

## FY22-23 FEP RFI Documents

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### Relevant Links:

- **FY22-23 FEP New Program Application**

<https://www.headsup-pa.org/wp-content/uploads/2022/03/FY22-23-FEP-New-Program-Application.docx>

- **FY22-23 FEP RFI Application Budget Form**

<https://www.headsup-pa.org/wp-content/uploads/2022/03/FY22-23-FEP-RFI-Application-Budget-Form.xlsx>



January 19, 2022

County MH/ID Administrators

Dear Colleagues:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is pleased to announce that Pennsylvania is seeking to expand First Episode Psychosis (FEP) services through the federal Community Mental Health Services Block Grant's required "set-aside" for First Episode Psychosis. In addition, OMHSAS is offering counties with currently funded FEP programs the opportunity to renew their funding. OMHSAS has developed the enclosed Request for Interest (RFI) outlining the requirements for consideration to receive funding in state fiscal year 2022-2023.

The enclosed RFI provides counties/joiners with the opportunity to implement programs for individuals experiencing a first episode of psychosis that meet the criteria for serious mental illness (SMI) or serious emotional disturbance (SED). Only counties/joiners are eligible to apply. Multiple counties/joiners may apply jointly for a regional collaborative FEP Program. County Mental Health Offices may choose to provide FEP services directly or may contract with community agencies enrolled in HealthChoices. OMHSAS will provide up to a total of \$3M for the renewing FEP programs and an additional total \$1.5M for new FEP programs.

OMHSAS will be providing an overview of FEP Services and taking questions from interested counties on February 22, 2022. Additional details for the call are included in the attached FEP RFI Guidance.

All proposals must be received by OMHSAS on April 22, 2022 for renewals and April 29, 2022 for new applications. Please direct any questions you may have regarding this RFI to FEP resource account at [ra-pwfep@pa.gov](mailto:ra-pwfep@pa.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Benny Varghese", with a stylized flourish at the end.

Benny Varghese  
Acting Director  
Bureau of Policy, Planning and Program Development  
Office of Mental Health and Substance Abuse Services

**OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**  
**PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES**

**Request for Interest:**  
**Community Mental Health Services Block Grant**  
**First Episode Psychosis Program Sites**

**Guidance**  
**SFY2022-2023**

The Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) is pleased to release the request for interest (RFI) application for First Episode Psychosis (FEP) Program Sites. The FEP program is funded through a set aside allocation in the Community Mental Health Services Block Grant (CMHSBG). The purposes of this RFI are to:

- Select eligible new programs who meet, or strongly demonstrate the ability to meet, the state and federal requirements for FEP providers as outlined in this guidance.
- To renew funding for existing FEP programs who received SFY21-22 CMHSBG Funding

**Background**

CMHSBG funding supports states in providing comprehensive community mental health services to adults with Serious Mental Illness (SMI) and children with Severe Emotional Disturbance (SED). Federal definitions of SMI and SED were provided in the *Federal Register Vol. 58, No. 96, dated May 20, 1993, page 29425*. The CMHSBG is authorized by [section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service \(PHS\) Act](#). CMHSBG funds are administered by The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services, Division of State and Community Systems Development.

In 2014, Congress provided increased CMHSBG funding with the requirement that states set aside 5% of their total allocation specifically for early intervention services with a focus on FEP. Early intervention and the coordination for services provided by FEP programs aim to prevent the long-term sequela of psychosis and avoid the disruption of developmental progress. Using the CMHSBG FEP set aside, OMHSAS funded two FEP program sites in SFY 2014-2015 and expanded to four program sites in SFY2015-2016. In December 2015, Congress again increased the funding for the CMHSBG and required a 10% set aside of the total allocation for FEP. With this increase, OMHSAS has funded an additional 10 programs. The current seventeen programs are distributed through each region of the state and include urban centers, suburban communities, and rural areas.

In addition to the seventeen program sites, OMHSAS funds the Pennsylvania Early Intervention Center (PEIC) also known as [HeadsUp](#) at the University of Pennsylvania to provide statewide training, FEP specialized clinical supervision, program evaluation, and fidelity monitoring. All

CMHSBG funded FEP Program Sites in Pennsylvania have access to HeadsUp at no cost to the county or program site. **Positive Outcomes for First Episode Psychosis Programming**

In addition to a growing body of national and international evidence for early psychosis services, through a statewide program evaluation Pennsylvania has developed a solid evidence base that FEP services are both highly effective and cost saving within the Pennsylvania behavioral health system. FEP Programs in Pennsylvania have demonstrated positive outcomes in many areas including:

- Decreased hospitalizations and number of hospital nights
- Decreased suicidal ideation and attempt
- Decreased adverse behaviors and legal issues
- Increased competitive employment
- Increased school enrollment
- Increased self-reported recovery by program participants

For more detailed Program Evaluation Outcomes please see Appendix E of this guidance.

