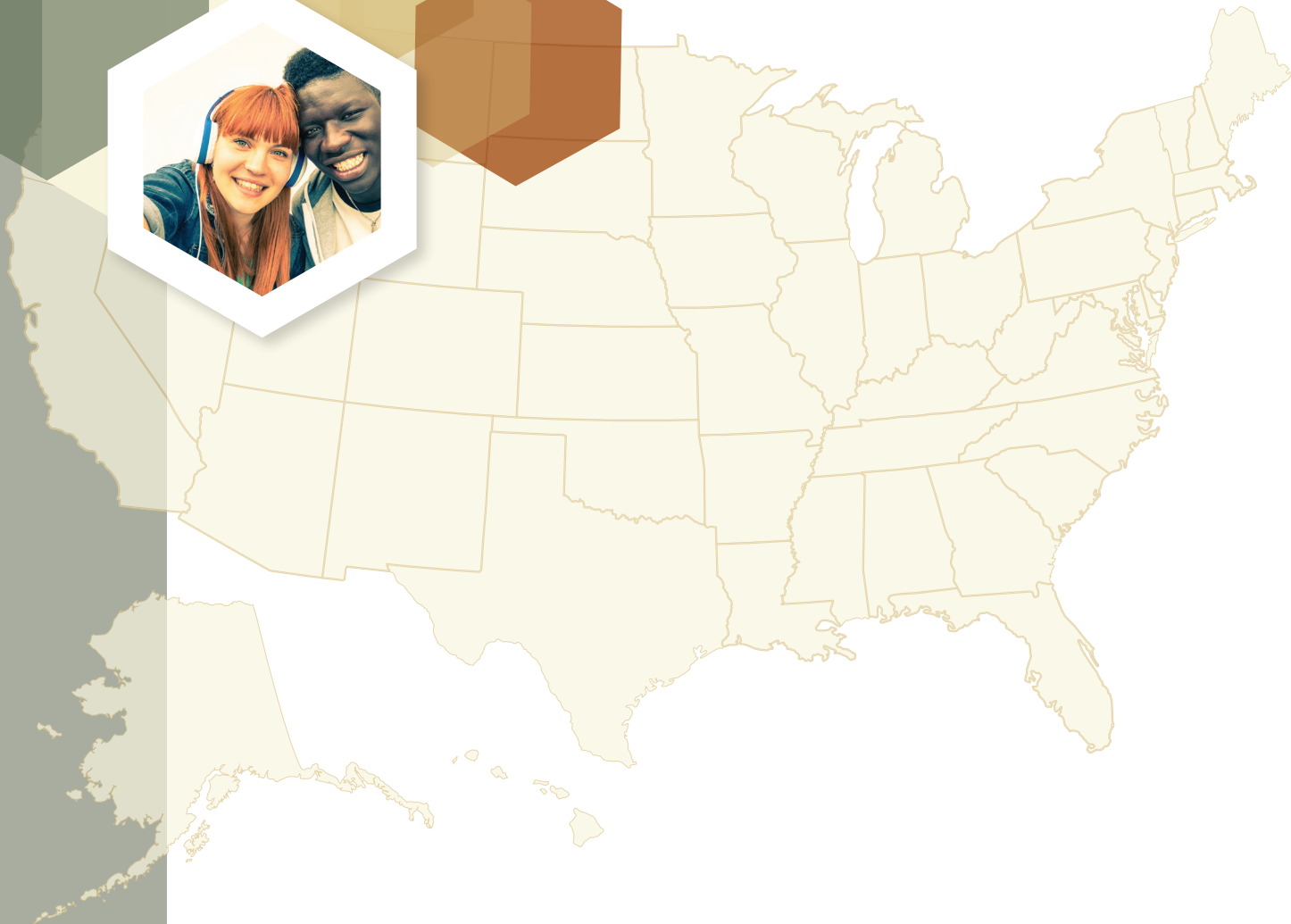
Location of CSC Programs

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



Note: This map only includes programs from states that included program addresses when they reviewed and approved their Snapshot profiles.

State by State Profiles



Alabama



STATE CONTACT:

Sarah Harkless | 334-242-3953 | sarah.harkless@mh.alabama.gov

Update for 10% Set-Aside: Complete implementation of FEP treatment program, hire statewide FEP coordinator, and develop data platform for SMHA to capture FEP data.

Original Use for 5% Set-Aside: After requesting TA from SAMHSA, NASMHPD helped ADMH to connect with the EASA Center of Excellence, of Portland State University in Oregon, for direct technical assistance. In FY 2016, ADMH will use set-aside funds to contract with EASA for continued planning consultations and program implementation. Funds will be used to develop a coordinated specialty care program that follows the EASA model, including supported employment and education, “community education, rapid outreach, flexible engagement, comprehensive assessment and individualized treatment planning, individual and family psychoeducation... cognitive behavioral therapy and motivational interviewing.” Alabama anticipates completing a budget of how the set-aside will be spent by the end of calendar year 2015.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$360,732,776 | \$735,122 | \$0 | \$735,122 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Initial Implementation | Individuals experiencing early stages of schizophrenia and schizoaffective disorder |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| ADMH will continue to consult with Tamara Sale to implement CSC program based on EASA in Birmingham. First on-site TA was scheduled for early September, 2015. ADMH will work with Tamara Sale and EASA to implement CSC program in FY 2016. | Develop data platform at DMH to capture the FEP data. Hire statewide FEP coordinator to lay plans for state-wide implementation of FEP treatment. Establish program based on EASA model. Program plans to begin accepting clients no later than September 30, 2016. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? TBD – program not implemented yet

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

CHALLENGES FORESEEN BY THE STATE:

a) Implementing the data system- Determining the data needed, best way to report, etc. It seems that each state has to determine how to achieve this and there is not an approved and/or required data process that spans the nation. **b)** Getting the State level FEP Coordinator hired. Hiring a new position within State of Alabama is a complicated, time-consuming process. **c)** Lack of insurance issue.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|--|-------------------------------|------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Unknown | EASA | Initial Implementation | JBS Mental Health Authority – 1 site demonstration | 940 Montclair Road, Suite 200 | Birmingham | 35213 | \$513,981 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Alaska



STATE CONTACT:

Stacy Toner | 907-465-2817 | stacy.toner@alaska.gov

Update for 10% Set-Aside: Develop CSC program run by part-time team.

Original Use for 5% Set-Aside: In FY 2016, Alaska plans to use MHBG Set Aside Funds to pay for the services of Ionia, a residential treatment village in Kasilof, on the Kenai Peninsula south of Anchorage. In this village, clients participate in an active community that promotes resilience and community and includes seasonal activities and wrap around supports.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$226,522,776 | \$97,223 | \$0 | \$97,223 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Exploration | Youth ages 15-25 who are within the first 5 years of their first episode of a psychotic or bi-polar disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Pay for the services of Ionia, a residential treatment village in Kasilof on the Kenai Peninsula south of Anchorage that serves clients who are in the early stages of mental illness and/or substance use disorders. Ionia provides housing, peer counseling, coordinated transportation, financial guidance, assistance with medical, legal and educational services as well as monthly meetings with a psychiatrist. | Develop CSC program run by part time team. Selected agency will be expected to engage in on-line training in CSC before implementing the program. The state will monitor the agency to ensure close adherence to CSC model. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| | | | | | | | | | | | |
|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Implementing a partial team on this new service can lead to instability when staff have multiple responsibilities across programs. Care will need to be taken to prevent workload creep.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|--------------|--------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| TBD | CSC | Exploration | TBD | TBD | TBD | TBD | \$97,223 | \$0 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | How many are currently receiving treatment? |
|--|---|
| #: n/a | #: n/a |

American Samoa



STATE CONTACT:

Masele lafeta | 684-699-1300 | m_iafeta@yahoo.com

Update for 10% Set-Aside: Train peer support specialists who can help those experiencing FEP in a culturally appropriate manner.

Original Use for 5% Set-Aside: American Samoa was able to send one person to training in Hawaii attended by other Pacific Region island Representatives. This person received training from 'On Track New York' and plan to model this program by utilizing this evidence based model. American Samoa plans to target those 16-30 year old individuals experiencing a first psychotic episode. The territory is currently in the process of designing a program to provide services to this special population and plan to implement in FY 2016. American Samoa will provide training to key stakeholders in hopes to establish a CSC team to provide services to individuals referred to the Department of Human and Social Services (DHSS). The territory also faces cultural challenges in engaging consumers into care due to the cultural belief that persons exhibiting psychotic symptoms are possessed by evil spirits and are often taken to Samoan medicine men for treatment. However, American Samoa has found the model used by 'On Track New York' to be very flexible and a good fit for its culture and limited funds. In addition, American Samoa plans to continue to educate the community about mental health services to dispel social and cultural stigmas.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| Unknown | \$9,815 | No Response | Unknown |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|---|
| Exploration | Youth ages 15-25 who are within the first 5 years of their first episode of a psychotic or bi-polar disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| One person received OnTrackNY training in Hawaii. A CSC team, based on the OnTrackNY model, is being planned for the LBJ Medical Center's Mental Health Clinic in Pago Pago. | Train two to four individuals who have experienced FEP to be peer support specialists for individuals experiencing FEP. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

No Response

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|-------------|-------------|-------------|-------------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| No Response | <u>EASA</u> | Exploration | No Response | No Response | No Response | No Response | \$9,815 | No Response |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Arizona



STATE CONTACT:

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

Update for 10% Set-Aside: Phoenix FEP program plans to begin accepting clients in May, 2016.

Original Use for 5% Set-Aside: Arizona approved two proposals for FEP treatment programs sponsored by Regional Behavioral Health Authorities (RBHA) in Pima County (Tucson) and Maricopa County (Phoenix). Both programs are based on the Early Psychosis Intervention model developed at the University of Arizona and both programs will contract with the university to provide specialty consultation. Set aside funds will be used to hire and train staff at both locations and to pay for the cost of education and vocational supports, medical management and supported housing services at the Phoenix location.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,455,600,000 | \$1,163,988 | n/a | n/a |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Sustainability | Persons with co-occurring disorder |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| For one program: Hire and train staff to handle the predicted increase in program participation. For another program: Secure a site, hire staff and cover costs for education and vocational supports, medical management and supported housing services. | Phoenix FEP program plans to begin accepting clients in May, 2016. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Footnote: One of the programs collects: Enrollment. The other programs collects: Prescription Adherence and Side Effects.

How frequently is this data reported to the SMHA by FEP providers? *Monthly and Quarterly* One program will begin reporting quarterly and the other will begin reporting monthly.

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.* One program reports individual level and the other reports aggregated at the provider level.

CHALLENGES FORESEEN BY THE STATE:

None

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|---------------------------|-------------------------|--------------------------------|------------------------------------|---------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| EPI Center Program | EPICENTER | Program Sustainability | Cenpatico Integrated Care | 333 E. Wetmore Road, Suite 500 | Tucson | 85705 | \$ 328,032 | n/a |
| Maricopa Integrated Health Systems First Break Clinic | EPICENTER | Installation | Mercy Maricopa Integrated Care | 4350 E. Cotton Center Blvd, Bldg D | Phoenix | 85040 | \$ 266,757 | n/a |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Arkansas



STATE CONTACT:

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

Update for 10% Set-Aside: Expand age range of target population. Increase technical assistance and training for providers.

Original Use for 5% Set-Aside: Arkansas plans to distribute the MHBG Set Aside Funds to each of its community mental health centers to provide early intervention services at their discretion. Arkansas’s SMHA instructed the CMHCs to “provide and report on the provision of programs to address serious mental illness,” in accordance with the MHBG instructions.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$127,217,599 | \$448,397 | \$0 | \$448,397 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Exploration | Youth (15-34) who have experienced FEP within the past five years. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Train clinicians in CBT for Psychosis and Family Psycho-Education. Train physicians “on prescribing low dose medications.” | Develop both structures and frameworks for disseminating educational interventions to facilitate referrals and access to first episode services. Transform system to include education and support for providers to move forward with first episode treatment. Include performance indicators in contracts. Continue collecting data profiling persons seeking FEP treatment. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Challenges faced in moving the system towards the effective treatment for those experiencing FEP are two-fold: practice change and business model change.

The adult threshold for Medicaid eligibility is:

- a)** An income of 17 % of the federal poverty threshold, **b)** Becoming eligible by establishing a chronic disability through Social Security Disability, and **c)** Receiving the designation of Medically Frail on the Medicaid Expansion screener.

Providers are able to bill Medicaid for services for individuals at a higher rate with a greater service array. The financial incentive is to ensure clients become Medicaid eligible. The goal of FEP is to **a)** Prevent disability, **b)** Recover and **c)** Return to mainstream functioning thus making the person ineligible for Medicaid. Reconciling these two competing business models with a small amount of overall funding is a main challenge.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|--|--------------|-------------------------|--------------------------------|---------------------|--------------|-------|-----------------|------------|
| ID and service from general population | EBP | 1-3 EBP | Counseling Associates | 350 Salem Road | Conway | 72034 | \$216,751.55 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Counseling Clinic | 307 East Sevier St | Benton | 72015 | \$150,451.56 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Delta Counseling Assoc. | 790 Roberts Dr. | Monticello | 71655 | \$140,944.89 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Health Resources | 25 Gap Road | Batesville | 72503 | \$355,446.02 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Little Rock Community | 4400 Shuffield Dr. | Little Rock | 72205 | \$219,136.80 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Midsouth Health Systems | 2707 Browns Ln | Jonesboro | 72401 | \$328,823.45 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Community Counseling | 505 West Grand Ave | Hot Springs | 71901 | \$208,132.47 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Ozark Guidance | 60 W. Sunbridge Dr. | Fayetteville | 72703 | \$380,379.65 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Professional Counseling | P O Box 15968 | Little Rock | 72231 | \$226,546.75 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | South AR Regional | 715 N College Ave | El Dorado | 71730 | \$146,986.13 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Southeast AR Behavioral Health | PO Box 1019 | Pine Bluff | 71613 | \$144,077.98 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Southwest AR Counseling | 2904 Arkansas Blvd | Texarkana | 71854 | \$147,242.82 | \$0 |
| ID and service from general population | EBP | 1-3 EBP | Western AR | P O Box 11818 | 72917 | 72917 | \$239,955.54 | \$0 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|------------------|---|
| #: n/a | Year ending: n/a | #: n/a |

California



STATE CONTACT:

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

Update for 10% Set-Aside: The Department of Health Care Services is currently receiving and reviewing county MHBG applications for State Fiscal Year (SFY) 2016-17 and is not able to determine the use of the 10% First Episode Psychosis (FEP) Set-Aside at this time. However, for the purpose of articulating efforts to catalogue activities supported by the FEP set-aside, DHCS will in this profile, provide information on FEP operated Programs for SFY 2015-16.

Original Use for 5% Set-Aside: California’s public mental health system is divided into 57 county mental health departments, and the City of Berkeley and Tri-City (the cities of Pomona, Claremont, and La Verne in Los Angeles County). Thirteen counties have been identified as currently implementing CSC models (e.g., EDAPT, PREP, BEAM), while the remaining 44 counties are implementing EBPs (e.g., ACT) that might be leveraged to develop an integrated CSC program for transition-age youth experiencing first onset of psychosis. The state plans to distribute the CSC funds to each of its 57 entities to expand on existing programs. Each county will submit a program plan to the Department of Health Care Services.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$6,762,808,997 | \$6,918,048 | \$ 269,567,799 | \$ 276,485,847 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Varies by county |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Varies by county | To be determined due to the focus of efforts to service only those with FEP as in accordance with Public Law 114-113. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|--|---|--|---|-----------------------------|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

The 5% FEP set-aside awarded in FY 2014 promoted early intervention efforts for individuals with early onset of serious mental illness particularly those that have experienced first episode psychosis. With the 10% set-aside, the focus is early intervention for those who have had an FEP. This has created some difficulty for some of the counties to effectively utilize the FEP funding as most if not all of their staffing, programming and data resources are committed to providing early intervention services for the SMI/SED population. Developing a framework for collecting data and reporting on outcomes on FEP individuals may be administratively challenging for the counties. The data elements above are collected by the Uniform Reporting System (URS) tables, however the data is not specific to the FEP population. The strategy of creating an internal workgroup would allow for discussion of potential challenges while evaluating the feasibility of collecting and reporting data on individuals who have had an FEP for evaluation purposes.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|-----------------|-------------------------|---|------------------------------------|-------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| East Bay Community Recovery Project and Family Services Agency | <u>PREP</u> | Program Sustainability | Alameda County Behavioral Health | 2000 Embarcadero Cove, Suite 101 | Oakland | 94606 | \$124,242 | Unknown |
| First Episode Outreach and Support Program (FEOSP) | CSC | Fully Implemented | County of Los Angeles Department of Mental Health | 550 South Vermont Ave, Fifth Floor | Los Angeles | 90020 | \$124,242 | Unknown |
| SacEDAPT | <u>SacEDAPT</u> | Program Sustainability | Sacramento County Health & Human Services | 7001-A East Parkway, Suite 1100 | Sacramento | 95823 | \$124,242 | Unknown |
| The Juvenile Hall and Jail Program FEP | CSC | Full Implementation | Butte County Department of Behavioral Health | 109 Parmac Road Suite 1 | Chico | 95926 | \$62,221 | Unknown |
| Alternative Care Project DDX-FEP | CSC | Full Implementation | Calaveras County Behavioral Health Services | 891 Mtn. Ranch Road | San Andreas | 95249 | \$31,212 | Unknown |
| First Hope FEP | CSC | Full Implementation | Contra Costa Behavioral Health Services | 50 Douglas Drive Suite 320-D | Martinez | 94553 | \$124,242 | Unknown |
| Transitional Age Youth FEP | CSC | Full Implementation | El Dorado County Health & Human Services | 3057 Briw Road, Suite B | Placerville | 95667 | \$62,221 | Unknown |
| TAY FEP | CSC | Full Implementation | Humboldt County Department of Health & Human Services | 507 F Street | Eureka | 95501 | \$62,221 | Unknown |
| FEP | CSC | Full Implementation | Imperial County Behavioral Health Services | 202 N. Eight Street | El Centro | 92243 | \$62,221 | Unknown |
| Adult and Children System of Care FEP | CSC | Full Implementation | Placer County Adult & Children's System of Care | 3091 County Center Drive Suite 290 | Auburn | 95603 | \$93,232 | Unknown |
| FEP NAVIGATE | <u>NAVIGATE</u> | Full Implementation | Kings County Mental Health | 1400 W. Lacey Boulevard | Hanford | 93230 | \$62,221 | Unknown |
| Lake County Behavioral Health Early Intervention Services | CSC | Full Implementation | Lake County Behavioral Health | 6302 13th Avenue PO Box 1024 | Lucerne | 95458 | \$31,212 | Unknown |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|---|--------------|-------------------------|---|-------------------------------------|----------------|-------|-----------------|------------|
| Lassen County's Recovery Oriented System of Care- FEP | CSC | Full Implementation | Lassen County Behavioral Health | 555 Hospital Lane | Susanville | 96130 | \$31,212 | Unknown |
| Community Intervention Services | CSC | Full Implementation | Madera Behavioral Health Services | PO Box 1288 | Madera | 93639 | \$62,221 | Unknown |
| Outreach & Engagement FEP | CSC | Full Implementation | Marin Health and Human Services | 20 North San Pedro Road, Suite 2028 | San Rafael | 94903 | \$62,221 | Unknown |
| FEP | CSC | Full Implementation | Mariposa County Behavioral Health and Recovery Services | P.O. Box 99 | Mariposa | 95338 | \$31,213 | Unknown |
| Redwood Community Crisis Center FEP | CSC | Full Implementation | Redwood Community Services (Mendocino County) | 1120 S. Dora Street | Ukiah | 95482 | \$31,213 | Unknown |
| FEP | CSC | Full Implementation | Merced County Department of Mental Health | PO Box 2087 | Merced | 95344 | \$62,221 | Unknown |
| FEP | CSC | Full Implementation | Monterey County Behavioral Health | 1270 Natividad Road, Suite 107-108 | Salinas | 93906 | \$93,232 | Unknown |
| FEP | EBP Training | Full Implementation | Napa Co. Health & Human Svs Mental Health Div. | 2261 Elm Street | Napa | 94559 | \$62,221 | Unknown |
| Crisis Insight Respite Center | CSC | Full Implementation | Turning Point Community programs | 500 Crown Point Circle, Suite 120 | Grass Valley | 95945 | \$31,213 | Unknown |
| Riverside County Youth Hospital Intervention Program | CSC | Full Implementation | Riverside County Department of Mental Health | 4095 Country Circle Drive | Riverside | 92503 | \$124,242 | Unknown |
| Premier Program | CSC | Full Implementation | San Bernardino County Department of Behavioral Health | 268 West Hospital Lane, Suite 400 | San Bernardino | 92415 | \$120,625 | Unknown |
| Pathways Community Services | CSC | Full Implementation | San Diego County Health and Human Services Agency | PO Box 85524 | San Diego | 92186 | \$124,242 | Unknown |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|--|--------------|-------------------------|--|------------------------------------|-----------------|-------|-----------------|------------|
| Family Agency Services | CSC | Full Implementation | San Francisco Department of Public Health | 1380 Howard Street, 5th Floor | San Francisco | 94103 | \$93,232 | Unknown |
| Transition Navigation Team | CSC | Full Implementation | San Joaquin County Behavioral Health Services | 1212 North California Street | Stockton | 95202 | \$93,232 | Unknown |
| Campus Residential Crisis Program | CSC | Full Implementation | San Luis Obispo County Behavioral Health Department | 2078 Johnson Avenue | San Luis Obispo | 93401 | \$62,221 | Unknown |
| Youth to Adult Transition Program | CSC | Full Implementation | San Mateo County Behavioral Health and Recovery Services | 225 37th Avenue, Room 320 | San Mateo | 94403 | \$93,232 | Unknown |
| New Heights and PEI TAY | CSC | Full Implementation | Santa Barbara County Department of Behavioral Wellness | 429 San Antonio Road, Bldg. 3 | Santa Barbara | 93110 | \$93,232 | Unknown |
| Young Adults in Transition | CSC | Full Implementation | Santa Clara County Behavioral Health Services Department | 228 South Bascom Avenue, Suite 200 | San Jose | 95128 | \$124,242 | Unknown |
| PREP Santa Cruz | CSC | Full Implementation | Santa Cruz County Community Mental Health Services | 1400 Emeline Avenue | Santa Cruz | 95060 | \$62,221 | Unknown |
| Under Served and Adolescents Project | CSC | Full Implementation | Shasta County Health and Human Services Agency | 2640 Breslauer Way | Redding | 96049 | \$60,410 | Unknown |
| FEP | CSC | Full Implementation | Sierra county Health and Human Services | PO Box 1019 | Loyalton | 96118 | \$31,213 | Unknown |
| Support Outreach and Access to Resources | CSC | Full Implementation | Solano County Health and Social Services | 275 Beck Avenue, MS 5250 | Fairfield | 94533 | \$93,232 | Unknown |
| FEP Training and Implementation | CSC | EBP Training | Sonoma County Behavioral Health Division | 3322 Chanate Road | Santa Rosa | 95404 | \$93,232 | Unknown |
| Children and Transitional Age System of Care | CSC | Full Implementation | Stanislaus Behavioral Health and Recovery Services | 800 Scenic Drive | Modesto | 95350 | \$93,232 | Unknown |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|------------------------------------|--------------|-------------------------|---|--|-------------|-------|-----------------|------------|
| Community Crisis Response Unit | CSC | Fully Implemented | Tehama County Health Services Agency | PO Box 400 | Red Bluff | 96080 | \$31,212 | Unknown |
| Trinity Choices | CSC | Fully Implemented | Trinity County Behavioral Health Services | PO Box 1640 | Weaverville | 96093 | \$31,213 | Unknown |
| FEP | CSC | Fully Implemented | Trinity County Health and Human Services Agency | 5957 South Mooney Blvd | Visalia | 93277 | \$93,232 | Unknown |
| Ventura Early Intervention Program | CSC | Fully Implemented | Ventura County Behavioral Health Department | 800 South Victoria Avenue | Ventura | 93009 | \$93,232 | Unknown |
| Crisis Intervention Programs | CSC | Fully Implemented | County of Yolo Health and Human Services Agency | 137 North Cottonwood Street Suite 2500 | Woodland | 95695 | 462,225 | Unknown |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|------------------------|---|
| #: 2,601 (estimated) | Year ending: 6/30/2016 | #: Unknown |

Colorado



STATE CONTACT:

Bill Bane | 303-866-7406 | bill.bane@state.co.us

Update for 10% Set-Aside: Colorado issued a request for proposals (RFP) in May 2016 and selected two additional CSC program sites. Although not funded through 10% Set-Aside Funds, the Office of Behavioral Health sponsored a May 25, 2016 Research Forum on Early Psychosis Intervention featuring Tamara Sale, director of EASA (Early Assessment and Support Alliance) in Oregon. Participants included stakeholders from community mental health centers, psychiatric hospitals, juvenile justice, schools, and advocacy organizations, e.g., NAMI Colorado, Mental Health Colorado.

Original Use for 5% Set-Aside: Colorado used the funds to establish a Coordinated Specialty Care program at a Community Mental Health Center (Jefferson Center for Mental Health) in metro Denver area. The contract was finalized in October 2015 and the program began admitting individuals in January 2016. The State also contracted with the Research Foundation for Mental Hygiene, Inc. (dba OnTrackUSA) to support the program. The provider team received on-site training from OnTrackUSA in December 2016 with an on-site booster training scheduled for August 2016, and OnTrackUSA participates in monthly clinical and role-specific consultation calls, and provides access to their online learning system. The Office of Behavioral Health provides in-kind project management, technical assistance, and evaluation, which includes quarterly data reporting. A fidelity review system is being developed.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|--|---------------|---|---|
| \$648,479,958 | \$848,285 | \$151,715 (MHBG funds) | \$1,000,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Youth and young adults, ages 15-25 with first episode psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Fully implemented FEP treatment services in 2016 using the Coordinated Specialty Care (CSC) model. RFP published and JCMH selected as provider. Contracts developed with JCMH and OnTrackUSA (training, consultation, and online learning system). | State issued an RFP in May 2016 to fund two new CSC programs, in addition to existing program at JCMH. Continue contracting with JCMH/ EPIC, and OnTrackUSA. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Developing additional funding sources to expand CSC services in other areas of the state, and building support among stakeholders for possible program expansion. Linking program with other initiatives, including the State Innovation Model (SIM) grant and statewide Crisis System.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|------------------------------------|----------------------|----------|-------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| EPIC Program | OnTrackUSA | Initial Implementation | Jefferson Center for Mental Health | 3595 South Teller St | Lakewood | 80235 | \$324,481 | \$0 |
| TBD | OnTrackUSA | Installation | TBD | TBD | TBD | TBD | TBD | No Response |
| TBD | OnTrackUSA | Installation | TBD | TBD | TBD | TBD | TBD | No Response |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Connecticut



STATE CONTACT:

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

Update for 10% Set-Aside: Continue funding for vocational services for both the POTENTIAL and STEP programs and peer services for the STEP Program. In addition, pay for a care coordinator who can mine Medicaid claims to identify clients ages 16 to 26 who have a diagnosis of a schizophrenia spectrum disorder to offer outreach and linkage to FEP treatment or other behavioral health services.

Original Use for 5% Set-Aside: Connecticut plans to use the additional MHBG funds to expand existing services. The Adult Mental Health Division will use the funds to enhance enrichment activities and provide additional staff at two CSC programs; the Department of Children and Families will use the funds to enhance workforce development activities for the EBP Cognitive Behavioral Intervention for Trauma in Schools.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$803,000,000 | \$523,715 | \$ 551,122 | \$ 1,074,837 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|--|
| Program Sustainability | <p>Outreach to High Risk for FEP: Young adults ages 16 to 26 with a diagnosis of a schizophrenia spectrum disorder.</p> <p>Potential Program: Young adults ages 17 to 26 with FEP</p> <p>STEP Program: Transition-aged youth and young adults, ages 16-35 in early stages of psychotic illness.</p> |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| <p>POTENTIAL Program: Hire a second peer counselor. Continue current efforts.</p> <p>STEP Program: Provide additional staff: vocational engagement specialist to conduct outreach to the community, patients, and families.</p> <p>CBT for Trauma in Schools: Cover costs to program developer, contract costs with Optimus Health Center (who operate Bridgeport's program), and costs of expanding program statewide.</p> | <p>Use of set-aside funding for CBT for Trauma in Schools will end by September 30, 2016. Pay for a care coordinator who will mine Medicaid claims to identify clients ages 16 to 26 who have a diagnosis of a schizophrenia spectrum disorder to offer outreach and linkage to FEP treatment or other behavioral health services.</p> |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|--|---|--|---|--|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Outreach to High Risk for FEP:

It is possible that the number of persons meeting eligibility criteria through the data “mining” will be small. It is also possible that not everyone who does meet eligibility criteria will agree to participate in behavioral health services when invited.

Potential Program at Hartford Hospital/ Institute of Living (IOL):

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

The Specialized Treatment Early in Psychosis (STEP) Program at New Haven’s Yale University/Connecticut Mental Health Center (CMHC):

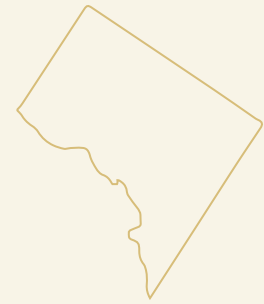
The estimated annual incidence of psychosis in the 10-town region is approximately 150-200 individuals and as the early detection effort proceeds, one clear anticipated challenge will be the resulting strain on the existing clinical capacity at STEP (currently carrying 60 patients). This concern has been partly addressed by implementing a model of care that transitions clients to community providers after 2 years of specialized treatment at STEP.

The service is developing models to maintain the gains in symptom control and functioning after transition to area providers, including possible tele-consultation approaches to provide support to community clinicians and allowing for more extended handoffs in care. Another developing initiative at the clinic is to develop business models that might allow partnerships with commercial providers to support both early detection and treatment approaches via bundled payment mechanisms. Both initiatives will be led by the Program Director. The additional SAMHSA support represented by the 10% set-aside will be critical to these sustainability-oriented initiatives.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|------------------|-------------------------|--|-----------------|-----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Potential Program | <u>POTENTIAL</u> | Program Sustainability | Institute of Living | 200 Retreat Ave | Hartford | 06106 | \$211,857.50 | \$250,000 |
| Yale STEP Program | <u>STEP</u> | Program Sustainability | Yale University / Connecticut Mental Health Center | 34 Park St | New Haven | 06519 | \$211,857.50 | \$301,122 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 111 | Year ending: The programs used different periods, one used SFY 2016 and the other used Feb 2015 – Feb 2016 | #:99 |

District of Columbia



STATE CONTACT:

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

Update for 10% Set-Aside: Fund a pilot program with a contracted provider to deliver FEP treatment services using CBT for Psychosis and work with the local health department to ensure all Medicaid reimbursable services can be billed.

Original Use for 5% Set-Aside: Due to limited funds, D.C. will not use the funds to establish a CSC model; however, the Department of Behavioral Health will support the implementation of an evidence-supported practice model and an EBP. D.C. currently offers: Transition to Independence Process (TIP), an evidence-supported practice, and Assertive Community Treatment (ACT), an EBP. Two certified providers use both programs through TACT teams for which the District is utilizing the 5% set aside.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$219,702,718 | \$105,711 | \$0 | \$105,711 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Installation | Transition age youth and young adults ages 15 to 25. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| To establish contracts with the two TACT providers implementing the pilot project. TACT providers will use the funds to provide non-Medicaid reimbursable services for youth, including school and educational services. | Cover the cost of training for CBT for Psychosis. Cover the cost of a team lead at the contracted agency and part of the cost of a peer specialist. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Current high rate of clinician turnover among community providers poses risk of losing clinicians after they have undergone the training funded through this initiative.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|---|---------|------------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| DC FEP Program | EBP | Installation | TBD. The project implementation is pending. | TBD | Washington | TBD | TBD | \$0 |

| Number of clients served by CSC FEP treatment programs in this state: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Delaware



STATE CONTACT:

Cliffvon Howell | 302-255-9415 | cliffvon.howell@state.de.us

Update for 10% Set-Aside: Expand the eligible age range for admission into Project CORE to 12 to 25 from 16 to 25. Provide refresher training in PIER model to Project CORE team.

Original Use for 5% Set-Aside: Delaware’s Division of Substance Abuse and Mental Health will partner with the Division of Prevention and Behavioral Health to develop and implement Project CORE (Community Outreach, Referral and Early Intervention). This will engage youth with early psychosis conditions into counseling, support and coaching to prevent conversion and hospitalization.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$88,264,967 | \$141,740 | \$0 | \$141,740 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 12 to 25 who have experienced their first psychosis |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Fund the training of 20-25 staff persons, inclusive of the CORE Team’s staff, program administrators, and essential law enforcement and school personnel. | Cover training of two social workers, one occupational therapist, two educational support specialists, one psychiatrist and one advanced psychiatric nurse practitioner in the PIER model. Train staff on using CBT for FEP. Cover the additional treatment and transportation costs due to expanding the eligible age range. |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

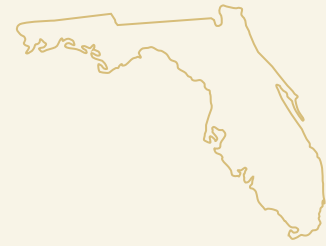
CHALLENGES FORESEEN BY THE STATE:

- Maintaining fidelity to the PIER model when delivering it to 12-15 year old FEP clients that have multi-systemic involvement (juvenile justice, child welfare, other services);
- Developing a plan for future sustainability that covers services that are not regularly covered by Medicaid.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|--------------|-------------------------|---|----------------------|-------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Project Community Outreach, Referral and Early Intervention (CORE) – Kent and Sussex | <u>PIER</u> | Program Sustainability | Center for Training, Evaluation and Community Collaboration | 630 West Division St | Dover | 19904 | \$141,740 | \$0 |

| Number of clients served by CSC FEP treatment programs in this state: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 2 | Year ending: 7/1/2016 | #: 2 |

Florida



STATE CONTACT:

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

Update for 10% Set-Aside: Expand FEP treatment services to five managing entities from two. Acquire train-the-trainer certification for NAVIGATE so new providers can be trained more easily.

Original Use for 5% Set-Aside: Florida’s Department of Children and Families initially gave the set-aside funds to two Managing Entities that subcontracted with two providers: Henderson Behavioral Health and the Life Management Center of Northwest Florida. Henderson Behavioral Health is implementing the NAVIGATE model. The project targets individuals ages 16 to 35 who reside in Broward County. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. The Henderson Behavioral Health team works hand in hand with NAVIGATE Consultants to implement Multi-Family Groups. All individuals and families are encouraged to participate in monthly family psycho-educational groups that are organized and facilitated by the Family Support Specialist. The Individual Resiliency Trainers and other members may also attend and present information depending on the topic. Henderson Behavioral Health uses the Brief Psychiatric Rating Scale and the Behavior and Symptom Identification scale to document outcomes. The Early Psychosis Intervention Care (EPIC) project being implemented by Life Management Center of Northwest Florida targets individuals ages 16 to 35 who have begun experiencing early symptoms of psychosis. Eligibility is restricted to persons who have not experienced symptoms of psychosis before their current episode of the illness or who have only had very limited previous treatment. Life Management Center provides these services in Bay, Calhoun, Holmes, Jackson, and Washington counties in the Florida Panhandle. The goal is to help program participants improve their own recovery skills, which will be demonstrated by continued low inpatient placements, arrests/incarcerations, improved educational progress, improved safe and stable housing, and increased days worked and living in the community. Life Management Center uses an Outreach and Recruitment Specialist position to increase community awareness of the program as well as to screen potential candidates.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$714,700,000 | \$3,379,363 | \$126,787 | \$3,506,150 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Individuals ages 16 to 35 who have experienced a first episode of psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| <p>Henderson Behavioral Health: Staffing, training, support clients' incidental expenses, outreach, travel, initial equipment costs, operating costs, and indirect costs.</p> <p>Life Management Center of Northwest Florida: Staffing, training, support clients' incidental expenses, outreach, travel, initial equipment costs, operating costs, and indirect costs.</p> | Expand FEP treatment to five managing entities. Develop the train-the-trainer capacity for NAVIGATE, so that new providers can be brought on board quickly and cost-effectively. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

* Henderson Behavioral Health does not collect performance data on suicidality, physical health, use of emergency rooms, or social connectedness.

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

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

CHALLENGES FORESEEN BY THE STATE:

No challenges are foreseen at this time.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|--------------|-------------------------|-----------------------------------|---|------------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| First Episode Psychosis Program | NAVIGATE | Full Implementation | Henderson Behavioral Health | 4700 N. State Road 7; Building A, Suite 206 | Lauderdale Lakes | 33319 | \$781,150 | Unknown |
| Early Psychosis Intervention Care (EPIC) | NAVIGATE | Full Implementation | Life Management Center | 525 E. 15th Street | Panama City | 32405 | \$750,000 | Unknown |
| TBD | NAVIGATE | Installation | South County Mental Health Center | 16158 South Military Trail | Delray Beach | 33484 | \$750,000 | Unknown |
| TBD | NAVIGATE | Installation | Citrus Health Network, Inc. | 4175 W. 20th Avenue | Hialeah | 33012 | \$750,000 | Unknown |
| TBD | NAVIGATE | Installation | Clay Behavioral Health Center | 3292 County Road 220 | Middleburg | 32068 | \$475,000 | Unknown |

| Number of clients served by CSC FEP treatment programs in this state: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 122 | Year ending: 12/31/2015 | #: 116 |

Georgia



STATE CONTACT:

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

Update for 10% Set-Aside: Expand the number of programs in the state from three to six. Expand the eligible ages of clients to 16 to 30 from 16 to 24. Expand eligibility criteria to include clients who experienced an onset of symptoms within 24 months (rather than within 18 months).

Original Use for 5% Set-Aside: Georgia used the set-aside funds to implement the Listening, Inspiring, and Guiding Healthy Transitions Early Treatment Program (LIGHT ETP), a CSC model for transition-aged youth and young adults experiencing their first episode of psychosis. This model and target population was selected by an FEP Stakeholder Group, consisting of academics, providers, advocacy organizations, consumer-run organizations, two RAISE providers, and SMHA leadership. Georgia also used set-aside funds for outreach and a marketing campaign using social media.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$603,383,638 | \$1,717,993 | \$0 | \$1,717,993 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 16 to 30 with FEP |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Procure three LIGHT ETPs to implement the CSC model, train local communities, provide outreach and engagement activities, and build Community Partnership Collaboratives. Providers will also participate in a state Learning Collaborative. | Georgia will continue to support the existing three FEP treatment programs started in 2015 and will open an additional three programs beginning service provision October 1, 2016. The eligible ages will be expanded to 16 to 30 from 16 to 24. All programs will adhere to the LIGHT-ETP model. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

DBHDD is currently planning to transition to Fee for Service billing for adult behavioral health services. Providers will be focused on preparing for this transition and this may have some implications for start-up of new programs. The impact for providers is unknown at this time but may pose challenges to provider stability, which could affect their ability to implement or to continue to deliver CSC services. Additionally, organizational changes at the Department level, including new processes for contracting, may result in potential delays of development and execution of provider contracts at the start of the new fiscal year.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|-------------------------------------|----------------------------------|---------|-------|----------------------------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Prevention and Early Intervention Program (PEIP) | LIGHT-ETP | Program Sustainability | DeKalb Community Service Board | 3110 Clifton Springs Rd, Suite B | Decatur | 30034 | \$430,067 for 4/1/2015-9/30/2016 | \$0 |
| Early Psychosis Intervention Collaborative (EPIC) | LIGHT-ETP | Program Sustainability | Advantage Behavioral Health Systems | 2085 South Milledge Ave | Athens | 30605 | \$334,070 for 4/1/2015-9/30/2016 | \$0 |
| Project LIGHT | LIGHT-ETP | Program Sustainability | View Point Health | 2755 Sawnee Ave | Buford | 30518 | \$401,791 4/1/2015-9/30/2016 | \$0 |

| Number of clients served by CSC FEP treatment programs in this state: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 92 | Year ending: 05/31/2016 | #: 84 |

Guam



STATE CONTACT:

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

Update for 10% Set-Aside: Guam will implement the I Fine'na Program, following the OnTrackNY model. The set-aside will cover staff training and consultation with and evaluation by OnTrackNY as well as treatment materials and transportation costs. Staff costs will be covered by local funds.

Original Use for 5% Set-Aside: Guam hosted and participated in a two-and-a-half day regional training and technical assistance conference for its Pacific region partners, including American Samoa, Palau, the Marshall Islands, and the Federated States of Micronesia. The training helped the territories identify a standard assessment tool for detecting early onset of psychosis and develop interventions that are culturally and linguistically appropriate. Guam has developed a program based on OnTrackNY called I Fine'na, the Start. It is currently in the planning phase, which includes data collection, establishing eligibility criteria, develop workflow, identification of eligible consumers, outreach, select key team members, and participate in ongoing consultation with OnTrackNY. Since the set-aside amount is so small, Guam will rely on current staff and resources to serve persons with FEP over the next three years.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$22,204,165 | \$28,767 | \$252,050 | \$280,817 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|---|
| Installation | Youth and young adults |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Planning phase consists of collecting current data on the transition age youth age group currently receiving services in GBHWC; establish eligibility criteria and develop screening tool; develop workflow protocol to identify eligible consumers and assign them to teams and track their progress; develop outreach plans, including flyers and distribution, participate in school open houses and other events; develop referral process; identify other key team members; participate in ongoing consultation with OnTrackNY and the MHBG project officer for TA. | Cover the training of staff and consultation with and evaluation by OnTrackNY. Cover the cost of treatment materials. Cover transportation and childcare to increase service accessibility. Program implementation will be covered using local funds. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? program still in planning stages

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

CHALLENGES FORESEEN BY THE STATE:

1. Human Resources may be limited
2. Obtaining buy-in from other critical agencies such as vocational rehabilitation services to support the program
3. Funding program activities

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|---------------------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| I Fine'na First Episode Psychosis Program | OnTrackNY | Installation | TBD | TBD | TBD | TBD | \$6,767 | \$252,050 |

| Number of clients served by CSC FEP treatment programs in this state: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Hawaii



STATE CONTACT:

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

Update for 10% Set-Aside: With the increased funding, the University of Hawaii OnTrack Hawaii program was able to hire a full-time clinic manager. In addition to managing the clinic, the Clinic Manager will be responsible for establishing an electronic medical record system and a quality assurance program. The OnTrack clinic now has an active caseload. Over the past year, the Department of Health and OnTrack partnered to network and increase awareness of the program. Six (6) clients were enrolled in the full-fidelity program over the past year, five (5) are currently enrolled, and additional assessments and consultations were provided for clients who did not meet all the eligibility requirements. Now that OnTrack has an active caseload, the University of Hawaii Department of Psychiatry will actively provide psychiatric consultation and medication management services.