### **Award Information**

**New Programs:** The total funding available through this RFI for new FEP Programs is \$1,500,000 with a maximum of \$200,000 for single county/joinder sites. Award dollars for regional FEP programs are negotiable based on program size and the budgetary needs of the program. This grant is for a period of one year. Awards in the subsequent years will be based on the continued availability of federal funds and may involve competitive selection similar to the process used for SFY21-22.

**Renewing Programs:** In SFY20-21, OMHSAS increased the flexibility of the maximum FEP allocation to account for significant differences in FEP programs across the state including the availability of other funds (such as case rates), the size of programs, and the ability of each site to offer stepped care services. When considering FEP Renewal Funding, OMHSAS will be reviewing the average spending of each program over the past years of operation. Sites may only request an allocation higher than the average of their prior year expenditures if they are newly requesting Stepped Care program funds. All grant fund FEP sites are expected to be actively working towards funding sustainability and reducing their reliance on grant funds.

**Stepped Care:** Stepped care funding will be provided for a maximum of 3 years to allow program sites to implement the stepped care model and determine the appropriate staffing complement. Program sites will be eligible for up to \$60,000 for the first 2 years of implementation and in the final year (year 3) will be eligible for up to \$30,000.

Each renewal program site can calculate their maximum allocation request using the table below.

<b>Funding Available</b>	<b>Maximum Amount</b>
--------------------------	-----------------------

Base Allocation: No current case rate funding	\$180,000
Base Allocation: Current case rate funding	\$120,000
Stepped Care Year 1 and 2	\$60,000
Stepped Care Year 3 (final)	\$30,000
Large Program Enhancement <ul style="list-style-type: none"> <li>• Average program enrollment over 100 in FEP Services</li> <li>• Can only include individuals with DUP of 2 years or less at the time of enrollment</li> </ul>	\$50,000
<b>Total Maximum Allocation Available</b>	<b>\$290,000</b>

**Eligibility to Apply**

All counties/joinders in Pennsylvania are eligible to apply for the FEP Program Site Funding. All proposals must come from a county/joinder Mental Health Administration. Multiple counties/joinders are also eligible to apply as a regional collaborative. OMHSAS encourages multicounty partnerships for the development of FEP services statewide, particularly for rural service areas.

OMHSAS will not consider proposals submitted directly by provider agencies. However, OMHSAS strongly encourages and expects collaboration with other systems and entities. Interested providers should contact their county administrator’s office to discuss their support of an application. County Mental Health Administrations may choose to provide FEP services directly or may contract with community agencies enrolled in HealthChoices.

**Clinical Requirements**

Please note, funding through this grant may not be used to provide preventative, prodromal, or clinical high-risk services. All clients served with grant funding must meet SMI or SED criteria.

Following SAMHSA’s guidance and a growing evidence base, Pennsylvania is implementing the Coordinated Specialty Care (CSC) Model for FEP programs. Descriptions of CSC roles are outlined in Appendix A, including:

- Team Leadership
- Case Management
- Supported Employment and Education
- Psychotherapy
- Family Education and Support
- Pharmacotherapy and Primary Care Coordination
- Certified Peer Support

The overall recommended staffing ratio for the CSC team is between 1:10-1:20. The caseload recommendation for a full-time prescriber (Medical Doctor, Certified Registered Nurse Practitioner, or Physician Assistant) is 1:100. The caseload recommendation for the

therapist/clinician is 1:20 (or 1:15 if combined with another role such as team leadership or family support). Other team functions can be met with a combination of staffing patterns based on local availability.

All CSC required components should be covered by at least one member of the team. A team member may fulfill more than one role. For example, the case manager could be trained to offer Support Employment and Education Services. OMHSAS will consider modifications to team staffing for rural settings. SAMHSA guidance for CSC adaptation to rural/frontier settings require a minimum of a prescriber and a clinician.