Original Use for 5% Set-Aside: The Hawai'i Department of Health contracted with the University of Hawaii, Department of Psychology to develop a Coordinated Specialty Care program, OnTrackHawaii, in Honolulu, on the island of Oahu. The majority of Hawai'i residents and the major hospitals are in Honolulu, and it was anticipated that referrals would come from these hospital emergency departments. The set-aside funds supported the salaries of the FEP team as well as travel, supplies, conference registrations and indirect costs. The Project Director established the program protocols, policies and procedures, evaluation measures, and recruited and trained staff. The program was tasked with establishing linkages and agreements with emergency departments, the Adult Mental Health Division, vocational rehabilitation resources, and the state Medicaid authority.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$188,065,000 | \$263,692 | \$0 | \$263,692 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Full Implementation | Youth and young adults ages 15-24 who have experienced a non-organic, non-affective psychotic episode within last three years |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Support salary and fringe benefits of personnel, travel, supplies, conference registrations and indirect costs of OnTrack Hawaii program. Funds were allocated to the University of Hawaii John A. Burns School of Medicine, Department of Psychiatry to provide psychiatric consultation. | With the increase in funding, the University of Hawaii OnTrack Hawaii program hired a full-time clinic manager to establish an electronic medical record system and a quality assurance program. Now that the OnTrack clinic has an active caseload, the University of Hawaii Department of Psychiatry will actively provide the psychiatric consultation and medication management services. |

| DATA REPORTING: | | | | | | | | | | | |
|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report* FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? Currently some of the measures are provided in aggregate on a quarterly basis. *It is anticipated that data on the individual level will be available in real time once the program's electronic medical system is operational and connected to the state's EHR. Some of the measures, such as those in physical health, have yet to be identified and will need to be phased in over time.

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

CHALLENGES FORESEEN BY THE STATE:

Coordinated Specialty Care for the FEP population is needed across the state, including the Neighbor Islands. However, before this pilot program can be taken statewide, it is necessary to take the time to first develop a high quality model that is culturally appropriate for Hawaii’s multi-ethnic population. Making these services available at the community level on the Neighbor Islands would require time and additional resources.

At the present, since the clinic only recently began seeing patients, and the staffing level appears adequate for the small number of clients, there are currently no outstanding budgetary or staffing needs. We will re-assess the situation once the clinic begins operating with a full caseload.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---------------------------------|--------------|-------------------------|--|-------------------------------|----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | State | ZIP | Set-Aside Funds | SMHA Funds |
| OnTrack Hawai'i | CSC | Full Implementation | The Center for Cognitive Behavior Therapy, Department of Psychology, University of Hawai'i at Mānoa and John A. Burns School of Medicine, Department of Psychiatry | 2444 Dole St, Krauss Hall 101 | Honolulu | 96822 | \$263,967 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 6 | Year ending: No Response | #: 5 |

Idaho



STATE CONTACT:

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

Update for 10% Set-Aside: Idaho will provide funds to a community behavioral health provider in the southwestern part of the state to provide FEP treatment according to a CSC treatment model.

Original Use for 5% Set-Aside: Idaho will be providing funds to support early intervention activities in hospital emergency centers. Given the small amount of the set-aside, the state started providing services at one hospital that serves a large catchment area in south-central Idaho. The CSC the state identified as best meeting the local need and is currently being offered is the RAISE program. This program is a team-based approach that is combined with case management services. These services began in March 2015, and the state is getting monthly minimum data set reports. An outcome report will be submitted at the conclusion of the first year of services. Starting in FY 2016, Idaho will begin the planning phase for an early intervention program in Idaho’s Division of Behavioral Health Region VII, which comprises 10 counties in the northeast portion of southern Idaho between Idaho Falls and Salmon. The program will be called Strengths through Active Recovery (STAR) and will be based off of RAISE and OnTrackNY. The program will be paired with an existing crisis center.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$59,200,000 | \$237,867 | \$0 | \$237,867 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Full Implementation | Young adults ages 14-25, experiencing first episode psychosis within the past 2 years |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Implement early intervention program in Idaho's Division of Behavioral Health Region VII in FY2016-2017. Program will be paired with an existing crisis center. | Open FEP treatment services in Idaho's Behavioral Health Regions 3 and 6, located in the southwestern and eastern parts of the state. Idaho will utilize a combination of using state delivered services and contracting with a community behavioral health provider to provide FEP treatment according to the CSC treatment model. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Program implementation will be contingent upon successful negotiation and completion of a signed contract for service delivery. The Department has strict contract guidelines which must be adhered to. If it is determined the Division must complete a Request for Proposal (RFP) prior to entering into a contract the timeframe for implementing a new FEP project would be significantly delayed as a contract procured through the RFP process can take up to 6 months to be finalized. The Department is unable to utilize the Block Grant set aside to hire new staff to implement services as the Department does not have the authority to hire additional positions outside of the current approved limit established by the Idaho Legislature. Therefore, a contract will need to be pursued in order to implement a new FEP service program.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|---|--------------|-------------------------|-----------------------------------|----------------------------|-------------|-------|-----------------|------------|
| FEP Early Intervention Program | CSC | Initial Implementation | Region 3 Behavioral Health Center | 3402 Franklin Road | Caldwell | 83605 | \$81,856 | \$0 |
| FEP Early Intervention Program | CSC | Initial Implementation | Region 6 Behavioral Health Center | 421 Memorial Drive | Pocatello | 83201 | \$49,755 | \$0 |
| Strengths through Active Recovery (OnTrackNY) | CSC | Full Implementation | Region 7 Behavioral Health Center | 150 Shoup Avenue, Suite 17 | Idaho Falls | 83440 | \$106,256 | \$0 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|------------------------|---|
| #: 13 | Year ending: 6/30/2016 | #: 11 |

Illinois



STATE CONTACT:

Justin Harding | 312-814-8762 | Justin.Harding@illinois.gov

Update for 10% Set-Aside: Build capacity for FEP treatment among 11 community health providers. Fund training, technical assistance and consultation for these 11 providers to develop expertise in all regions of the state. While the state continues to be in a budget impasse, the federal funds related to this block grant set aside are being paid to providers.

Original Use for 5% Set-Aside: Illinois does not currently implement a CSC model for early intervention in first episode psychosis. The Department of Mental Health is considering the use of set-aside funds to establish two teams in areas of the state with a greater incidence of FEP, and with the population bases sufficient to provide a reasonable number of clients, preferably near universities. Providers with ongoing IPS programs and established experience with ACT are also preferred. As of the beginning of FY 2016, the state is in a budget impasse and no expenditures are currently allowed.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$857,000,000 | \$1,983,932 | \$0 | \$1,983,982 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Installation | Older adolescents, college age youth, and younger adults aged 14 to 40 who experience FEP |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Planning still in progress. For each site: two mental health professionals (team leader who also provides clinical services/case management; primary clinician); IPS specialist; Certified Recovery Support Specialist; half-time psychiatrist. Also considering imbedding CSC principles and staff in currently-funded IPS teams. | State will contract with 11 community mental health providers to provide FEP treatment services. The funds will cover non-billable time for the essential team members – a team leader at .5 FTE, along with lesser amounts for an administrator, two therapists, a case manager and an employment specialist – to participate in training, consultation and to provide outreach and engagement to the communities served. The funds will also cover materials necessary for outreach, engagement and marketing. Set-aside funds will also cover training by the BeST Center and the EASA Center for Excellence. |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

- A.** Working with participating providers to shift the treatment paradigm from agency services for persons with serious and continuous mental illness to the engagement of persons in acute distress and encountering mental illness for the first time in their lives.
- B.** Assuring the financial support required for agencies to be able to sustain their programs and to serve those individuals who should be served but lack the resources to pay for their services.
- C.** Agencies in Illinois have had very little experience in conducting the outreach and engagement activities that are required of the FEP program. Adaptation and the development of skill in these areas may take significant time and slow down the implementation process.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--------------------------------|--------------|--|-------------|-------------|-------------|-------------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| No Response [Full CSC Program] | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | No Response | \$0 |
| No Response [Full CSC Program] | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | No Response | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |
| No Response | No Response | Installation – Provider receiving training | No Response | No Response | No Response | No Response | \$80,000 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Indiana



STATE CONTACT:

Michael Ross, MSW, LCSW | 317-460-2452 | Michael.Ross@fssa.IN.gov

Update for 10% Set-Aside: Begin to expand treatment throughout state using a hub and spoke model of service provision, in which most clinical services are provided by the hub via telemedicine. Continue to fund the existing program.

Original Use for 5% Set-Aside: Indiana will use the set-aside to expand existing CSC services at its Prevention and Recovery Center for Early Psychosis (PARC). PARC was established in 2009 and offers some components of both RAISE and OnTrackNY.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$486,473,000 | \$911,070 | \$0 | \$911,070 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 16-30 in the early stages of psychosis (within three years of initial onset of psychotic symptoms) |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| The state will begin to expand FEP treatment throughout the state using a hub and spoke model. This will consist of a hub embedded within the Indianapolis location which will work with up to three spokes throughout the state. The hub will provide telemedicine and consultations for the spokes and will therefore have most of the program’s clinical staff. The spokes will perform client recruitment, some case management, data collection as well as supported education/employment services. | Develop data platform at DMH to capture the FEP data. Hire statewide FEP coordinator to lay plans for state-wide implementation of FEP treatment. Establish program based on EASA model. Program plans to begin accepting clients no later than September 30, 2016. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Sustaining and maintain the programmatic fidelity through the hub and spoke model adaption.

Establishing collaborative partnerships with spoke sites that allow them to work through logistical issues and work force shortage issues.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|----------------------|-------------------------|-----------------|------------------|--------------|-------|-----------------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Prevention and Recovery Center (PARC) for Early Psychosis | PARC | Program sustainability | Eskenazi Health | 720 Eskenazi Ave | Indianapolis | 46202 | \$911,070 | \$0 |
| Expansion PARC - HUB | PARC | Installation | Eskenazi Health | 720 Eskenazi Ave | Indianapolis | 46202 | Included in \$911,070 | \$0 |
| Expansion PARC - SPOKE | PARC | Installation | TBD | TBD | TBD | TBD | TBD | \$0 |
| Expansion PARC - SPOKE | PARC | Installation | TBD | TBD | TBD | TBD | TBD | \$0 |
| Expansion PARC - SPOKE | PARC | Installation | TBD | TBD | TBD | TBD | TBD | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 79 | Year ending: 08/31/2016 | #: 60 |

Iowa



STATE CONTACT:

Laura Larkin | 515-242-5880 | llarkin@dhs.state.ia.us

Update for 10% Set-Aside: Iowa will fund four NAVIGATE programs beginning October 1, 2016.

Original Use for 5% Set-Aside: Iowa currently has one provider trained in the RAISE model, and plans to provide RAISE training to mental health collaboratives (agencies that are partners of Iowa's Integrated Health Homes (IHH), CMHCs, regional mental health and disability (MHDS) coordinators, inpatient hospitals, and other stakeholders) with the set-aside funds. Future development of NAVIGATE teams in coordination with IHH teams across the state is the state's long-term plan. Due to the sparse population in rural areas of Iowa, a NAVIGATE team that is not integrated with existing care is not sustainable.

An overview training of the RAISE project, via webinar, was provided to all CMHCs. Iowa has identified two NAVIGATE Service teams. Both teams are serving clients and building up capacity to help clients secure unmet needs, such as insurance and housing.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$479,100,000 | \$406,786 | \$0 | \$406,786 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Sustainability | Youth and young adults experiencing a first episode of psychosis or early onset symptoms related to psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Provide training to EIT staff and fund community outreach. In addition, transportation and extra staff time to help program participants secure unmet needs, such as insurance and housing. | Iowa will issue an RFP for four providers to provide NAVIGATE beginning October 1, 2016. At least two of the programs will be in locations not currently being served. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? The state plans to collect the data quarterly

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

CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|--|----------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| FERST | NAVIGATE | Program Sustainability | Abbe Center for Community Mental Health | 520 11th St NW | Cedar Rapids | 52405 | \$66,087 | \$0 |
| RESTORE | NAVIGATE | Program Sustainability | Eyerly Ball Community Mental Health Center | 1301 Center St | Des Moines | 50309 | \$95,293 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 24 | Year ending): 6/30/16 | #: 23 |

Kansas



STATE CONTACT:

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

Update for 10% Set-Aside: Maintain and expand current program, fidelity measures and training and fund a new FEP program.

Original Use for 5% Set-Aside: The Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Services released a request for proposals in September in 2014 based on a competitive bid process. The proposals are to provide early episode SMI interventions; including early psychotic disorders which incorporate the RAISE model of intervention and supports. Eligible applicants were the 27 CMHCs serving 105 counties across the state. The set-aside funds were awarded to the CMHC-Wyandot Center for Community Behavioral Healthcare, Inc. on January 2015. Wyandot has established an Early Intervention Team (EIT). EIT has completed all required trainings and began accepting participants in the program, beginning April 2015.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$357,600,000 | \$377,195 | \$0 | \$377,195 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults between the ages of 15 and 25 with schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis NOS, and delusional disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover program personnel costs, training costs, travel costs and other costs of EIT program adhering to RAISE model operated by Wyandot Center for Community Behavioral Healthcare, Inc. | Maintain and establish fidelity and expand services at the existing RAISE program. Wyandot Center for Community Behavioral Healthcare began accepting participants in April 2015 their award was increased and extended till September 30, 2017. Through a competitive bidding process Kansas allocated the remaining set-aside funds to open a new program at Valeo Behavioral Health Care Inc. in Topeka Ks. to serve Shawnee County. With a new FEP program to begin July 1, 2016 and end September 30, 2017. The existing program will serve as a consultant to the new program, and provide training through NAVIGATE consultants with the newly formed FEP team of the new provider. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

As our plan includes adding new partners, it is foreseeable that those new providers may have unexpected delays in implementing their proposals. Our hope is with the support of Wyandot Center and other partners who have been involved with this initiative, these types of delays will be minimal. In the grant extension for amendment for Wyandot Center for FY17 it included a consultation for training with NAVIGATE for 2 and 1/2 days with their early intervention team and that the NAVIGATE training would be extended to the new grant recipient of the 10 % , Valeo Behavioral Health Care, to have their team , and two other applicants that did not receive the award to send teams to be training in the model of service of services

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------------------|-------------------------|---|--------------------|-------------|--------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Early Intervention Team | NAVIGATE | Program Sustainability | Wyandot Center for Community Behavioral Healthcare Inc. | 757 Armstrong Ave | Kansas City | 661011 | \$269,200 | \$0 |
| Specialty Care Initiative | NAVIGATE | Installation | Valeo Behavioral Health Care Inc. | 5401 SW 7th Street | Topeka | 66606 | \$192,809 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 28 | Year ending: 6/30/2016 | #: 28 |

Kentucky



STATE CONTACT:

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

Update for 10% Set-Aside: Kentucky is using the set aside funds to implement a CSC model based on the Early Assessment and Support Alliance (EASA) from Oregon, which incorporates components of RAISE and OnTrackNY. The state currently has two sites providing CSC to individuals experiencing their first episode of psychosis, and has two additional sites providing some elements of CSC programming. Set Aside funds will be used for these additional two sites to enable them to upgrade their service packages to include the full spectrum of CSC to individuals experiencing their first episode of psychosis. Kentucky also distributed an RFA to fund two new sites, for a total of six CSC sites. The state plans to use the Set Aside funds to expand CSC programs statewide by 2021. Until then, an application process will be utilized to provide two-year funding for up to three start-up sites. Statewide implementation includes evidence-based programming at all 14 Community Mental Health Centers, and possibly programming at other sites. During SFY 2016 and 2017, the SMHA is also providing training and technical assistance on the Structured Interview for Psychosis Risk Syndrome (SIPS) as well as Cognitive Behavioral Therapy for Psychosis (CBT-p) to all clinicians statewide who will potentially interact with this population. In addition, the SMHA is providing ongoing consultation and technical assistance through the Early Assessment and Support Alliance (EASA) to address programming pieces such as differential diagnoses, multifamily group therapy and family psycho-education. The two sites currently providing CSC to individuals experiencing a first episode of psychosis have only been providing services since the end of January 2016. During SFY 2016, the SMHA solicited input from CSC program stakeholders, including young people, in naming this programming in Kentucky. CSC programming in Kentucky will now be known as iHOPE (Helping Others Pursue Excellence) programs, a name which young people and clinicians feel contains language that is less stigmatizing.

Original Use for 5% Set-Aside: Kentucky is using the set-aside funds to develop capacity to implement and sustain a CSC model based on the OnTrack New York and EASA program models. The combination of these two models will allow Kentucky the flexibility to implement the program in both rural and urban areas. The state's goal is to implement the program statewide within six years. Two providers have been chosen in southeastern and eastern Kentucky and are scheduled to begin service provision in FY 2016.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$259,400,000 | \$662,889 | \$53,111 | \$716,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 15-30 with SMI who have experienced their first episode of psychosis within the past year, including individuals with diagnoses of the schizophrenia spectrum and other psychotic disorders as identified in the DSM-V. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Contract with providers to develop services; develop training modules and provide TA to providers; create and maintain data collection system for the project (expansion of existing system); provide travel and program support. | MHBG funds will be used to establish two new sites, while expanding services in two additional sites that already have some infrastructure in place. The SMHA has contracted with EASA experts from Oregon to provide training and TA to CSC providers regarding CSC programming in general, differential diagnoses, multifamily group therapy and family psycho-education. The SMHA is also providing statewide training for any clinicians potentially working with this population regarding SIPS, and CBT-p. The state is developing an outline of statewide training infrastructure, and is working out the details for statewide data collection on this population; both of which should be in place by SFY 2017. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

At present the SMHA has not worked out tracking of outcome date from iHOPE programs and has only initially worked on identification data with SMHA data contractor. SMHA is working with consultants on identification of good outcome data. SMHA plans to work on this issue in July/August 2016 and should be able to report better data in upcoming months.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|------------------------------------|---------------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| iHOPE | CSC | Initial Implementation | Cumberland River Behavioral Health | 285 Cemetery Road | Williamsburg | 40769 | \$200,000 | Unknown |
| iHOPE | CSC | Initial Implementation | Mountain Comprehensive Care Center | 104 S. Front Avenue | Prestonsburg | 41653 | \$200,000 | Unknown |
| iHOPE | CSC | Installation | Seven Counties Services | TBD | TBD | TBD | \$50,000 | Unknown |
| iHOPE | CSC | Installation | Pathways, Inc. | TBD | TBD | TBD | \$50,000 | Unknown |
| iHOPE | CSC | Installation | Four Rivers, Inc | TBD | TBD | TBD | \$100,000 | Unknown |
| iHOPE | CSC | Installation | Lifeskills, Inc. | TBD | TBD | TBD | \$100,000 | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 7 | Year ending: 6/30/2016 | #: 7 |

Louisiana



STATE CONTACT:

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

Update for 10% Set-Aside: Louisiana has identified three Local Governing Entities (LGEs) to implement an FEP program utilizing the RAISE/Navigate model. The remaining LGEs will take a public health approach to serving the FEP population, and will continue to provide peer support services to individuals experiencing their first episode of psychosis. The goal of the Louisiana plan for FEP implementation is to increase capacity of the system to effectively serve and identify individuals experiencing first episode psychosis throughout the state, while identifying and providing training to those locations capable of implementing full RAISE programs. As more LGEs learn about FEP treatment and strategies, additional locations will be encouraged to modify their structures to be able to implement programs on their own, expanding the number of Coordinated Specialty Care (CSC) programs in the state. As the programs evolve, additional considerations in regard to the integration with managed care will be considered and addressed in implementation activities. This includes training Medicaid and MCOs on the utilization of CSCs as an evidence-based practice, and any subsequent considerations regarding the authorization of services.

Original Use for 5% Set-Aside: Louisiana will implement a CSC model based on the RAISE/NAVIGATE program. The first step in this process was to add certified peer support specialists to existing clinical programs, which has been implemented. Additional components of the implementation plan include the completion of a needs assessment and statewide trainings as developed through a contract with Rutgers University staff.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$223,716,000 | \$618,316 | \$0 | \$618,316 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Youth and young adults ages 15-30 experiencing FEP, and/or have been diagnosed with SMI and experienced their first episode of psychosis within past three years. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Integration of a peer support specialists into each of the Local Governing Entities (total=10; positions are supported at \$20,000/LGE). Funding also supports the completion of a needs assessment and development of service options for implementation and outreach and training. | <p>The SMHA will continue to train staff at the two LGEs implementing the RAISE/Navigate model to ensure fidelity to the model. In addition to specific CSC training, the SMHA will train prescribers throughout the state around best practices for FEP. The SMHA will also support the development and distribution of outreach materials for individuals experiencing FEP and their families. Materials will be developed in line with those available through OnTrackNY and other established CSC programs. The SMHA has contracted with consultants in RAISE/Navigate to provide ongoing TA to providers.</p> <p>The remaining Local Governing Entities not implementing the RAISE/NAVIGATE CSC will continue to provide Peer Support Services to this population. The SMHA will continue to support each of the 10 LGEs in this activity.</p> <p>Subsequent to the initial needs assessment which occurred in an earlier phase of the Louisiana FEP program, 3 Local Governing Entities (LGEs) have been identified which committed to implementing NAVIGATE teams. These locations include Florida Parishes Human Services Authority (FPHSA), Jefferson Parish Human Services Authority (JPHSA), and Capital Area Human Services District (CAHSD). A NAVIGATE training occurred June 23 and 24, 2016, which all LGEs participated in; all teams are in the process of coalescing as teams and identifying FEP program participants.</p> |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? *Varies based on measure. Some at baseline and post-program assessments, and others ongoing throughout the program.*

The FEP provider submits this information at the **individual level or** **aggregated at the provider level. *Varies depending on measure.***

CHALLENGES FORESEEN BY THE STATE:

Ongoing training of staff if/when turnover occurs. Also, while CAHSD has requested additional funding for the implementation of their programming, both JPHSA and FPHSA have indicated they will be implementing programming utilizing existing budget authority. Since staff has subsequently been trained, they may re-contact OBH about the provision of additional funding to support their programs. This would result in a reallocation of funding to this CSC programming diverting funding from those training activities associated with improving the system’s capacity to serve this population throughout the rest of the state.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|---|-------------|-------------|-------------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| <u>NAVIGATE</u> | CSC | Initial Implementation | Capital Area Human Services District (CAHSD) | No Response | Baton Rouge | No Response | \$145,674 | \$0 |
| <u>NAVIGATE</u> | CSC | Initial Implementation | Florida Parishes Human Services Authority (FPHSA) | No Response | Hammond | No Response | \$21,000 | \$0 |
| <u>NAVIGATE</u> | CSC | Initial Implementation | Jefferson Parish Human Services Authority (JPHSA) | No Response | Metairie | No Response | \$36,494 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Maine



STATE CONTACT:

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

Update for 10% Set-Aside: Maine will look to expand the services and supports that the Maine Medical Center is providing through their Portland Identification and Early Referral (PIER) services by incorporating Youth and Family Voice within their services and supports. This will be done by partnering with a Youth Advocacy Organization to incorporate youth voice to the treatment team. This will support and enhance the work that PIER is presently providing with a focus on serving adults, young adults, and persons of the transition age who are experiencing first episode psychosis. This ensures that youth-guided care and youth voices are present in all aspects of treatment. The state is continuing to focus on developing outreach programs in the community. Each of the two sites supported by the Set Aside will participate in one community outreach training per month, for a minimum of one hour, in an effort to increase awareness and improve identification of FEP and early warning signs in individuals aged 15 to 25. The training will be provided at colleges, universities, health clinics, behavioral health homes, and law enforcement agencies in York and Cumberland counties.

Original Use for 5% Set-Aside: Maine will identify clinicians and two CSI teams to offer family psychoeducation multi-family group format (FPE-MFG) to persons with FEP and other serious mental disorders. The state will provide training to clinicians, will conduct outreach and education activities to the community and school-based clinicians on early identification and referral, and will develop methods of reimbursement for these activities. The state will provide ongoing supervision for fidelity.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$481,988,765 | \$200,943 | Unknown | Unknown |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|---|--|
| Program Sustainability | Youth and young adults ages 15-25 experiencing first episode of psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Identify clinicians and two CSI teams for service delivery. Provide training, community outreach and education, and ongoing supervision for fidelity. | Maine will expand services and supports offered through Maine Medical Center’s PIER program by incorporating Youth and Family Voice within services and supports. The SMHA will partner with a youth advocacy organization to incorporate youth voice at the table. The program will continue to build capacity and expansion with organizations that demonstrate readiness and commitment to the program model. The PIER program will identify two licensed community health agencies that will complete clinicians’ training and supervision; one in York and the other in Cumberland County. An implementation plan will be established within each agency, and three clinicians in each agency will participate in training of the components of Coordinated Specialty Care and supervision. Each program will identify at least five appropriate clients and families to participate in the training of the components of Coordinated Specialty Care. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Challenges reported by the current provider have been that agencies have been reluctant to participate in the training necessary to provide FEP treatment due to lack of funding/ financial reimbursement for some of the activities required to ensure fidelity to the Evidence Based model (Coordinated Specialty Care). This barrier has caused the one provider in Maine to reconsider alternative mechanisms for payment, as well as deviations from the standard delivery of service, while also maintaining integrity to the model. Maine is a very rural state, and the sole provider of FEP treatment is in the most urban area of Maine; therefore the majority of the State is not able to participate in the evidence based treatment, when needed.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|-------------------|----------------------|-------------------------|-------------|-------------|-------------|-------------|-----------------|------------|
| York | PIER | Program Sustainability | No Response | No Response | No Response | No Response | No Response | Unknown |
| Cumberland County | PIER | Program Sustainability | No Response | No Response | No Response | No Response | No Response | Unknown |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|------------------------|---|
| #: 30 | Year ending: 9/30/2016 | #: 26 |

Marshall Islands



STATE CONTACT:

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

Update for 10% Set-Aside: Early Psychosis Intervention (EPI) is still at an infant stage and trying to mature within existing mental health policy. The Marshall Islands are at the stage of recruiting NGOs and other government agency partners to be involved in the intervention process. Currently, five committed personnel within the mental health clinic are also the core team for the early intervention program. The early intervention program is integrated within the current mental health protocol. This early intervention crisis team will focus on people ages 16-30 years old with psychosis related to serious mental illnesses such as schizophrenia and schizoaffective disorder. Outside the 16-30 range, clients will be assessed on an individual basis and follow existing models for treatment. The Marshall Islands also strongly support the use of education to families, medical professionals and the public to decrease the stigma surrounding psychotic illness and improve access to care for those who suffer. This is done through a radio program.

Original Use for 5% Set-Aside: Due to the limited amount of funds available, the Republic of the Marshall Islands will send staff to the CSC training held in Honolulu, Hawai'i. Eventually, the implementation of OnTrack Core will allow each staff or mental health professional to identify early psychosis in persons aged 16-30. The purpose of implementing this model is to allow youth and young adults to receive treatment at the early stage before it worsens in adulthood.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| Unknown | \$5,501 | \$7,009 | \$12,510 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Installation | Ages 16-30 years old with psychosis related to serious mental illnesses. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Set aside funds were used to provide technical assistance and to conduct outreach activities in school sand in the community. They were also used to provide counseling services/supplies and activities, and were used to hold workshops for teachers and parents to explain the goals and objectives of the programs. | The Marshall Islands plans to conduct meetings for outreach and engagement twice per month for stakeholders, NGOs and community partners. In addition, they will develop a treatment protocol for early psychosis clients, and plan to establish screening sites on Majuro. They will also establish referral protocols for all stakeholders and community partners through a two-day workshop for the public health director, mental health coordinated specialty care team, stakeholders, government agencies, NGOs, and community partners. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|--|---|--|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? [No Response]

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

CHALLENGES FORESEEN BY THE STATE:

The Marshall Islands faces a lack of adequate workforce, including psychiatrists and psychologists, as well as general office staff to implement a CSC program. There is also a lack of availability in stakeholders and other community partners. The only training is available overseas, making it difficult and costly to train staff and providers.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|----------------|--------------------|--------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Early Psychosis Intervention | CSC | Installation | Human Services | Ministry of Health | Majuro | 96960 | \$5,501 | \$7,009 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 24 | Year ending: FY 2014 -15 | #: 24 |

Maryland



STATE CONTACT:

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

Update for 10% Set-Aside: The 10% set aside will be used to further promote recovery support services, such as person-centered planning, peer involvement, as well as a combined model of evidence-based supported employment and supported education served by the OnTrack Maryland and the Johns Hopkins EPIC/MEIP teams. Efforts are underway to develop Peer Specialist role and the connection between Healthy Transitions and First Episode. Other activities will include continued development of team fidelity to existing EBPs (Supported Employment and Family Psychoeducation). The additional 5% will further support outreach and education activities to enhance enrollment in services, expand potential referral sources, and provide education and awareness to reduce stigma associated with behavioral health diagnoses and treatment. The funds will allow for increased trainings with middle and high school support teams on identifying the early signs of psychosis in students through implementation of screening and assessments for early psychosis. Funds will also be used to further develop peer supports to individuals served by FEP teams.

Original Use for 5% Set-Aside: Since 2009, Maryland has offered the RAISE Connection program for individuals experiencing first episode psychosis. Based on lessons learned, Maryland has modified the RAISE Connection program and developed the Maryland Early Intervention Program (EIP). Research suggests that one CSC team is needed per 500,000 people; given Maryland's population of nearly 6 million individuals, the state should have 12 CSC teams. The set aside is specific to the provisions of two, multi-component, multidisciplinary treatment team-based First Episode Psychosis Programs, as an evolution of the RAISE Program. The population served includes youth and young adults, ages 15-30, with a diagnosis of schizophrenia spectrum disorder, diagnosed in accordance with DSM-V criteria, for which the current episode of psychosis is within two years of the first onset of psychiatric symptoms. OnTrack Maryland, in Montgomery County, began serving clients in December 2014. The Johns Hopkins Early Psychosis Intervention Clinic (also known as the Maryland Early Intervention Program) began serving clients in April 2015. Maryland is also using set aside funds for statewide data support and financial management for FEP programs.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,138,600,000 | \$853,207 | Unknown | Unknown |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Program sustainability | Youth and young adults ages 15-30 current episode of psychosis is within two years of the first onset of psychiatric symptoms. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Maryland used the 5% Set Aside funds to fund personnel and operating expenses of two CSC programs: OnTrack Maryland at Family Services in Montgomery County, and Johns Hopkins's EPIC/Maryland Early Intervention Program in East Baltimore. Additionally, funds were used to provide data collection, reporting, and evaluation support and financial management for programs. | Maryland is using the 10% set aside to enhance two established programs. Specific activities related to promoting person-centered recovery support services, implementation of existing Evidence-based practices, development and implementation of newer Evidence-based practices, development of peer specialists training and supports and expanding teams to include peer specialist and support services to individuals enrolled at either OnTrack Maryland or the EPIC/MEIP program in Baltimore. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|--|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Research suggests that one CSC team is needed per 500,000 populations; given Maryland’s population of nearly 6 million individuals, the state should have 12 CSC teams? And Sustainability?

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|--------------------------------------|---------------------------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| OnTrack Maryland | CSC | Program Sustainability | Family Services | 610 East Diamond Ave, Suite 100 | Gaithersburg | 20877 | Yes | Unknown |
| Johns Hopkins EPIC/ Maryland Early Intervention Program | CSC | Program Sustainability | Johns Hopkins Bayview Medical Center | 4940 Eastern Ave | Baltimore | 21224 | Yes | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 61 | Year ending: 6/30/2016 | #: 52 |

Massachusetts



STATE CONTACT:

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

Update for 10% Set-Aside: Massachusetts is using the set aside funds to develop and enhance its Prevention and Recovery in Early Psychosis (PREP®) CSC programs in two locations, one in the Metro Boston area and the other in Western Massachusetts. In addition to supporting these two programs, the state has identified approximately six outpatient clinics offering dedicated services for young adults experiencing psychosis and their families that it will support with set aside funds. These clinics will be eligible to bid for funding to support staff roles and/or activities that are not currently reimbursable from other sources (e.g., supported education and supported employment). In order to receive funding, these clinics must demonstrate the capacity to provide evidence-based early intervention services consistent with the NAVIGATE approach, provide a needs assessment, and request funding for staffing positions or activities. They must also agree to participate in a series of workforce development activities.

Original Use for 5% Set-Aside: Massachusetts established the PREP®, a CSC program, in the Metro Boston area in 2002. A portion of set aside funds were used to enhance the service with two positions to provide employment and education support and substance abuse treatment. Massachusetts used the majority of the funds to launch and sustain a second PREP® program in Holyoke.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$763,400,000 | \$1,049,346 | Unknown | Unknown |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 16-30 with FEP. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| The original set aside funds were used to pay for personnel (specifically substance abuse specialists and education and employment specialists) at the PREP® East program in Boston, MA and to launch a new PREP® West program in Holyoke, MA | Continue to support activities at the two PREP® locations in the Metro Boston and Western Massachusetts. Provide funds to 2-6 outpatient clinics for the purposes of funding staff and/or staff activities that are not currently third-party reimbursable. These clinics must demonstrate the capacity to provide treatment services in line with the NAVIGATE CSC program. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? At baseline and every six months

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

CHALLENGES FORESEEN BY THE STATE:

It is challenging for the DMH to develop and implement a plan for the use of FFY16 funds in the state fiscal system when the guidance for use of funds is made available four months into the federal fiscal year. DMH reverted a portion of the FFY14 5% set aside funds because of the limited amount of time allowed to implement the initial plan. DMH is required by state law to engage in a competitive procurement process, which has established timelines that must be accommodated. While the contracting mechanisms that DMH will employ with the additional funds are expected to require shorter timelines, DMH will still be challenged to fully obligate and expend these additional funds within the allowable timeframe. DMH will need to balance aggressive deadlines with thoughtful planning.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|--------------------|--------------|-------------------------|-------------------|------------------|---------|-------|-----------------|------------|
| Metro Boston PREP® | CSC | Sustainability | Vinfen | 76 Amory Street | Roxbury | 02119 | \$86,547 | Unknown |
| Western Mass PREP® | CSC | Sustainability | Service Net, Inc. | 1236 Main Street | Holyoke | 01040 | \$516,857 | Unknown |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|---|----------------------|---|
| Metro Boston PREP®: ~43 Western Mass PREP®: 31 | Year ending: 6/30/16 | Metro Boston PREP®: 26 Western Mass PREP®: 25 |

Michigan



STATE CONTACT:

Karen Cashen | 517-335-5934 | cashenk@michigan.gov

Update for 10% Set-Aside: The RAISE Navigate model is currently being implemented in three pilot sites. The additional set aside funding allows for the expansion of at least two of the three sites who currently have more consumers than they can service. The funds will also allow for the addition of up to three new NAVIGATE teams. The state has released a request for proposals for interested clinics. The goals for FY16 and 17 are to continue to focus on the implementation of NAVIGATE, and for each existing team to maintain capacity of at least 30 individuals served.

Original Use for 5% Set-Aside: Michigan’s Department of Health and Human Services has contracted with Network 180 to launch three NAVIGATE teams throughout the State of Michigan. Providers have been selected and services have begun. The target for each pilot is to serve at least 30 consumers each fiscal year.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,232,600,000 | \$1,601,844 | \$198,116 | \$1,799,960 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Individuals in the catchment area between the ages of 15 and 30 |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Support three teams to provide services to at least 30 consumers each fiscal year with fidelity to the NAVIGATE model. | Expand at least two of three existing teams to accommodate unmet need and establish up to three new NAVIGATE teams. The state will develop an “FEP 101” webinar curriculum to introduce the model to interested parties that would be available in conjunction with the release of the RFP. This will also be shared with third-party payers when discussing reimbursement for services. In FY17, the state will continue to develop training materials and will certify an additional team trainer. In addition, the state will work to obtain data for a more robust evaluation process. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are 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.

CHALLENGES FORESEEN BY THE STATE:

FEP programs in Michigan are not yet and may never fully be sustainable without continued block grant funding.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------------------|-------------------------|--------------|-------------------------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| RAISE Navigate | NAVIGATE | Sustainability | InterAct | 610 South Burdick St | Kalamazoo | 49007 | \$374,424 | \$0 |
| RAISE Navigate | NAVIGATE | Sustainability | ETCH | 4572 S. Hagadorn Rd, Suite 1E | East Lansing | 48823 | \$334,656 | \$0 |
| RAISE Navigate | NAVIGATE | Sustainability | Easter Seals | 2399 E. Walton Blvd | Auburn Hills | 48326 | \$226,780 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 79 | Year ending: 9/30/2015 | #: 113 |

Federated States of Micronesia



STATE CONTACT:

Kerio Walliby | 691-320-5520 | kwalliby@fsmhealth.fm

Update for 10% Set-Aside: Hold a four-day training on FEP treatment for six people from the four mental health centers in the country. Micronesia has decided to pursue the OnTrackNY treatment model.

Original Use for 5% Set-Aside: Micronesia has sent staff to OnTrackNY training in Guam and is currently deciding between the OnTrackNY model and the World Health Organization Mental Health GAP (WHO GAP) model for a FEP treatment program. Micronesia is seeking technical assistance to learn more about OnTrackNY.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$139,603 | \$19,032 | \$5,000 (from WHO) | \$24,032 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|---|--|
| Exploration | Young people ages 16 to 30 with early signs of psychosis |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Train staff in mhGAP Intervention Guide. Train staff to learn more about OnTrack NY. Requested TA to learn more about OnTrack NY model. | Micronesia would like to adopt the OnTrackNY model. Micronesia intends to have a four-day training for six people who work in the four mental health centers in the country. The set-aside will cover airfare for trainees to get to the training site and the cost of a conference room rental. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|--|------------------------------|--|---|-----------------------------|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Chuuk State Behavioral Health & Wellness Pohnpei State Behavioral Health @ Wellness Kosrae State Behavioral Health & Wellness Yap State Behavioral Health @ Wellness | Training | n/a | n/a | n/a | n/a | n/a | \$19,032 | \$19,032 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Minnesota



STATE CONTACT:

Alice Nichols | 651-431-2326 | alice.nichols@state.mn.us

Update for 10% Set-Aside: Currently, the state is in contract negotiations with providers to begin up to two CSC teams in the Twin Cities area. Work is scheduled to begin in September 2016. State funding has also been allocated to support this work with the goal of expanding teams across all of MN.

Original Use for 5% Set-Aside: Minnesota will use the set-aside funds to enhance evidence-based practices such as team leadership, case management, supported employment and supported education, psychotherapy (CBT and trauma informed care), family education and support, pharmacotherapy, primary care coordination, peer supports.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,064,081,317 | \$786,276 | \$0 | \$786,276 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Exploration | Transition-aged youth ages 16-25 with early SMI, including psychotic disorders. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Exploration – Planning to work with FEP field experts to train providers and write RFP to form pilot CSC teams in 2016-17. | State will release an RFP from providers with expertise in the implementation of CSC programs. The state will develop training materials around NAVIGATE and offer this training to physicians and prescribers statewide about CSC programs. |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? [No Response]

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

CHALLENGES FORESEEN BY THE STATE:

None

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|----------|---------|-------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | State | ZIP | Set-Aside Funds | SMHA Funds |
| TBD | TBD | Exploration | TBD | TBD | TBD | TBD | TBD | TBD |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Mississippi



STATE CONTACT:

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

Update for 10% Set-Aside: The Department of Mental Health will continue to grant a portion of the set-aside to the Community Mental Health Center in Region 6 (Life Help) to implement NAVIGATE. The additional funding will allow the state to expand the program to an additional site, Gulf Coast Mental Health Center. The state will continue to contract with NAVIGATE consultants to provide training and technical assistance to the two CSC teams.

Original Use for 5% Set-Aside: Mississippi will utilize the set-aside funds to implement a CSC team in the largest CMHC region in the state. CMHC Region 6/Life Help serves 12 of Mississippi’s 82 counties. The CMHC currently offers an array of individual services that are shown to improve outcomes for FEP, including Certified Peer Support Specialists, Assertive Community Treatment, Mobile Crisis Emergency Response Teams, and Multidisciplinary Assessment and Planning Teams. The set-aside funds are being used to maintain a NAVIGATE CSC program, which leverages the existing resources in the CMHC. The program has begun serving clients.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$294,723,000 | \$467,436 | \$0 | \$467,436 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Full Implementation | Youth and young adults ages 15-30 experiencing FEP in the gulf coast region. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| CSC team receives ongoing training and bi-monthly TA from NAVIGATE consultants. | Continue to support the existing CSC site and expand services to an additional site. The state will also continue to contract with the NAVIGATE consultants to provide training and technical assistance. It is the state’s goal for the program to receive at least 2 appropriate referrals per month. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

How frequently are 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.

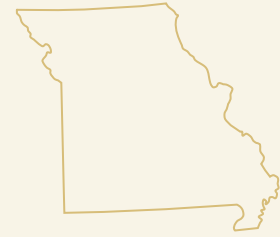
CHALLENGES FORESEEN BY THE STATE:

Lack of referrals made to the existing CSC site. To address this issue, state-level staff assisted in developing an updated brochure and an outreach and education plan with the CSC team and other provider staff.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------------------|-------------------------|--|-------------------|-----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| NAVIGATE | NAVIGATE | Full Implementation | CMHC Region 6/Life Help | 101 HWY 7 South | Greenwood | 38935 | \$188,855 | \$0 |
| NAVIGATE | NAVIGATE | Installation | CMHC Region 13/Gulf Coast Mental Health Center | 1600 Broad Avenue | Gulfport | 39501 | \$240,000 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 4 | Year ending: 06/30/16 | #: 4 |

Missouri



STATE CONTACT:

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

Update for 10% Set-Aside: Missouri plans to continue implementing CSC programs that include the empirically-supported interventions of cognitive-behavioral psychotherapy, family education and supports, case management, supported education, supported employment, and medication/primary care supports. As of the beginning of FY 2016, the state has established two CSC sites – one in southwest Missouri and one in western Missouri. The CSC staff at each of these sites have received both training that focused on using the team approach in serving transition-age youth with emphasis on early onset psychosis, and specialty training focused on the skills and interventions required by the CSC model. The state plans to add two additional CSC sites. One of these sites will be located in Joplin and will serve a four county area in the southwest corner of the state and the other in Jefferson City serving Cole County in the Central part of the State.