Program sites may consider the use of telehealth to supplement in-person services. In 2020, all current FEP teams successfully converted a significant portion of their services to telehealth delivery due to the COVID-19 Public Health Emergency. HeadsUp conducted a survey on the impacts of COVID-19 for FEP program staff and clients. All programs continued to receive referrals during the pandemic and almost all report increased use of telehealth services. The majority of client respondents to the survey (94%) reported that they would prefer having telephone or video visits in the future.

Appendix C of this guidance provides a resource list with references for additional information on the CSC Model, the inclusion of Peers into FEP services, adapting FEP services to rural settings, and resources for virtual FEP care in PA.

### **Stepped Care:**

While SAMHSA/NIMH (National Institute of Mental Health) initially studied FEP as a two-year, time limited service, a growing body of practice-based evidence suggests that a more gradual transition of services is required to maintain the outcomes of the FEP program. In SFY19-20 Pennsylvania piloted a “Stepped Care Model” with existing FEP Programs to allow services to be scaled down gradually.

The Stepped Care Model provides flexibility to program participants by allowing them to continue to receive services from the FEP team they’ve established a treatment relationship with, but at a lower intensity that is more appropriate to their current clinical needs. Stepped Care should be utilized for program participants who have successfully completed the two-year CSC program or because the participant’s need for high-intensity services has diminished.

Stepped Care should not be utilized in place of good client engagement for program participants who still clinically require a high intensity level of services. Stepped Care funding cannot be utilized to provide services to preventative, prodromal, or clinical high-risk populations. All CMHSBG funding must be utilized to serve individuals with SMI/SED.

### **Age Range Requirement**

Program sites are required to serve a minimum age range of 16-26 years old. Therefore, child only or adult only providers are not eligible to become program sites. Program sites may elect to expand this age range between 14-30 years old based on local needs. Expanded age ranges are recommended for rural sites in particular. Expansion beyond 14-30 years old will require the specific approval of OMHSAS.

Age requirements are as of the date of admission. FEP Program participants should not be discharged prematurely from FEP services due to age and should receive FEP services until it is clinically appropriate to discharge the individual.

### **Number Served Requirement**

An FEP site in an urban or suburban setting is expected to serve a minimum of 30 individuals/annually and an FEP site in a rural setting is expected to serve a minimum of 20 individuals/annually. Stepped care participants may be counted as .5 for the purpose of census and ratios. Program sites are expected to meet these targets within two years from the start date (July 1, 2022) of the award. Failure to meet this expectation will require sites to receive mandatory technical assistance for outreach and increased referrals and may prevent a program site from renewing their grant funding.

### **Technical Assistance and Training Center**

OMHSAS funds the HeadsUp Center at the University of Pennsylvania to provide statewide training, FEP specialized clinical supervision, program evaluation, and fidelity monitoring. All CMHSBG funded FEP Program Sites in Pennsylvania have access to HeadsUp at no cost to the program site.

**Program Evaluation:** Participation in the program evaluation is mandatory for all CMHSBG funded program sites. HeadsUp provides training and program evaluation support to all CMHSBG Funded FEP Program Sites at no cost to the program site. Program sites must be able to complete the required battery of assessments, as well as tracking adverse events and objective functional outcomes. The current Program Evaluation battery is included in Appendix B for reference. Battery instruments may change as the program evaluation is being improved. These results must be reported to HeadsUp as requested. Program sites should consider this requirement when planning their budgets.

**Fidelity Monitoring:** HeadsUp is also responsible to conduct fidelity monitoring for the CMHSBG funded program sites. All CMHSBG funded FEP Programs must complete fidelity monitoring with HeadsUp.

**Statewide Annual Training:** Pennsylvania provides annual FEP Training. It is required that all new programs and new staff from existing programs attend. The cost of this training will be paid through OMHSAS for all program sites accepted through this RFI. If the training is able to be held in person in 2022, program sites will be responsible for the travel costs related to this five day, in-person training, and should account for those

costs in the program budget. See Appendix D Statewide FEP Training for additional details.

**Additional Training:** HeadsUp makes additional training available to program sites throughout the year. The trainings are available to CMHSBG Funded Program sites at no cost to the program beyond the cost of any travel expenses. FEP Program Sites are highly encouraged to take advantage of these trainings.

### **Statewide Provider Support Network**

In addition to the support FEP Program Sites are eligible to receive through HeadsUp, Pennsylvania has a growing support network for FEP Service Providers. OMHSAS hosts quarterly peer learning calls open to all FEP Providers in Pennsylvania. These calls allow FEP Providers to trouble shoot issues, share lessons learned and resources, and hear updates from the state.