Original Use for 5% Set-Aside: Missouri has one NIMH-funded RAISE site in the Southwest Region. With the set-aside funds, Missouri will implement two CSC programs for the treatment of transition-aged youth with priority given to those with early psychosis. One program will be located in Springfield and the other program will be in Cass County, south of Kansas City. Interventions will include CBT, family education and supports, case management, supported employment and education, and medication/primary care supports.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$628,392,274 | \$856,200 | \$198,135 | \$1,054,335 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 16 to 25 with SED or SMI with a psychosis disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Funds will be used for CSC staff development and the provision of CSC services for transition-aged youth. | The state will continue to support two existing CSC programs and plans to install two additional CSC programs (one in Joplin, the other in Jefferson City). |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|--|---|--|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? Intake, annual follow-up, discharge. Intake, annual, discharge

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

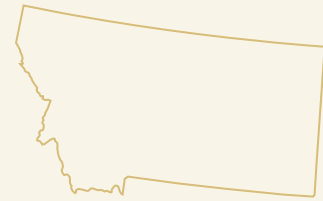
CHALLENGES FORESEEN BY THE STATE:

None

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|-----------------------------------|--------------|-------------------------|---------------------------|----------------------|----------------|-------|------------------------------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| ACT Team for Transition Age Youth | CSC | Program Sustainability | Burrell Behavioral Health | 323 E. Grand Street | Springfield | 65807 | \$392,638 (FY 16 & FY 17 combined) | \$113,380 |
| Same as above | CSC | Program Sustainability | Compass Health Pathways | 1010 Remington Plaza | Raymore | 64083 | \$434,886 (FY 16 & FY 17 combined) | \$0 |
| Same as above | CSC | Initial Implementation | Ozark Center | 1905 W. 32nd Street | Joplin | 64803 | \$426,100 (FY 16 & FY 17 combined) | \$0 |
| Same as above | CSC | Initial Implementation | Compass Health Pathways | 227 Metro Drive | Jefferson City | 65109 | \$430,100 (FY 16 & FY 17 combined) | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 80 | Year ending: June, 2016 | #: 75 |

Montana



STATE CONTACT:

Melissa Higgins | (406) 444-1535 | mhiggins@mt.gov

Update for 10% Set-Aside: Montana plans to release a request for proposals in August 2016. The successful provider will be expected to implement the NAVIGATE CSC program. While more than one provider may potentially be awarded funds to implement the NAVIGATE model, the state wishes to focus its FEP efforts on one site to give the model the best chance of success. Once one location is successfully able to implement the program, the state hopes to expand this service in more locations.

Original Use for 5% Set-Aside: Montana has contracted with the Center for Children and Families in Billings to create an implementation plan for an FEP program based on the RAISE model. The Center is also creating a program and outcome evaluation plan. As part of the planning process, the Center is working with Navigate Consultants and Dartmouth IPS. The Center will also implement and run the program upon finalization of the plan. Montana tentatively plans to begin statewide service delivery by mid-2016.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$229,826,586 | \$149,765 | \$113,235 | \$263,000 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|---|
| Exploration | Youth ages 16-25 served in a geographic catchment area of at least 200,000 people. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover costs of personnel, program operations, program evaluation and staff development, facilities and administration for the Center for Children and Families to implement an FEP program based on the RAISE model. | The state will issue an RFP in August 2016 to identify one site to implement the NAVIGATE CSC program. Up to two additional sites may be selected, but it is unlikely. The awardee will receive onsite training, and should plan to begin implementing the service in January 2017. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? The state will require a quarterly report from the contractor selected by the RFP process

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

CHALLENGES FORESEEN BY THE STATE:

The population of frontier Montana is small and spread across a large land area. The RFP will require a geographic catchment area of at least 200,000 people in order to serve as many transitional aged youth as could benefit from the chosen EBP. Additionally, Montana faces unique workforce challenges. It is expected that the contracted entity will more than likely need to partner with community resources to provide the EBP. Montana intends to require the use of navigate. Navigate is a “comprehensive program designed to provide early and effective treatment to individuals have experienced a first episode of psychosis. Navigate is the program developed with support from the National Institute of Mental Health (NIMH) and is one of the options for implementation as described by SAMHSA. Navigate is a team-based approach, which includes the following team members:

- program director;
- prescriber;
- individual resiliency trainer;
- family education clinician;

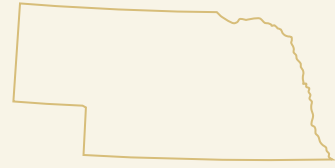
- supported employment and education specialist; and
- case management provided by either a specific case manager or one of the team members.

Montana proposes to implement navigate at one site initially, and to require independent evaluation of the model. The state of Montana could potentially support one or two additional sites. However, it is the intent of Montana to implement the model in one location in order to give the model the best chance of success. The agency will then build on the success of one location to hopefully develop additional sites over time.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|-----------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| TBD | <u>NAVIGATE</u> | Exploration | TBD | TBD | TBD | TBD | TBD | TBD |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 3 | Year ending: No Response | #: 3 |

Nebraska



STATE CONTACT:

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

Update for the 10% Set-Aside: Nebraska is implementing OnTrackUSA in two of the six behavioral health service regions of the state. The locations were determined based on the prevalence of the target population of adolescents and young adults. The Nebraska Division of Behavioral Health worked with the two pilot teams in the development of a One Time Development and Startup Plan to provide the team leader for each pilot team startup activities that would solidify the team for up to a three-month period. Additional activities included outreach to community hospitals, clinics, physicians, and schools; setting up an on-call schedule; developing printed materials; set up billing coordination; develop a charging process for team members; develop an MOU between providers; coordinate team members' training to ensure a seamless transition from evaluation to intake for clients. Teams are currently completing training in the CSC model, program assessment, and CSC team roles, and should begin participant enrollment this year.

Original Use for 5% Set-Aside: Nebraska will use the set-aside to compensate treatment providers. The SMHA has analyzed existing services, identified program partners and providers, and determined sustainable program funding sources. Nebraska has chosen the OnTrackUSA CSC model and began provider training in summer 2015 for two programs, one in Omaha and one in Kearney. Client enrollment is expected to begin in October 2015 and 10 clients are expected to be enrolled by the end of the year.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$140,149,583 | \$232,531 | \$155,660 | \$388,191 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Initial Implementation | Youth and young adults ages 15 thru 25 experiencing Schizophrenia; Schizophreniform Disorder; Schizoaffective Disorder; Delusional Disorder; Brief Psychotic Disorder; and Psychotic Disorder Not Otherwise Specified. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Initial Implementation – Both teams received training in July on OnTrackUSA. Enrollment of clients expected to begin October 2015. Funds will compensate providers per client to provide EBPs for FEP population once trained and operating. | The teams are continuing to receive training in the OnTrackUSA model. Once training is complete, teams will begin accepting clients. The teams will secure programmatic agreements, develop program referral networks, establish a common data reporting system, and will establish reporting system timelines. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? *Varies by measure; all at baseline, some quarterly, every six months, and at discharge*

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

CHALLENGES FORESEEN BY THE STATE:

The challenges identified by the Nebraska pilot teams include: Sustainable funding for medications; Fee for service billing affects sustainability; Limited time available to devote to the pilot programs – no FTE’s; Lack of a dedicated case manager/skill builder and peer support specialist; Vocational Rehabilitation service structure can be confusing for youth; Streamlining paperwork across agencies.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|----------------------------|-------------------------|--------------------------------------|---|---------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| OnTrack of the Heartland | OnTrackUSA | Initial Implementation | Region 6 Behavioral Healthcare* | Attn: Melissa Schaefer 3801 Harney Street | Omaha | 68131 | \$53,000 | Unknown |
| OnTrack Central Nebraska | OnTrackUSA | Initial Implementation | Region 3 Behavioral Health Services* | Attn: Beth Baxter PO Box 2555 | Kearney | 68847 | \$53,000 | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 5 | Year ending: 06/30/16 | #: 5 |

*Multiple Providers per team coordinated through the Regions.

Nevada



STATE CONTACT:

David Lenzner | 775-684-4198 | dlenzner@health.nv.gov

Update for the 10% Set-Aside: Nevada will implement an FEP program in northern Nevada using the RAISE TEAM approach. The state will incorporate telemedicine into the service delivery model to reach rural areas, and will support efforts to eventually expand RAISE into the southern part of the state.

Original Use for 5% Set-Aside: Nevada will develop an FEP program based on the RAISE model that will be implemented in northern Nevada. Nevada is currently creating a core leadership team that will identify points of entry for the target population, and ensure staff are trained in the RAISE model. They will also develop an evaluation plan. Nevada will provide a telemedicine option for clients. Two teams are planned to serve southern Nevada and one team will serve northern Nevada. Nevada's Division of Child and Family Services was awarded a System of Care grant, which will help fund outreach and coordination for the FEP program.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$225,700,000 | \$507,552 | \$346,240 | \$853,792 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Youth and young adults ages 15-25 with schizophrenia, psychosis, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychotic disorder NOS |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Exploration - Developing core leadership team, determining points of entry for target population, train staff in RAISE, incorporate telemedicine into service delivery. Set-aside funds will pay for a project coordinator, staff training, travel, supplies, evaluation activities, telemedicine and EBP consultation. | Hire FEP project coordinator (licensed clinician); develop core statewide leadership team to include clinicians, case managers, UNR School of Medicine, employment specialists, Department of Child and Family Services, Northern Nevada Adult Mental Health Services, Washoe and Clark County School Districts, mental health providers, law enforcement, etc.; implement RAISE in northern Nevada; develop protocols, procedures, and guidelines for how persons are screened, assessed, or otherwise identified as having psychosis; provide training around EBPs; incorporate telemedicine into the service delivery model; collaborate with community partners; develop an evaluation plan; develop FEP strategic plan; accept referrals; adjust as needed. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? [No Response]

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

CHALLENGES FORESEEN BY THE STATE:

No Response

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|------------------------|------------------|-------------|-------------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| ENLIVEN | <u>RAISE</u> | Initial Implementation | The Children's Cabinet | 777 Sinclair St. | Reno | 89501 | No Response | No Response |
| ENLIVEN – Southern Nevada | <u>RAISE</u> | Installation | No Response | No Response | No Response | No Response | No Response | No Response |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | |
|---|---|
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 13 | Year ending: No Response |
| | #: 3 |

New Hampshire



STATE CONTACT:

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

Update for the 10% Set-Aside: The SMHA is in the process of finalizing the contract for FEP-EBP training that will utilize MHBG set aside funds through FFY 2017. The state plans to use a NAVIGATE training team to train Community Mental Health Centers to establish CSC teams that will continue to expand beyond the training period, using a staged approach. The state will start by training one or two CMHCs located in large population centers, and will continue with implementation of two to four teams using lessons learned during the first year.

Original Use for 5% Set-Aside: New Hampshire is preparing to solicit proposals from qualified vendors to provide training to one, two, or three teams in Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP). The successful candidate will provide training and supervision in compliance with established best practices and ensure access to an established data tracking system for clinical and functional outcomes.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|--|---------------|---|---|
| \$195,443,878 | \$180,828 | \$0 | \$180,828 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|--|
| Initial Implementation | 15-35 year old children and young adults with SMI or SED |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Consultant fees for staff training, training materials and ongoing consultation. | Training and technical assistance to CMHCs on the NAVIGATE model in one center in an urban area. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are 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.

CHALLENGES FORESEEN BY THE STATE:

Extended vacancies at the state, combined with recent increases in the complexity and centralization of the DHHS contracting process, including RFP review, caused the FEP RFP release to have been delayed beyond September 1, 2015. Consequently, without an extension of the FFY 2015 funds, they will remain unexpended. Challenges include finding CMHCs that are motivated to do the sustained training and implementation work, training the teams in the required skills to a level where they meet criteria for clinical certification, and then bringing teams to a level where its members can be certified as trainers.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|-----------------|-------------------------|------------------------|-----------------------|--------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| NAVIGATE | <u>NAVIGATE</u> | Initial Implementation | Greater Nashua MH Ctr. | 100 West Pearl Street | Nashua | 03060 | 100% | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

New Jersey



STATE CONTACT:

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

Update for the 10% Set-Aside: New Jersey will fund three CSC teams implementing the RAISE CSC model. Interested providers must respond to an RFP that was issued on June 20, 2016. Final awards will be announced on September 23, 2016. The awardee teams will cover the northern, central, and southern regions of the state. Teams will receive training on service delivery. The state will also hire one data/evaluation quality assurance specialist to provide quality assurance, monitoring, and evaluation of FEP services. The remainder of the funds will be used to cover the administrative costs and technical assistance.

Original Use for 5% Set-Aside: New Jersey will develop first-episode treatment teams based on the RAISE CSC model. Funds are currently being used to train provider staff about the RAISE model and to train NJ Department of Mental Health and Addiction Services staff to roll out and implement the RFP, which will be issued in FY2016. In FY2017 set-aside funds will be used to fund staff, site infrastructure, and administrative and technical support.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,902,860,000 | \$1,433,147 | \$0 | \$1,433,147 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Installation | Youth and adults ages 15-35 with a psychotic spectrum disorder |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Train staff to assist in RFP roll out and implementation. Targeted training on the RAISE model for providers considering implementing the model. Set aside funds will also be used for fidelity assessment, administrative support and to train staff in cognitive behavioral therapy. | The state has released an RFP to fund three CSC teams across the state to implement the RAISE CSC model. Final awards will be announced on September 23, 2016. The awardee teams will receive training funded by the set aside. Funds will also be used to fund administrative costs, technical assistance efforts, and quality assurance activities. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|--|---|--|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are 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.

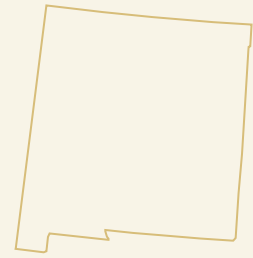
CHALLENGES FORESEEN BY THE STATE:

None

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| TBD | CSC | Installation | TBD | TBD | TBD | TBD | \$414,245 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

New Mexico



STATE CONTACT:

Cathi Valdes | 505-476-9274 | cathi.valdes@state.nm.us

Update for the 10% Set-Aside: New Mexico continues to expand access to the NAVIGATE model for specialty coordinated care for individuals with FEP through the University of New Mexico EARLY program. The EARLY clinic builds upon previous work in the early identification, screening, referral, and treatment of adolescents and young adults with first episode symptoms of psychosis. The EARLY clinic is prepared to expand outreach and training efforts beyond the Albuquerque Metropolitan area. One avenue by which this expansion can occur is through trainings provided to Certified Peer Support Specialists across the state, with particular emphasis on reaching those providing services in rural settings. The SMHA will continue to collaborate with the Division of Parole and Probation to improve access to specialty care for individuals in the correctional system as well as branching out to youth juvenile probation and Children’s Youth and Family Department (CYFD; Child protective services). The SMHA will continue education and outreach efforts to promote the CSC program. The state will also expand access to specialized psychiatric consultations for FEP in rural communities through the use of telehealth.

Original Use for 5% Set-Aside: New Mexico will expand services at the EARLY Clinic at the University of New Mexico Health Services Center in Bernalillo County (Albuquerque). The EARLY Clinic has gained a senior program therapist and a case manager who are providing family psychoeducation. A small amount of set-aside funds will fund travel for community outreach and a website.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$300,796,588 | \$299,365 | \$0 | \$299,365 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 15-30 with first episode of any psychotic illness within last 12 months. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Program Sustainability - Expand existing services at the University of New Mexico Health Sciences Center's EARLY Clinic. Fund community outreach, including a website and limited travel. Continue to fund program staff. | Continue to support CSC services at the EARLY clinic at the University of New Mexico. The SMHA supports the use of peer support specialists in these clinics to reach more individuals. The state will also support the use of telehealth, and will continue to foster relationships with the Division of Parole and Probation and juvenile probation. Hire two new certified peer specialists and hire a full time coordinator. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? [No Response]

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

CHALLENGES FORESEEN BY THE STATE:

One ongoing challenge continues to be in identifying access to behavioral health services in the state. As the state expands screening and early identification initiatives, it will also increase the detection of individuals who are experiencing mental health conditions apart from FEP. It continues to be a challenge to facilitate their access into services other than the specialized FEP CSC program. It also continues to be a challenge to deliver the full array of CSC services in rural communities across the state.

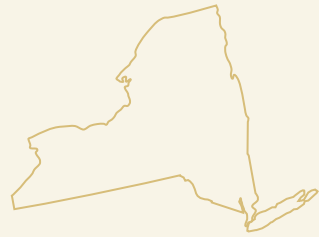
EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|----------------------------|--------------|-------------------------|--|--------------------|-------------|-------|-----------------|------------|
| Early First Episode Clinic | CSC | Program Sustainability | University of New Mexico HSC Providers | 2600 Marble Ave NE | Albuquerque | 87131 | Yes | \$0 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | How many are currently receiving treatment? |
|--|---|
| #: 69 Year ending: 06/30/16 | #: 55 |

New York



STATE CONTACT:

Susan Orens | 518-457-6566 | Susan.Orens@omh.ny.gov

Update for 10% Set-Aside: Continue to implement OnTrackNY. Five to nine new program sites will be added in 2016 with a goal of having twenty sites by the end of 2016.

Original Use for 5% Set-Aside: New York intends to spend set-aside funds to expand its existing OnTrackNY program to six new sites with a goal of having eleven sites by the end of 2015. These sites will include rural and less populated areas. The new sites will perform outreach into the community to identify people experiencing FEP. Some set-aside funds will go to the OnTrackNY Core Team, which builds infrastructure and provides TA to the program sites.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$4,952,100,000 | \$3,242,519 | No Response | Unknown |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|---|---|
| Program Sustainability | Individuals who have non-affective psychoses, who are age 16 to 30 and who are within two years of the onset of psychotic symptoms, regardless of treatment received during that time. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover staff and core team expenses for five new programs. Full-time staff include: team leader, supported employment/ education specialist. Part-time staff include: primary clinician, outreach and recruitment specialist, psychiatrist, and nurse. | Brooklyn (Maimonides, Queens (Elmhurst), the Bronx (Montefiore and Institute for Family Health), and Manhattan (Lenox Hill Hospital). Also planning to add sites on Long Island, Staten Island, the mid-Hudson Valley, and the Southern Tier near Binghamton. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|-------------------------------------|---------------------------|-------------------------|---|--|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Early Treatment Program | OnTrackNY | Program Sustainability | The Zucker Hillside Hospital | 75-59 263rd St | Glen Oaks | 11004 | Unknown | Unknown |
| Kings OnTrackNY | OnTrackNY | Program Sustainability | Behavioral Health Services Kings County Hospital Center | 451 Clarkson Ave | Brooklyn | 11203 | Unknown | Unknown |
| OnTrack CNY | OnTrackNY | Program Sustainability | Hutchings Psychiatric Center | 600 E. Genesee, Suite 123 | Syracuse | 13202 | Unknown | Unknown |
| OnTrack @ LSBH | OnTrackNY | Program Sustainability | Lakeshore Behavioral Health | 255 Delaware Ave, Suite 400 | Buffalo | 14202 | \$557,691 | Unknown |
| OnTrackNY @ Bellevue | OnTrackNY | Program Sustainability | Bellevue Hospital Center | 462 First Ave, C/D Building, 2nd floor | New York | 10016 | \$593,058 | Unknown |
| OnTrackNY @ MHA | OnTrackNY | Program Sustainability | The Mental Health Association of Westchester County | 20 S Broadway, Suite 111 | Yonkers | 10701 | Unknown | Unknown |
| OnTrackNY @ Parsons | OnTrackNY | Program Sustainability | Parsons Child & Family Center | 401 New Karner Rd, 2nd Floor | Albany | 12205 | \$413,706 | Unknown |
| OnTrackNY Rochester | OnTrackNY | Program Sustainability | n/a | 175 Humboldt Street, Suite 100 | Rochester | 14610 | \$178,847 | Unknown |
| OnTrackNY Suffolk | OnTrackNY | Program Sustainability | Farmingville Mental Health Clinic | 15 Horseblock Place | Farmingville | 11738 | \$431,471 | Unknown |
| OnTrackNY @ The Jewish Board | OnTrackNY | Program Sustainability | The Jewish Board of Family and Children's Services | 135 W 50th St 6th Floor | New York | 10020 | Unknown | Unknown |
| OnTrackNY/ RAISE Connection Program | OnTrackNY | Program Sustainability | Washington Heights Community Service New York State Psychiatric Institute | 1051 Riverside Dr, Suite 1701, Unit #113 | New York | 10032 | Unknown | Unknown |
| Maimonides | OnTrackNY | Installation | TBD | TBD | Brooklyn | TBD | Unknown | Unknown |
| Elmhurst | OnTrackNY | Installation | TBD | TBD | Queens | TBD | Unknown | Unknown |
| Montefiore | OnTrackNY | Installation | TBD | TBD | Bronx | TBD | Unknown | Unknown |
| Institute for Family Health | OnTrackNY | Installation | TBD | TBD | Bronx | TBD | Unknown | Unknown |
| Lenox Hill hospital | OnTrackNY | Installation | TBD | TBD | New York | TBD | \$260,701 | Unknown |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|-----------------------------|---------------------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| [Long Island] | OnTrackNY | Exploration | TBD | TBD | TBD | TBD | Unknown | Unknown |
| [Staten Island] | OnTrackNY | Exploration | TBD | TBD | TBD | TBD | Unknown | Unknown |
| [Mid-Hudson Valley] | OnTrackNY | Exploration | TBD | TBD | TBD | TBD | Unknown | Unknown |
| [Southern Tier, Binghamton] | OnTrackNY | Exploration | TBD | TBD | TBD | TBD | Unknown | Unknown |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|------------------------|---|
| #: 309 | Year ending: 3/31/2016 | #: No Response |

North Carolina



STATE CONTACT:

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

Update for 10% Set-Aside: North Carolina will continue to support two CSC sites currently operated in the state, and will work to expand services available at these sites that are not traditionally billable to other sources of funding (e.g., peer support services). The state will also look to implement one to two additional CSC sites, and fully implement a Quality Assurance Database developed by the UNC OASIS (Outreach and Support Intervention Services) technical assistance program, which will be utilized by all FEP sites funded through the MHBG. The state will also work to improve coordination of LME/MCO staff and CSC sites to ensure that LME/MCO staff are informed of CSC sites in their catchment area and how to access and refer for services. Outreach and education activities will be provided to call centers, hospital liaisons, jail liaisons, consumer and advocacy organizations, hospital emergency departments, crisis service providers, psychiatric hospitals, higher education institutions, law enforcement, and primary care providers.

Original Use for 5% Set-Aside: North Carolina will fund first episode psychosis programs through contracts with its intermediaries called Local Management Entities-Managed Care Organizations (LME-MCOs). Trillium Health Resources (LME-MCO) is contracting with RHA Behavioral Health Services to serve some of the more rural areas in the southeastern part of the state. Alliance Behavioral Healthcare (LME-MCO) is contracting with the University of North Carolina's Center for Excellence in Community Mental Health to establish a new site in the Raleigh area. This program is based on the OASIS program, which began in 2005 and was part of the RA1SE project. In addition, funding was also provided to the University of North Carolina's (original) OASIS program located in Carrboro, NC, to bring their model to fidelity with CSC by hiring additional staff (Supported Employment Specialist and Peer Support Specialist). Staff from the Carrboro site will also be providing technical assistance and consultation services to RHA staff, as well as on a broader basis to agencies and group practices with an interest in serving individuals who have experienced a first episode of psychosis. In addition, they have developed a quality assurance database that will collect various data elements from all funded programs.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$989,552,016 | \$1,430,851 | \$0 | \$1,430,851 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Adolescents and young adults ages 15-30 who have experienced a first episode of psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Personnel, supplies, infrastructure, marketing and outreach, fidelity measurement, and travel. | Continue to support two existing CSCs and will create one to two additional programs with the MHBG set aside. Special emphasis will be placed on funding programs not traditionally reimbursed through third-party payers. In addition, the funds will support outreach and education activities to a variety of stakeholders in the community. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|--|---|-----------------------------|---|-----------------------------|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are 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. Data is reported by the CSC sites to the UNC OASIS Program database staff on an individual basis. Reports are made to SMHA on an aggregate level.

CHALLENGES FORESEEN BY THE STATE:

None

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|-------------------------------------|-------------------------|--|--------------------------------|------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| SHORE | CSC | Program Sustainability | RHA, INC. | 503 Covil Avenue | Wilmington | 28403 | \$482,202 | \$0 |
| OASIS | Technical Assistance /QM / Database | Program Sustainability | The UNC Center for Excellence in Community Mental Health | 202 N Greensboro St, Suite C-6 | Carrboro | 27510 | \$288,030 | \$0 |
| OASIS | CSC | Program Sustainability | The UNC Center for Excellence in Community Mental Health | 410 Glenwood Ave, Suite 202 | Raleigh | 27603 | \$430,985 | \$0 |
| TBD | CSC | Exploration | TBD | TBD | TBD | TBD | TBD | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 58 | Year ending: 05/31/2016 | #: 51 |

North Dakota



STATE CONTACT:

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

Stacie Dailey | 701-328-8941 | sdailey@nd.gov

Update for the 10% Set-Aside: The state will use the set aside funds to identify and contract with a vendor for the implementation of CSC services. To do this, the state will develop vendor criteria, develop a request for proposals, identify and procure a successful bidder, develop performance measures, and evaluate the program. The state has issued a Notice of Intent to make a Noncompetitive Purchase and plans to contract with a vendor in Region V (the Fargo area). Region V, with the Fargo Metropolitan Area, has the largest population. In fact, the region has 31% of the state of ND's population of individuals between the ages of 15 and 25, which is the target population. Placing a pilot program in the most populous area will allow a greater number of individuals to access FEP services. Activities for the first three months include drafting a payment matrix and identifying payment gaps, establishing community partnerships, drafting an action plan for implementing and sustaining evidence-based FEP treatment services, and developing a communication plan and materials for promoting the program. Activities for the remaining 24 months of the contract will include implementation of evidence-based FEP treatment services to include 24 hour/7 day per week behavioral health ER service, inpatient and partial hospitalization, residential treatment, and outpatient treatment. In addition, data will be collected along with performance measurement/reporting.

Original Use for 5% Set-Aside: North Dakota has used the set-aside funds to begin the development of a strategic plan to implement First Episode Psychosis (FEP) Treatment services. At this time there are no treatment services for FEP in the state. FFY 14-15 set aside funds were used in a contract with the Center for Practice Innovations. The contract consists of multiple variations of training and consultations. North Dakota organized an FEP Planning Committee (a subcommittee of the ND Behavioral Health Planning Council) in late 2014 to develop a list of stakeholders interested in the development of FEP services in North Dakota. The FEP Planning Committee will meet to discuss the feasibility of a needs assessment in order to identify the best location to provide the service to individuals that experience First Episode Psychosis. Once a location has been determined it will be the responsibility of the FEP Planning Committee to identify the key stakeholders in that community to decide what type of model would be appropriate to provide FEP services in that area. No additional funds have been budgeted for FEP programming at this time.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$69,014,123 | \$87,958 | \$0 | \$87,958 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Installation | Individuals between 15 and 25 years of age |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| <p>Training and consultation with the Center for Practice Innovations. Dr. Lisa Dixon and Dr. Iruma Bello from the Center for Practice Innovations came to North Dakota and provided a 2-day training/consultation event for stakeholders identified by the FEP Planning Committee. The training day consisted of overviews of each evidence based practice component that is part of the Coordinated Specialty Care model. The 2nd day was a consultation meeting which consisted of a discussion on systems data and what regions, systems, etc. this service would best serve in the state. The contract with the Center for Practice Innovations includes phone consultation, the Learning Management System, a design of a fidelity measurement tool, and assistance in the development of an implementation plan for North Dakota.</p> | <p>The state will use the set aside funds to identify and contract with a vendor for the implementation of CSC services. The state has issued a Notice of Intent to make a Noncompetitive Purchase and plans to contract with a vendor in Region V (the Fargo area). Region V, with the Fargo Metropolitan Area, has the largest population. In fact, the region has 31% of the state of ND's population of individuals between the ages of 15 and 25, which is the target population. Placing a pilot program in the most populous area will allow a greater number of individuals to access FEP services. Activities for the first three months include drafting a payment matrix and identifying payment gaps, establishing community partnerships, drafting an action plan for implementing and sustaining evidence-based FEP treatment services, and developing a communication plan and materials for promoting the program. Activities for the remaining 24 months of the contract will include implementation of evidence-based FEP treatment services to include 24 hour/7 day per week behavioral health ER service, inpatient and partial hospitalization, residential treatment, and outpatient treatment. In addition, data will be collected along with performance measurement/reporting.</p> |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

PLEASE NOTE: North Dakota is in the development stage of an FEP program and data measures are not yet developed.

CHALLENGES FORESEEN BY THE STATE:

Limited set-aside funds could impact successful implementation of a full FEP program. North Dakota will request technical assistance from SAMHSA for provider training on the CSC model and the development of performance measures.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|----------|---------|------|-----|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| TBD | CSC | Installation | TBD | TBD | TBD | TBD | Yes | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Northern Mariana Islands



STATE CONTACT:

Michele Joab | 670-323-4060/3 | mjoab@cgcspn.net

Update for 10% Set-Aside: The Community Guidance Center will implement a psychoeducation group in FY 2016 geared toward family education, which will help families and the community better identify FEP symptoms in their family or community leading to earlier treatment of the client. This group will be based on the OnTrackNY training that was conducted in March 2014.

Original Use for 5% Set-Aside: The Northern Mariana Islands plan to use set-aside funds to send trainers to the training session for the Pacific Jurisdictions in Hawaii. The training will help the territories identify a standard assessment tool for detecting early onset of psychosis and develop interventions that are culturally and linguistically appropriate.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| Unknown | \$9,178 | Unknown | Unknown |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Initial Implementation | Unknown |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Set-aside funds will be used to pay for staff to attend the Pacific Jurisdictions Core Plan Training that is being held on Guam. Specifically, travel, lodging, training materials, and per diem expenses. | The Community Guidance Center will facilitate a psychoeducation group geared toward family education. Baseline data will be collected in FY16 to determine future data collection activities. |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently are data reported to the SMHA by FEP providers? [No Response]

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

CHALLENGES FORESEEN BY THE STATE:

No Response

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|-------------|-------------|-------------|-------------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| No Response | EBP | Initial Implementation | No Response | No Response | No Response | No Response | No Response | No Response |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Ohio



STATE CONTACT:

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

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

Update for 10% Set-Aside: OhioMHAS plans to continue to support existing programs that were funded under the 5% set-aside and will be based on the proposals submitted in response to a Request for Information. The goal is to also add providers in new regions of the state that do not have an existing first episode psychosis program. Their goal is for the FEP services to be sustained using private insurance and Medicaid reimbursement.

Original Use for 5% Set-Aside: Ohio is using set-aside funds to fund 5 teams in three areas of the state serving nine counties in northeast, northwest, and southwest Ohio in partnership with Coleman Behavioral Health, the Zepf Center, and Greater Cincinnati Behavioral Health. Ohio estimates that between 476 and 714 people will experience an FEP each year within the service area. All funded programs identified that they would consult with the Best Practices in Schizophrenia Treatment Center at Northeast Ohio Medical University for training and TA in SFY 15-16.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$1,121,200,000 | \$1,629,288 | \$0 | \$1,629,288 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Individuals ages 15-35 experiencing their first episode of psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Our priority is to fund services, then staff/ personnel, and training. Program budgets reflected personnel related costs (fringe benefits/rent and travel) infrastructure, and indirect costs. | Continued support for and develop of staff and FEP teams and expanding programs to as yet unserved areas of the state. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|--|---|-----------------------------|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? Data will be collected at baselines, 6-month intervals, and at discharge. NOTE that tracking of legal involvement, living situation and social connectedness will begin in the current funding cycle.

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

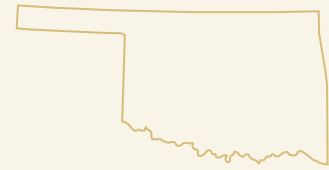
CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|--|------------------------------------|---------------|-------|---|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| FIRST Greater Cincinnati | FIRST | Program Sustainability | Greater Cincinnati Behavioral Health Services | 7162 Reading Rd, Suite 400 | Cincinnati | 45237 | Yes, in FY 15, 16, 17. \$381,938 in FY 16 | \$0 |
| FIRST Greater Cincinnati | FIRST | Program Sustainability | Greater Cincinnati Behavioral Health Services | 1074 Wasserman Way | Batavia | 45103 | Yes, in FY 15, 16, 17 | \$0 |
| FIRST Greater Lima | FIRST | Program Sustainability | Coleman Professional Services | 799 South Main St | Lima | 45804 | Yes, in FY 15, 16, 17 | \$0 |
| FIRST Lucas and Wood Counties | FIRST | Program Sustainability | Zepf Center Central Community Support, Medical and Vocational Services | 6605 W. Central Ave | Toledo | 43617 | Yes, in FY 15, 16, 17 | \$0 |
| FIRST Lucas and Wood Counties | FIRST | Program Sustainability | Zepf Center, Child and Adolescent Services | 905 Nebraska Ave | Toledo | 43607 | Yes, in FY 15, 16, 17 | \$0 |
| First Lucas and Wood Counties | FIRST | Program Sustainability | COMPASS, a division of the Zepf Center | 541 W. Wooster Street, 3rd Floor | Bowling Green | 43402 | Yes, in FY 15, 16, 17 | \$0 |
| FIRST Portage County | FIRST | Program Sustainability | Coleman Professional Services – Portage County | 5982 Rhodes Road | Kent | 44240 | Yes, in FY 15, 16, 17. \$380,076 in FY 16 | \$0 |
| FIRST Stark County | FIRST | Program Sustainability | Coleman Professional Services | 400 Tuscarawas St, West, Suite 200 | Canton | 44702 | Yes, in FY 15, 16, 17 | \$0 |
| FIRST Lorain County | FIRST | Installation | The Nord Center | 6140 S. Broadway Ave. | Lorain | 44053 | Yes, in FY 17 | \$0 |
| FIRST Fairfield County | FIRST | Installation | New Horizons Mental Health Services | 1592 Granville Pike | Lancaster | 43130 | \$270,000 in FY 17 | \$0 |
| Cuyahoga FIRST Program | FIRST | Initial Implementation | Catholic Charities Covenant Center | 1515 W. 29th St. | Cleveland | 44113 | Yes, in FY 17 | \$0 |
| FIRST Muskingum, Guernsey and Morgan Counties | FIRST | Installation | Six County, Inc. | 2845 Bell St | Zanesville | 43701 | Yes, in FY 17 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 111 | Year ending: No Response | #: 90 |

Oklahoma



STATE CONTACT:

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

Update for 10% Set-Aside: Oklahoma will expand to the Tulsa area

Original Use for 5% Set-Aside: Oklahoma is using MHBG set-aside funds to implement NAVIGATE and Transition to Independence (TIP) in five to six CMHCs in Oklahoma, Okmulgee, and Washington Counties by funding training, outreach activities and an employment/education coach. The total budget for NAVIGATE, TIP, and the funding for Be the Change equals the full set-aside amount. The NAVIGATE team in Oklahoma County began serving clients in January 2015.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$228,730,000 | \$543,405 | \$0 | \$543,405 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Ages 16-30 newly identified with a serious mental health or co-occurring diagnosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Services and supports necessary to implement the NAVIGATE model. | Expand NAVIGATE to the Tulsa area. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| | | | | | | | | | | | |
|---|--|------------------------------|--|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

None.

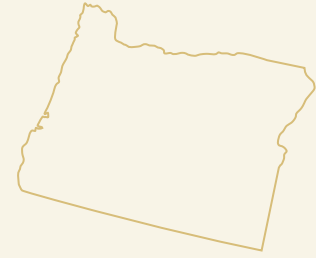
EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|---|--------------|-------------------------|--|--------------------|---------------|-------|-----------------|------------|
| NAVIGATE through Hope CSI | NAGIVATE | Program Sustainability | Hope Community Services, Inc. | 6100 S Walker Ave | Oklahoma City | 73139 | \$221,000 | \$0 |
| NAVIGATE through Family and Children's Services | NAVIGATE | Initial Implementation | Family and Children's Services of Oklahoma | 2325 S Harvard Ave | Tulsa | 74114 | \$176,000 | \$0 |
| Be the Change | Outreach | Program Sustainability | Be The Change | 1724 NW 4th St | Oklahoma City | 73106 | \$40,000 | \$0 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| | | | |
|---|-------------------------|--|--|
| How many were served in the last year? | | How many are currently receiving treatment? | |
| #: 25 | Year ending: 06/01/2016 | #: 11 | |

Oregon



STATE CONTACT:

Jackie Fabrick | 503-947-5544 | Jackie.Fabrick@shsoha.state.or.us | MHBG coordinator

Jean Lasater | 503-947-5538 | jean.c.lasater@state.or.us | Early Intervention Services

Update for 10% Set-Aside: Oregon will use the additional funds to initiate FEP services in the remaining ten counties that do not currently offer such services, provide additional support programs for psycho and community education, ensure that young adult peers and family members are able to attend an EASA conference, and sponsor training for all EASA providers in Feedback Informed Treatment (FIT).

Original Use for 5% Set-Aside: Oregon will use the set-aside funds to support the existing Early Assessment and Support Alliance (EASA) FEP program which provides FEP treatment in 32 of the state's 36 counties. The state is pursuing a plan to expand EASA into the four remaining unserved counties. The state will use set-aside funds to enhance sustainability of EASA under expanded healthcare coverage due to the ACA. Oregon will support existing EASA Center for Excellence which provides TA and program and outcome evaluation for county EASA programs throughout the state.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$931,800,000 | \$672,682 | \$7,876,840 | \$8,549,522 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|---|--|
| Program Sustainability | Ages 12 – 25 within one year of their first episode and/or who are exhibiting prodromal indicators of psychosis symptoms. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Enhancing sustainability of EASA under expanded healthcare coverage due to the ACA. | Expand technical assistance, training and program implementation of EASA to the remaining nine counties without EASA programs. This includes intensive and customized technical assistance to and training of frontier and rural staff, use of collaborative strategies to share resources across large areas with low incidence. All rows highlighted in pink have increased set aside funding. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Developing sustainable funding models, especially in rural and frontier communities where incidence is low, hiring is difficult, and the model requires a team-based approach. Looking at age ranges for admission to the program and duration of program continues to be examined. Private insurances do not pay adequately for FEP models, and as result, program costs continue to be absorbed by Medicaid, state general funds, local funding, and indigent care. This is a challenge for most if not all behavioral health treatments and supports. We are also looking at ways to increase use of peers as both young adult and family-member supports.

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|----------------------------|--------------|-------------------------|---|--------------------------------------|---------------|-------|-----------------------|------------|
| Baker County EASA | CSC | Program Sustainability | Baker County-New Directions Northwest | 2200 4th Street | Baker City | 97814 | No Response | \$38,758* |
| Benton County EASA Ramp-Up | CSC | Initial Implementation | Benton Co Mental Health Program | 530 Northwest 27th Street | Corvallis | 97330 | Yes, in FY 16/17 | \$50,000 |
| Union County EASA | CSC | Program Sustainability | Center for Human Development - Union | 2301 Cove Ave | La Grande | 97850 | \$26,250 in FY 13-15 | \$80,583 |
| Clatsop County EASA | CSC | Program Sustainability | Clatsop Behavioral Healthcare | 2120 Exchange Street, Suite 203 | Astoria | 97103 | \$26,250 in FY 13-15 | \$105,074 |
| Columbia County EASA | CSC | Program Sustainability | Columbia Community Mental Health | 58646 McNulty Way | St. Helens | 97051 | \$32,139 in FY 13-15 | \$26,148 |
| Douglas County EASA | CSC | Program Sustainability | Community Health Alliance - Douglas | 1600 NW Garden Valley Blvd Suite 110 | Roseburg | 97471 | No Response | \$193,843 |
| Coos County EASA Ramp-Up | CSC | Initial Implementation | Coos County Mental Health | TBD | TBD | TBD | Yes, in FY 16/17 | \$30,000 |
| Curry County EASA Ramp-Up | CSC | Initial Implementation | Curry Community Health | 94235 Moore St, Suite 121 | Gold Beach | 97444 | Yes, in FY 16/17 | \$30,000 |
| Deschutes County EASA | CSC | Program Sustainability | Deschutes Co. Child & Family Program | 1340 NW Wall Street | Bend | 97701 | \$212,496 in FY 13-15 | \$174,528 |
| Jackson County EASA | CSC | Program Sustainability | Jackson County Mental Health | 140 S Holly Street | Medford | 97501 | No Response | \$308,596 |
| Klamath County EASA | CSC | Program Sustainability | Klamath Basin Behavioral Health - Baker | 2210 N Eldorado Avenue | Klamath Falls | 97601 | No Response | \$119,708 |
| Clackamas County EASA | CSC | Program Sustainability | LifeWorks NW - Clackamas County | 4105 International Way, Suite 501 | Milwaukie | 97222 | No Response | \$678,204 |
| Washington County EASA | CSC | Program Sustainability | Lifeworks NW- Washington County | 14255 SW Brigadoon Ct. | Beaverton | 97005 | \$198,929 in FY 13-15 | \$989,284 |
| Lincoln County EASA | CSC | Initial Implementation | Lincoln Co Health & Human Services | 36 SW Nye Street | Newport | 97365 | Yes, in FY 16/17 | \$30,000 |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|------------------------|--------------|-------------------------|---|---|-------------|-------|----------------------|-------------|
| Linn County EASA | CSC | Program Sustainability | Linn County Mental Health | PO Box 100 | Albany | 97321 | No Response | \$180,000 |
| Malheur County EASA | CSC | | Lifeways, Inc. - Malheur County EASA | 702 Sunset Drive | Ontario | 97914 | No Response | \$38,758 |
| Marion County EASA | CSC | Program Sustainability | Marion Co. Children's Behavioral Health - Transitional Age Youth Services | 3878 Beverly Ave NE, Building H | Salem | 97305 | No Response | \$720,000 |
| Hood River County EASA | CSC | Program Sustainability | Mid-Columbia Center for Living | 1610 Woods Court | Hood River | 97031 | \$29,031 in FY 13-15 | \$131,262 |
| Multnomah County EASA | CSC | Program Sustainability | Multnomah Co. Mental Health & Addiction Services – Lincoln Building | 421 SW Oak St, Suite 520 | Portland | 97204 | \$20,247 in FY 13-15 | \$1,628,389 |
| | | | Main Office Rockwood Community Health Center | 2020 SE 182nd Ave, #L104 | Portland | 97233 | | |
| Josephine County EASA | CSC | Program Sustainability | Options for Southern Oregon (Josephine Co.) | 1181 SW Ramsey Avenue | Grants Pass | 97527 | No Response | \$119,709 |
| Lane County EASA | CSC | Program Sustainability | PeaceHealth Medical Group Lane County | 1200 Hilyard Street, Suites 540 and 570 | Eugene | 97401 | No Response | \$633,619 |
| Polk County EASA | CSC | Program Sustainability | Polk Co. Mental Health – West Salem Office | 1520 Plaza St NW, Suite 150 | Salem | 97304 | No Response | \$162,000 |
| | | | Dallas Office | 182 SW Academy St, Suite 333 | Dallas | 97338 | | |
| Tillamook County EASA | CSC | Full Implementation | Tillamook Family Counseling Center | 906 Main Avenue | Tillamook | 97141 | \$45,456 in FY 13-15 | No Response |
| Umatilla County EASA | CSC | Program Sustainability | Umatilla County Mental Health- Lifeways – Pendleton | 331 SE 2nd St | Pendleton | 97801 | No Response | \$38,758* |
| | | | Hermiston | 595 NW 11th Street | Hermiston | 97838 | | |

(Continued: Early Intervention Programs)

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|----------------------------|--------------|-------------------------|--|-------------------------------|-------------|-------|-----------------------|------------|
| Wallowa County EASA | CSC | Program Sustainability | Wallowa Valley Center for Wellness | PO Box 268, 207 SW 1st Street | Enterprise | 97828 | No Response | \$38,758* |
| Yamhill County EASA | CSC | Program Sustainability | Yamhill Co. Adult Mental Health | 627 NE Evans Street | McMinnville | 97128 | No Response | \$198,000 |
| Wasco County EASA | CSC | Initial Implementation | Greater Oregon Behavioral Health, Inc. | 401 E 3rd St #101 | The Dalles | 97058 | Yes, in FY 16/17 | \$210,377 |
| EASA Center for Excellence | TA, Research | Program Sustainability | Portland State University | 1600 SW 4th Ave, Suite 900 | Portland | 97201 | \$73,780 \$232,804 | \$640,000 |

*4 Counties receiving SMHA Funds listed above. 5 Counties in development with increased set aside not included for this update

For an up-to-date listing of EASA programs, please see:
<http://www.easacommunity.org/easa-programs.html>

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| How many were served in the last year? | | How many are currently receiving treatment? |
|--|-------------------------|---|
| #. 416 | Year ending: 12/31/2015 | #. 364 |

Palau



STATE CONTACT:

Everlynn Joy Temengil | 680-488-4573 | temengil.ej@gmail.com

Update for 10% Set-Aside: One CSC team will be supported in a population area of roughly 20,000 with 1% need annually. The set-aside amount will be supported with local funds, national health care insurance and co-payments to develop resources and plans to meet the needs of the program providers, client-level resources and enhancing the implementation of the program with fidelity.

Original Use for 5% Set-Aside: Palau will use the set-aside funds to support an identified EBP that addresses the needs of individuals with first or early signs of psychosis. One CSC team will be developed with these funds, and the cost of treatment will be supported with local funds, national health care insurance, and insurance copayments. No CSC team currently exists in the territory.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| Not available | \$5,000 | No Response | Unknown |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Exploration | Youth and young adults ages 15-25 with a diagnosis of schizophrenia within the last three years. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Develop resources and plans to meet the needs of program providers, client-level resources, and enhancing the system to implement a CSC with fidelity. | Same uses as the 5%. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| | | | | | |
|---|---|--|--|--|---|
| Identification, Intake, Enrollment | Improved Symptoms | Suicidality | Psychiatric Hospitalization | Use of Emergency Rooms | Prescription Adherence and Side Effects |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Health | Program Involvement | Substance Use | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Functioning | | | | | |
| Global Functioning | Employment | School Participation | Legal Involvement | Living Situation | Social Connectedness |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

No Response

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|--------------|--------------|-------------------------|-------------|-------------|-------------|-------------|-----------------|-------------|
| No Response | CSC | Exploration | No Response | No Response | No Response | No Response | \$5,000 | No Response |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| | | | |
|--|------------------|---|--|
| How many were served in the last year? | | How many are currently receiving treatment? | |
| #: n/a | Year ending: n/a | #: n/a | |

Pennsylvania



STATE CONTACT:

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

Nicole Yesser | 717-705-8280 | nyesser@pa.gov

Update for 10% Set-Aside: Pennsylvania selected eight program sites for fiscal year 2016-2017, including four new sites, increasing geographical coverage to each region of the state. Pennsylvania will offer additional trainings to allow non-funded providers to learn about FEP, with the goal of increasing referrals to FEP program sites and allowing the implementation of basic FEP services in communities where full specialized programs are not geographically feasible. Pennsylvania will convene a workgroup with stakeholder involvement to review the Joint Information Bulletin issued by CMS, NIH, and SAMHSA regarding the Coverage of Early Intervention Services for First Episode Psychosis to identify a long-term, sustainable funding strategy for FEP services and to develop a plan for implementing the strategy.

Original Use for 5% Set-Aside: Set-aside funds will be used to support two existing programs that target FEP and establish two more. These funds will partially cover personnel costs and program supplies at the University of Pennsylvania's Psychosis Evaluation and Recovery Center (PERC) in Philadelphia, and at the University of Pittsburgh's Western Psychiatric Institute and Clinic's (WPIC) Services for the Treatment of Early Psychosis (STEP) program in Pittsburgh. Set aside funds will also cover the partial salaries and supplies for the Horizon House Psychosis Education, Assessment, Care and Empowerment (PEACE) program, in Philadelphia, and the Early Onset Psychosis Coordinated Specialty Care Recovery Program at Safe Harbor Behavioral Health of the University of Pittsburgh Medical Center Hamot, in Erie. Set aside funds will also contract with PEACE to perform program and outcome evaluation for all four programs.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|--|---------------|---|---|
| \$3,664,900,000 | \$1,799,735 | \$404,069 (additional MHBG funds) | \$2,203,804 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|---|
| Program sustainability | Youth and young adults ages 14-30 presenting with schizophrenia and related psychoses, drug-use associated psychoses, and bipolar and other mood disorders |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Pay part of salaries of clinical staff including psychiatrist, psychologist, therapist, case manager, clinical pharmacist, and peer support. Full salary coverage provided for Support Employment Specialist. Funding is provided for training, clinical supplies, computer/software, and indirect costs. Also partial salary coverage is provided for program evaluation staff including primary investigators, research coordinator and statistician. Funding also provided for computer/software supplies, travel, publication costs, and indirect costs. | Add four additional sites, develop and implement a long-term sustainable funding strategy, and increase referrals. Also program evaluation will be expanded to include the four new program sites. Program evaluation training will be provided to all sites. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| Identification, Intake, Enrollment | Improved Symptoms | Suicidality | Psychiatric Hospitalization | Use of Emergency Rooms | Prescription Adherence and Side Effects |
|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Physical Health | Program Involvement | Substance Use | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Functioning | | | | | |
| Global Functioning | Employment | School Participation | Legal Involvement | Living Situation | Social Connectedness |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? Not finalized, at least annually

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

CHALLENGES FORESEEN BY THE STATE:

Pennsylvania is seeking to address the challenges in creating sustainability of current programs and expanding FEP services to rural areas.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|--|------------------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | State | ZIP | Set-Aside Funds | SMHA Funds |
| PERC | CSC | Program Sustainability | University of Pennsylvania, Perelman School of Medicine, Department of Psychiatry | 10 Gates Bldg HUP | Philadelphia | 19104 | \$247,063 | \$0 |
| WPIC-STEP | CSC | Program Sustainability | University of Pittsburgh Medical Center (UPMC) | 200 Lothrop Street | Pittsburgh | 15213 | \$260,000 | \$0 |
| PEACE | CSC | Program Sustainability | Horizon House, Inc | 120 S 30th Street | Philadelphia | 19104 | \$155,757 | \$0 |
| Safe Harbor | CSC | Full Implementation | University of Pittsburgh Medical Center (UPMC) of Hamot | 2554 West 12th Street | Erie | 16505 | \$260,000 | \$0 |
| First Episode Psychosis- Allegheny County | CSC | Full Implementation | Family Services of Western Pennsylvania | 3230 William Pitt Way | Pittsburgh | 15238 | \$227,476 | \$0 |
| First Episode Psychosis- Dauphin County | CSC | Initial Implementation | Pennsylvania Psychiatric Institute in partnership with Case Management Unit and YWCA of Greater Harrisburg | 2501 North 3rd Street | Harrisburg | 17110 | \$242,137 | \$0 |
| First Episode Psychosis- Delaware County | CSC | Initial Implementation | Child and Family Focus, Inc | 920 Madison Ave | Audubon | 19403 | \$260,000 | \$0 |
| First Episode Psychosis- Luzerne/Wyoming Counties | CSC | Initial Implementation | Children's Service Center | 335 S. Franklin Street | Wilkes-Barre | 18702 | \$260,000 | \$0 |
| First Episode Psychosis Multi Site Program Evaluation | Evaluation | Program Sustainability | University of Pennsylvania | 3400 Spruce Street | Philadelphia | 19104 | \$252,118 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 177 | Year ending: 6/30/2016 | #: 154 |

Puerto Rico



STATE CONTACT:

Dr. Pedro J. Morales | 787-766-4171 | pmorales@assmca.pr.gov

Update for 10% Set-Aside: Puerto Rico is using the 10% set-aside of its MHBG for intervention in situations of First Episode Psychosis (FEP). The project was approved by SAMHSA/CMHS, and has been initiated in the past fiscal year (SFY 2014-2015) with PORTI (San Juan), and will be continued in the subsequent years of the proposed 2016-17 Plan and replicated in Mayagüez for the fiscal year 2016-2017.

Original Use for 5% Set-Aside: Puerto Rico is using the MHBG set-aside funds to establish a program for up to 35 patients with first episode psychosis (FEP) following the OnTrackNY model. The program operates in conjunction with the University of Puerto Rico Department of Psychiatry. This treatment program includes relapse prevention, illness management, medication management, case management, family intervention and support. The services are provided using a team-based approach and following evidence based guidelines, as well as patient-centered interventions.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$72,690,000 | \$653,909 | Unknown | Unknown |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|--|
| Full Implementation | Patients aged 16 to 35 that present with a first episode psychosis, with a diagnosis of brief psychotic disorder, schizophreniform disorder, schizophrenia, and psychosis NOS. Onset of psychosis must be within past three years. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Most of Puerto Rico's set aside funds will cover partial salaries of a psychiatrist, psychologist and residents and the full salaries of a social worker and case manager. | Block grant funds will continue to support the development of the PORTI program in San Juan and replicated in Mayagüez for the fiscal year 2016-2017 beginning in October 2016. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|---------------------------|-------------------------|--|---|----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| PORTI | OnTrackNY | Full Implementation | University of Puerto Rico's Department of Psychiatry | Medical Sciences Campus Main Building 9th Floor | San Juan | 00921 | \$297,042.00 | Unknown |
| PORTI | OnTrackNY | Installation | Mayagüez Service Center | Road # 2, 410 Hostos Avenue | Mayagüez | 00680 | \$256,920.00 | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 18 | Year ending: 06/30/2016 | #: 17 |

Rhode Island



STATE CONTACT:

James Dealy | 401-462-0118 | James.Dealy@bhddh.ri.gov

Update for 10% Set-Aside: Rhode Island will use the entire set-aside amount to serve individuals ages 16-25 experiencing a first episode of psychosis by enhancing the two existing treatment teams so that they will be able to serve an additional ten clients.

Original Use for 5% Set-Aside: Rhode Island will use set aside funds, in conjunction with a Healthy Transitions grant, to establish FEP treatment programs, adhering to the OnTrackNY model, in Woonsocket and Warwick. The set aside will specifically be used to cover peer support services at each site.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$111,123,514 | \$186,254 | \$10,408 | \$196,662 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Program Sustainability | Youths ages 16-25 at high risk for developing SMI, have active SMI or, in a limited number of cases, are experiencing FEP. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover peer support services in CSC teams at two sites. | Enhance the service capacity of the two sites. |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

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

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|---|--------------|-------------------------|-------------------------|--------------------|------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Community Care Alliance | <u>RAISE</u> | Program Sustainability | Community Care Alliance | 800 Clinton Street | Woonsocket | 02895 | \$93,000 | Unknown |
| Warwick Laboratory for Health Transitions | <u>RAISE</u> | Program Sustainability | The Kent Center | 2756 Post Road | Warwick | 02886 | \$103,662 | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

South Carolina



STATE CONTACT:

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

Update for 10% Set-Aside: South Carolina will fund two programs, the Traditional Program, in three locations, and the CSC Program, in one location. The existing, or Traditional Program, will be evaluated against the CSC Program in terms of clinical and social outcomes.

Original Use for 5% Set-Aside: South Carolina will use the MHBG set-aside funds to provide seven or more masters-level clinicians training in motivational interviewing and cognitive behavioral therapy (CBT) at CMHCs in Lexington, Charleston and Pee Dee. The SMHA will cover training and ancillary expenses, and set-aside funds will be used to cover salaries and fringe benefits.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$275,400,000 | \$743,578 | \$0 | \$743,578 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Installation | Persons aged 15-30 with a diagnosis on the psychosis spectrum. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Hire master level clinicians trained to provide motivational interviewing and cognitive behavioral therapy for the existing programs. | Fund traditional (existing) programs and one CSC specific program and evaluate which has better outcomes. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|---|------------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

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

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

CHALLENGES FORESEEN BY THE STATE:

Due to the implementation of a new program late in the MHBG award year, it is estimated that South Carolina will not expend the total amount budgeted for the CSC program. Recruiting a CSC team member trained in alcohol and drug treatment and mental health treatment may be a challenge. It is likely that the identified outcome/output measure will not be in the EMR system and will have to be added. Staff turnover may be a challenge as the fidelity programs suggest filling positions within 30 days of a vacancy. Serving two counties will require increased travel time and coordination; therefore an FEP clinic liaison may be needed.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|--------------|-------------------------|--|-----------------------------|------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Charleston/Dorchester Community Mental Health Center | CSC | Installation | Charleston/Dorchester Community Mental Health Center | 2100 Charlie Hall Boulevard | Charleston | 29414 | \$393,578 | \$0 |
| Pee Dee Mental Health Center | EBP | Program sustainability | Pee Dee Mental Health Center | 125 East Cheves Street | Florence | 29506 | \$123,320 | \$0 |
| Lexington County Community Mental Health Center | EBP | Program sustainability | Lexington Community Mental Health Center | 301 Palmetto Park Boulevard | Lexington | 29072 | \$101,272 | \$0 |
| Charleston/Dorchester Community Mental Health Center | EBP | Program sustainability | Charleston/Dorchester Community Mental Health Center | 2100 Charlie Hall Boulevard | Charleston | 29414 | \$125,408 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: Unknown | Year ending: Unknown | #: Unknown |

South Dakota



STATE CONTACT:

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

Update for 10% Set-Aside: By the end of SFY 2017, Southeastern Behavioral Health care (SEBHC) will have received additional training and/or technical assistance to ensure proficiency in delivering FEP specialty services as well as fidelity to the OnTrackNY model. They will also research the possibility of adding another FEP program, including researching the need and financial viability of an additional program.

Original Use for 5% Set-Aside: South Dakota is using set-aside funds to incorporate a first episode psychosis program into a CMHC using the OnTrackNY model. It has chosen Southeastern Behavioral Health Care in Sioux Falls to be the site of a FEP services pilot program. South Dakota is also using a portion of its set-aside to fund a Wellness Recovery Action Plan (WRAP) program to be offered as a part of the FEP.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$73,724,628 | \$105,107 | \$0 | \$105,107 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Youth and young adults ages 15-30 with a recent diagnosis (24 months or less) of a non-affective psychosis spectrum condition. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover expansion of services by Southeastern Behavioral Health in Sioux Falls care to include an OnTrackNY model FEP program. Expansion of FEP services by Behavior Management Systems in Rapid City to include the OnTrack model. | Provide additional training to the previously selected program and explore the possibility of adding another program. Additional training by OnTrack is scheduled for July 27-28, 2016. Initial training for Behavioral Management Systems by OnTrack is scheduled for August 24-26, 2016. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

None have been identified, though the proposal is contingent on the premise that DBH reserves the right to make any necessary changes needed in order to ensure fidelity to the model during the implementation of the program.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|-------------------------------------|--------------|-------------------------|-------------------------------------|-------------------------|-------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Southeastern Behavioral Health Care | OnTrackNY | Initial Implementation | Southeastern Behavioral Health Care | 200 South Summit Avenue | Sioux Falls | 57105 | \$52,554 | \$0 |
| Behavior Management Systems | OnTrackNY | Installation | Behavior Management Systems | 350 Elk Street | Rapid City | 57701 | \$52,553 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 4 | Year ending: 12/31/15 | #: 5 |

Tennessee



STATE CONTACT:

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

Update for 10% Set-Aside: Tennessee will use the additional funds to expand OnTrackTN to two additional sites, create a statewide FEP learning collaborative consisting of all three sites, improve outcomes, provide rapid access to services including services that are linguistically and culturally competent, increase awareness and early detection, provide statewide training for providers and the community, and increase statewide capacity to provide FEP services.

Original Use for 5% Set-Aside: Tennessee is using its set-aside funds to fund a rural CSC based on OnTrackNY called OnTrackTN. Located in the seven rural counties that make up the state's northwest corner, the program opened Fall 2014. The set-aside funds are used to hire and train staff, produce educational and outreach materials about first episode psychosis (FEP), and purchase technology for use by staff and clients. The state contracted with Carey Counseling Center, Inc. to implement and operate OnTrackTN. The Tennessee Department of Mental Health and Substance Abuse Services held a first episode psychosis conference in September, 2015 to disseminate information about the FEP clinical model and fidelity measurement to professionals providing treatment for first episode psychosis. The conference offered CEUs.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|--|---------------|---|---|
| \$619,200,000 | \$1,032,585 | \$399,897 | \$1,432,482 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|--|--|
| Program sustainability | Youth and young adults ages 15-30 with a recent diagnosis (24 months or less) of a psychosis spectrum condition or other serious mental illness that warrants psychosis interventions. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Provide staff, training, educational and outreach materials, and technology. Funds for team leader, clinical therapist, supported employment/education specialist, peer support specialist, care manager/ recovery coach, and prescriber (psychiatrist or nurse practitioner). | Expand to two additional sites, create a statewide learning collaborative, and improve services and service capacity. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| Identification, Intake, Enrollment | Improved Symptoms | Suicidality | Psychiatric Hospitalization | Use of Emergency Rooms | Prescription Adherence and Side Effects |
|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Health | Program Involvement | Substance Use | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Functioning | | | | | |
| Global Functioning | Employment | School Participation | Legal Involvement | Living Situation | Social Connectedness |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

There are no unforeseen challenges. They will seek technical assistance if any challenges arise.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|------------------------------|----------------------|-----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | State | ZIP | Set-Aside Funds | SMHA Funds |
| OnTrackTN | OnTrackTN | Program sustainability | Care Counseling Center, Inc. | 408 Virginia Street | Paris | 38242 | \$342,688 | \$0 |
| Mental Health Cooperative | OnTrackTN | Installation | Mental Health Cooperative | 275 Cumberland Bend, | Nashville | 37228 | \$470,000 | \$0 |
| Alliance | OnTrackTN | Installation | Alliance | 2220 Union Avenue | Memphis | 38104 | \$470,000 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 12 | Year ending: 9/30/2015 | #: 14 |

Texas



STATE CONTACT:

Warren Stewart | 512-206-5783 | Warren.Stewart@dshs.state.tx.us

Carissa Dougherty | 512-206-5347 | Carissa.Dougherty@dshs.state.tx.us

Update for 10% Set-Aside: Texas is in the process expanding to eight additional locations in rural and urban areas across the state. These new sites will be able to serve both indigent and Medicaid eligible populations.

Original Use for 5% Set-Aside: Texas used the majority of its set-aside funds to start Coordinated Specialty Care (CSC) programs in Dallas and Houston. Providers are required to provide service in fidelity with the CSC program. This evidence-based program includes the following treatment elements: team-based care; recovery-oriented psychotherapy; family psychoeducation and support; supported employment services; supported education services; pharmacotherapy and primary care coordination; case management; and peer specialist support. Both programs are operating at full capacity with two CSC teams at each site. In addition, evaluations are being conducted by the University of Texas. The remaining set aside funds will be spent on OnTrackUSA training and technical assistance.

| FINANCING: | | | |
|---|---------------|--|---|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs ⁸ |
| \$1,213,500,000 | \$4,092,545 | \$0 | \$5,101,606 |

⁸ This amount represents the FFY 2017 set-aside amount as well as the unspent portion of the FFY 2016 set-aside.

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Full implementation | Youth and young adults ages 15-30 with a diagnosis within the last two years of a psychotic spectrum disorder, including affective disorders with psychotic features. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover salaries and fringe benefits for FEP programs as well as program evaluation by academic institution. | Adds an additional eight pilot sites in rural and urban areas across the state. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

There is currently proposed federal legislation that may adjust the set-aside amount and requirements of its use. Should there be a change in the set-aside amount or guidelines, the state would be required to re-assess how programming should continue with the use of Block Grant and/or other funds.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|--|--------------------------|-------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Dallas CSC Program Services | CSC | Full implementation | Dallas County MHMR Center DBA Metrocare Services | 1345 River Bend Dr. | Dallas | 75247 | \$820,000 | \$0 |
| Houston CSC Program | CSC | Full implementation | The Harris Center for Mental Health and IDD | P.O. Box 25381 | Houston | 77074 | \$900,000 | \$0 |
| San Antonio CSC Program | CSC | Installation | Center for Health Care Services | 3031 IH 10 West | San Antonio | 78201 | \$106,250 | \$0 |
| Bluebonnet CSC Program | CSC | Installation | Bluebonnet Trails Community MHMR Center | 1009 North Georgetown St | Round Rock | 78664 | \$106,250 | \$0 |
| Burke CSC Program | CSC | Installation | Burke Center | 2001 S. Medford Dr. | Lufkin | 75901 | \$106,189 | \$0 |
| Tarrant CSC Program | CSC | Installation | MHMR of Tarrant County | P.O. Box 2603 | Fort Worth | 78113 | \$106,250 | \$0 |
| Tropical CSC Program | CSC | Installation | Tropical Texas Behavioral Health | 1901 S. 24th Ave | Edinburg | 78539 | \$106,416 | \$0 |
| Austin CSC Program | CSC | Installation | Austin-Travis County Integral Care | P.O. Box 3548 | Austin | 78704 | \$106,250 | \$0 |
| Panhandle CSC Program | CSC | Installation | Texas Panhandle Centers | P.O. Box 3250 | Amarillo | 79116 | \$106,250 | \$0 |
| Emergence CSC Program | CSC | Installation | Emergence Health Network | P.O. Box 9997 | El Paso | 79905 | \$106,250 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Utah



STATE CONTACT:

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

Update for 10% Set-Aside: The additional funds will allow two counties, Davis and Weber, to operate their FEP teams to fidelity.

Original Use for 5% Set-Aside: Utah intends to spend the bulk of its set-aside funds on one CSC pilot program in Weber County, adhering to the PIER CSC model, with a target start date of April 1, 2015. Utah also intends to spend a portion of its set-aside funds to create a state-level CSC implementation training plan, including an environmental scan of existing infrastructure and capacity to serve young people, an implementation plan for a pilot program, and training by OnTrackUSA about the CSC model.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$213,200,000 | \$385,888 | \$75,000 | \$460,888 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Full Implementation | Adolescents and young adults 15 to 26. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover personnel, outreach, training, evaluation costs, consultation and web-based learning management. | The additional funds allow the three programs to operate to fidelity. |

DATA REPORTING:

FEP programs in this state report FEP treatment outcomes and performance in the following domains:

| | | | | | |
|---|---|---|---|---|---|
| Identification, Intake, Enrollment | Improved Symptoms | Suicidality | Psychiatric Hospitalization | Use of Emergency Rooms | Prescription Adherence and Side Effects |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Health | Program Involvement | Substance Use | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Functioning | | | | | |
| Global Functioning | Employment | School Participation | Legal Involvement | Living Situation | Social Connectedness |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

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

EARLY INTERVENTION PROGRAMS:

| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
|-------------------------|----------------------------|-------------------------|-------------------------|----------------------------------|--------|-------|-----------------|------------|
| Davis Behavioral Health | OnTrackUSA | Initial Implementation | Davis Behavioral Health | 934 South Main Street | Layton | 84041 | \$200,000 | \$0 |
| Weber Human Services | PIER | Full Implementation | Weber Human Services | 237 26th St | Ogden | 84401 | \$147,000 | \$0 |
| Wasatch Mental Health | CSC | Exploration | Wasatch Mental Health | 750 North Freedom Blvd Suite 300 | Provo | 84601 | \$38,888 | \$75,000 |

NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE:

| | |
|---|--|
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 37 Year ending: 07/01/2016 | #: 19 with 5 pending |

Vermont



STATE CONTACT:

Judy Rosenstreich | 802-241-0090 | judy.rosenstreich@vermont.gov

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

Update for 10% Set-Aside: Vermont will continue to partner with the Vermont Cooperative for Practice Improvement and Innovation to facilitate the initiative including targeted research, implementation, workforce development, outreach and education. As part of this initiative, Vermont will partner with Dartmouth College to design and execute a research study focused on the experience of young Vermonters and their families who have struggled with early episode psychosis. The results of this study will inform Vermont’s broader planning process.

Original Use for 5% Set-Aside: Vermont’s SMHA has been working with the Vermont Cooperative for Practice Improvement and Innovation (VCPI) to determine the most promising practices to include in site demonstrations following the CSC model. This program and site identification phase will serve as a pilot for eventual statewide implementation.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$217,742,000 | \$89,609 | \$1,000,000 | \$1,089,609 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Exploration | Young adults with first episode psychosis |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Create statewide platform to educate and raise awareness about young adults experiencing FEP. Identify treatment practices, target population, and location of pilot sites prior to statewide implementation. | Vermont will continue to partner with the Vermont Cooperative for Practice Improvement and Innovation to facilitate the initiative including targeting research, implementation, workforce development, outreach and education. Vermont will also partner with Dartmouth College to design and execute a research study focused on the experience of young Vermonters and their families who have struggled with early episode psychosis. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|--|------------------------------|--|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Utilizing a relatively small MHBG allocation (less than \$100,000) to implement and improve services and supports statewide in a rural, sparsely populated state.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|------------------|------------------------------|------------|-------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Soteria | Other | Full Implementation | Pathways-Vermont | 125 College Street, Floor #2 | Burlington | 05401 | \$0 | \$1,000,000 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: Unknown | Year ending: n/a | #: Unknown |

Virgin Islands



STATE CONTACT:

Doris Farrington-Hepburn | 802-241-0090 | doris.hepburn@usvi-doh.org

Update for 10% Set-Aside: No Response

Original Use for 5% Set-Aside: The Virgin Islands will use the set-aside funds to plan and design a FEP treatment program adhering to the PIER model. Fidelity models and outcome measures will be used to ensure that services are satisfactory and lead to improved school, work, social, and health outcomes.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| Not Available | \$18,786 | \$0 | \$18,786 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Installation | Adolescents and young adults 12 to 25 with diagnosis of a psychotic disorder or mood disorder with psychotic symptoms, including psychosis NOS, bipolar disorders, schizoaffective disorders, schizophrenia, delusional disorders, and brief intermittent psychotic syndrome. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Plan and design intervention program and secure the resources necessary to train staff and implement the program. | No Response |

| DATA REPORTING: [NO RESPONSE] | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

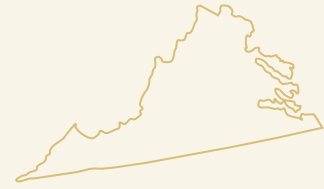
CHALLENGES FORESEEN BY THE STATE:

No Response

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------|-------------------------|-------------|-------------|-------------|-------------|-----------------|-------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | State | ZIP | Set-Aside Funds | SMHA Funds |
| No Response | <u>PIER</u> | Installation | No Response | No Response | No Response | No Response | No Response | No Response |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|--------------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: No Response | Year ending: No Response | #: No Response |

Virginia



STATE CONTACT:

Rhonda Thissen | 804-786-2316 | Rhonda.Thissen@dbhds.virginia.gov

Update for 10% Set-Aside: The existing programs will continue to receive training and technical assistance to strengthen their clinical service delivery skills and to ensure fidelity to the model. They will also focus on collecting and reporting program and service data.

Original Use for 5% Set-Aside: Virginia will combine set-aside, other MHBG, and state funds to create a \$5.293 million budget to fund eight programs throughout the state that target early interventions for young adults. Program locations were chosen in response to a request for applications directed to the 40 community service boards that provide mental health services throughout the state. Of the eight community service boards chosen, seven will implement the OnTrackUSA model and one will implement the NAVIGATE model. All CSBs have begun service provision as of October 2015.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$764,300,000 | \$1,157,845 | \$4,135,329 | \$5,293,174 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Target Population |
| Program Sustainability | Youth and young adults ages 16-25 with serious behavioral disorders |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Develop CSC sites through the state's community service boards (CSBs). Working with eight CSBs out of eighteen that submitted proposals. | The existing programs will continue to receive training and technical assistance to strengthen their clinical service delivery skills and to ensure fidelity to the model. They will also focus on collecting and reporting program and service data. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|--|---|-----------------------------|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? Monthly as of March 2016

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

CHALLENGES FORESEEN BY THE STATE:

DBHDS foresees challenges in fully supporting program budgets in future years as the cost to deliver services increases as we do not anticipate increases in the FEP set-aside or State General Funds allocated to this project. We are hopeful that our funded providers will be able to leverage Medicaid and private insurance reimbursements to help offset cost increases, but level funding at the state and federal levels will prohibit our ability to expand services to other areas of the Commonwealth.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|----------------------------|-------------------------|---|-----------------------------------|------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Transitioning Adults into Living Successfully (TRAILS) | OnTrackUSA | Program Sustainability | Alexandria Department of Community and Human Services | 720 N. St Asaph Street | Alexandria | 22314 | \$185,307 | \$567,178 |
| Fairfax – Turning Point Program | OnTrackUSA | Program Sustainability | Fairfax-Falls Church Community Services Board | 12011 Government Center Pkwy #836 | Fairfax | 22035 | \$185,310 | \$567,190 |
| Henrico – InSTRIDE Program | OnTrackUSA | Program Sustainability | Henrico County Mental Health and Developmental Services | 10299 Woodman Rd | Glen Allen | 23060 | \$153,883 | \$470,998 |
| Highlands – Navigate Program | NAVIGATE | Program Sustainability | Highlands Community Services | 610 Campus Drive | Abingdon | 24210 | \$149,628 | \$457,976 |
| Loudoun – Linking Individuals and Navigating Care (LINC) Program | OnTrackUSA | Program Sustainability | Loudoun County Department of Mental Health, Substance Abuse, and Developmental Services | 102 Heritage Way NE # 302 | Leesburg | 20176 | \$160,691 | \$491,834 |
| Prince William GetOnTrack | OnTrackUSA | Program Sustainability | Community Residences, Inc., under contract to Prince William County Community Services | 14160 Newbrook Drive | Chantilly | 20151 | \$162,014 | \$495,884 |
| Rappahannock-Rapidan Young Adult Coordinated Care (YACC) | OnTrackUSA | Program Sustainability | Rappahannock-Rapidan Community Services | 15361 Bradford Road | Culpeper | 22701 | \$145,216 | \$444,470 |
| Western Tidewater – Life Management Program | OnTrackUSA | Program Sustainability | Western Tidewater Community Services | 5268 Godwin Blvd | Suffolk | 23434 | \$151,126 | \$462,559 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: Unknown (began collecting data March, 2016) | Year ending: n/a | #: Unknown |

Washington



STATE CONTACT:

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

Update for 10% Set-Aside: The additional funds will support the startup of two Coordinated Specialty Care (CSC) teams and continue the funding of the current, New Journeys Demonstration Project. When these three projects are operational, they will form the beginnings of the New Journeys Network in Washington. Washington is now implementing the NAVIGATE CSC Model.

Original Use for 5% Set-Aside: Washington is using set aside funds to start the New Journeys program, adhering to the EASA CSC model, in Yakima County. Aside from program costs, Washington will also use set aside funds to provide statewide trainings to mental health providers as well as to create a library of FEP materials for use by providers.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$900,300,000 | \$1,160,642 | \$160,108 | \$1,320,750 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Target Population |
| Full Implementation | Transition age youth 15-25 experiencing a first episode of psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover cost of creating our states first early psychosis team. The New Journeys team will also provide trainings to mental health providers statewide as well as contribute to a FEP resource library for providers and other people likely to come into contact with transition age youth. | Create a statewide training team in partnership with the University of Washington Department of Psychiatry and Behavioral Sciences, and launching two new CSC teams to form the New Journeys Network which will reduce the duration of untreated psychosis, minimize the disruption of the lives of their clients, and minimize the societal impact of psychosis by reducing demand in other areas of the service systems. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

Washington is undergoing reorganization, with their Regional Support Networks being replaced by Behavioral Health Organizations (BHOs) in all but two counties. The BHOs were established by state law to purchase and administer public behavioral health services under Medicaid managed care. The disruptions due to the reorganization has caused them to make a late start setting up the two additional programs and thus make it difficult to fully expend the entire set-aside.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|--------------------------|-------------------------|--|----------------------|---------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| New Journeys | NAVIGATE | Full Implementation | Comprehensive Healthcare – Yakima County | 402 S. 4th Avenue | Yakima | 98907 | \$300,000 | Unknown |
| New Journeys | NAVIGATE | Installation | Valley Cities- King County | 325 W Gowe St | Kent | 98032 | \$360,000 | Unknown |
| New Journeys | NAVIGATE | Installation | Behavioral Health Resources-Thurston/ Mason Counties | 3857 Martin Way East | Olympia | 98506 | \$360,000 | Unknown |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 21 | Year ending: 07/31/16 | #: 15 |

West Virginia



STATE CONTACT:

Peg Moss | 304-356-4825 | Peg.L.Moss@wv.gov

Beth Morrison | 304-356-4798 | Beth.J.Morrison@wv.gov

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

Update for 10% Set-Aside: West Virginia will continue capacity development for CSC using the OnTrackNY model.

Original Use for 5% Set-Aside: West Virginia will pilot first episode psychosis treatment following the EASA model in one region of the state. Funds will be used to hire staff in addition to providing evidenced based training on FEP interventions.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|---|---------------|--|--|
| \$170,800,000 | \$290,608 | \$0 | \$290,608 |

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS:

| State Level of Implementation | Target Population |
|---|---|
| Installation | Young adults ages 18-24 with a diagnosis in the past 12 months of major depression, schizophrenia, or schizoaffective disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Cover salaries of intensive care coordinator, supported employment and education specialist and partial salary of team leader. Cover EASA and other EBP training. | Continue capacity development for CSC using the OnTrackNY model. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|--|---|-----------------------------|---|-----------------------------|---|--|---|--|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

No Response

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|------------------------------|---------------------------|-------------------------|------------------------------|------------|----------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Youth Services Systems, Inc. | OnTrackNY | Installation | Youth Services Systems, Inc. | 87 15th St | Wheeling | 26003 | \$290,608 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a | Year ending: n/a | #: n/a |

Wisconsin



STATE CONTACT:

Ryan Stachoviak | 608-261-9316 | ryan.stachoviak@wisconsin.gov

Update for 10% Set-Aside: Wisconsin will continue to fund the CSC model PROPS program operated by JMHC and expand CSC programs by funding two to seven additional programs.

Original Use for 5% Set-Aside: Wisconsin issued an RFP and selected a vendor in Dane County (Madison) to implement a CSC model program for early intervention for first episode psychosis. Called Promoting Recovery from Onset of Psychosis (PROPS), service provision began in early 2015. The program is based on OnTrackNY.

| FINANCING: | | | |
|---|---------------|--|--|
| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
| \$644,800,000 | \$844,055 | \$262,945 | \$1,107,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Target Population |
| Initial Implementation | Persons ages 15-25 with a non-organic, non-affective psychotic disorder. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Fund CSC program at an existing social services agency in the Madison area. | Expand CSC program to between two and seven sites. |

| DATA REPORTING: | | | | | | | | | | | |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

How frequently is this data reported to the SMHA by FEP providers? Bi-annual

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

CHALLENGES FORESEEN BY THE STATE:

The timeframe of program implementation may be a challenge because of when the states were made aware of the increase in their set-aside partway through the fiscal year. As these programs will be funded in fiscal year 2017 using 2016 MHBG funds, Wisconsin will be unable to carry those dollars in to fiscal year 2018 if any of the contracted programs are unable to expend the full amount of the block grant.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--|--------------------|-------------------------|------------------------------|-------------------------|---------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Promoting Recovery from Onset of Psychosis (PROPS) | Based on OnTrackNY | Initial Implementation | Journey Mental Health Center | 625 West Washington Ave | Madison | 53703 | \$369,000 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|-----------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: 18 | Year ending: 09/30/15 | #: 17 |

Wyoming



STATE CONTACT:

Aurie Garcia | 307-777-7903 | aurie.garcia@wyo.gov

Update for 10% Set-Aside: In 2016 Wyoming provided the opportunity for community mental health centers to apply for funding to provide and implement First Episode Psychosis (FEP) treatment services. Two agencies were selected to be awarded the funding based on their applications. At this time Wyoming is in the process of finalizing the contract for the two centers. Once the contracts are approved through the state contract process, Southwest Counseling Services (SCS) in Rock Springs and Yellowstone Behavioral Health Center (YBHC) in Cody will receive funds. Beginning July 2016 both agencies will be in the implementation phase of the program. Both agencies will begin providing FEP services to clients using the Recovery After an Initial Schizophrenia Episode (RAISE) model and the Coordinated Specialty Care model. The state planner is coordinating technical assistance through Portland State University and through the SAMHSA TA tracker. Both SCS and YBHC are participating in all necessary TA and training opportunities.

Original Use for 5% Set-Aside: Wyoming used the fiscal year 14-15 set-aside funds to train mental health and substance abuse providers to target services to FEP clients that they already serve. Wyoming has previously contracted with Western Interstate Commission for Higher Education (WICHE). WICHE developed a regimen that included interactive online webinars. These webinars were well received in Wyoming and participants reported the content was helpful to their practice.

FINANCING:

| Total SMHA Expenditures (State FY 2014) | 10% Set Aside | Additional State Funds for Early Intervention Programs | Total State Budget for Early Intervention Programs |
|--|---------------|---|---|
| \$63,076,534 | \$54,319 | \$0 | \$54,319 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Target Population |
| Initial Implementation | Individuals experiencing a first episode psychosis. |
| Original Use of MHBG Set-Aside Funds | New Uses of 10% Set-Aside Funds |
| Provided online webcast trainings by WICHE to mental health and substance abuse providers in the state. Gathered feedback and determine additional targeted areas for technical assistance. | To pilot two programs in Wyoming to implement and provide FEP services. |

| DATA REPORTING: | | | | | | | | | | | |
|--|--|---|-----------------------------|---|--|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| FEP programs in this state report FEP treatment outcomes and performance in the following domains: | | | | | | | | | | | |
| Identification, Intake, Enrollment | | Improved Symptoms | | Suicidality | | Psychiatric Hospitalization | | Use of Emergency Rooms | | Prescription Adherence and Side Effects | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Health | | Program Involvement | | Substance Use | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Functioning | | | | | | | | | | | |
| Global Functioning | | Employment | | School Participation | | Legal Involvement | | Living Situation | | Social Connectedness | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

CHALLENGES FORESEEN BY THE STATE:

One challenge is the ability to implement a full FEP program at each agency due to the frontier nature of Wyoming. For example, in larger areas such as New York programs typically have more availability of resources. Wyoming’s focus will be to integrate the FEP services into already existing generalist programs and provide quality services to clients experiencing FEP. While FEP treatment involves specialty services and care, agencies will have to use the resources available in order to best adapt their existing services to meet the needs of clients. Other challenges include workforce issues and the ability for agencies to hire and retain clinical staff.

| EARLY INTERVENTION PROGRAMS: | | | | | | | | |
|--------------------------------------|--------------|-------------------------|--------------------------------------|----------------------|--------------|-------|-----------------|------------|
| Program Name | Program Type | Level of Implementation | Provider | Address | City | ZIP | Set-Aside Funds | SMHA Funds |
| Southwest Counseling Services | CSC | Initial Implementation | Southwest Counseling Services | 2706 Ankeny Way | Rock Springs | 82901 | \$ 27,514 | \$0 |
| Yellowstone Behavioral Health Center | CSC | Initial Implementation | Yellowstone Behavioral Health Center | 2538 Big Horn Avenue | Cody | 82414 | \$27,514 | \$0 |

| NUMBER OF CLIENTS SERVED BY CSC FEP TREATMENT PROGRAMS IN THIS STATE: | | |
|---|------------------|---|
| How many were served in the last year? | | How many are currently receiving treatment? |
| #: n/a (program just started) | Year ending: n/a | #: 0 |