Many of the current FEP Counties/Providers are willing to offer a one-on-one call with prospective Counties/Programs applying to this RFI. Interested Counties/Programs can contact the FEP resource account at [ra-pwfep@pa.gov](mailto:ra-pwfep@pa.gov) to be connected with a current program site.

### **Support Education/Employment Training**

All staff providing Supported Education/Employment Services (SEE) are required to complete online SEE training through [IPS Employment Center](#). The FEP team member/s responsible for providing SEE services must complete the [Online Practitioner Skills Course](#) plus the additional two (2) units on Supported Education. The SEE staff supervisor is also required to participate in this training and complete the [Online IPS Supervisors Skills Course](#). Program sites are responsible for the cost of this training (currently \$300 total/per staff member, \$500/per supervisor) and can include this cost when budgeting.

### **Certified Peer Specialist (CPS) Training**

All staff providing CPS services are required to complete the [Pennsylvania Certification Board's](#) certification within 6 months of hiring. The CPS supervisor is also required to participate in the CPS supervisor training.

### **Reporting Requirements:**

Program sites will be required to submit quarterly reports regarding the expenditure of grant funds in a standard format provided by OMHSAS. A sample reporting form is included on the second tab of the Excel FEP Budget Spreadsheet included with this RFI. County providers must report the FEP expenditure and any remaining funds on their annual Income and Expenditure (I&E) report to OMHSAS as carry-over. Non-county providers will be required to report the FEP expenditures and any remaining funds at the end of the fiscal year to their county for



inclusion on the I&E report. The I&E Reporting and Quarterly Report forms will be reconciled by OMHSAS staff during the I&E Review Process.

### **Behavioral Health HealthChoices Requirements:**

All participating program sites must be enrolled as a provider for any proposed service available through Pennsylvania Behavioral Health HealthChoices.

### **Funding Requirements:**

Grant funding priority should be given to pay for CSC services not covered through any other funding source. All other payment options must be used prior to expending grant funds including, but not limited to, commercial insurance, Behavioral Health HealthChoices, and Medicaid fee-for-service. Case management staff on the CSC team should be actively evaluating participants for potential Medicaid eligibility both at admission and routinely throughout treatment and supporting clients in applying for benefits when appropriate.

**Budget Justifications:** If including any of the following costs in the program budget, a justification must be included in the budget narrative.

- Using grant funds for any service that is Medicaid/HealthChoices billable
- Funding any position over 50% FEP FTE with grant funding, excluding the Supported Education/Employment Specialist for program sites without a case rate that is inclusive of SEE Services.

**Budget Revisions:** Budget changes may be made during the year based on program need. The following revisions require prior OMHSAS approval:

- Changes over 10% for any line item
- Changes which impact the ability of the program to provide a required CSC component
- Adding any position to the FEP team
- Moving a previously billable service to a grant funded service

### **Funding Carryover:**

- Standard Carryover: Program sites will be permitted to carry over up to 5% of their SFY 22-23 award if not expended. Any carryover in excess of 5% will be deducted from the first quarter award the following year. If no funding is awarded in the following year, all funds will be required to be returned to the state.
- Exception Requests: Program sites may request additional carryover up to 15% of their SFY 22-23 award if not expended in the circumstances below. Program sites must submit a carryover exception request with their 4<sup>th</sup> quarter report to be considered for additional carryover funding. See Appendix E for the request form.
  - New Programs in the first year of operation
  - Public health emergencies that significantly impact FEP operations

- Other requests on a case-by-case basis when clear justification is provided by the program site

### **Restrictions on Use:**

Using FEP Grant Funding, payments shall **not** be made:

1. To provide services to any client not meeting SMI or SED criteria
2. In excess of 10% of total grant award towards indirect costs
3. To fund maintenance costs including, but not limited to, janitorial services, housekeeping, lawncare, snow removal, facility maintenance, and facility repairs, beyond any maintenance costs included in the grant award indirect costs.
4. To fund services that are billable to Medicaid fee-for-service/HealthChoices or other insurance
5. To provide inpatient services
6. To make cash payments to intended recipients of health services
7. For the cost of room and board including, but not limited to: rent, rental deposits and furnishing for an individual's residence; food (aside from GSA rate staff per diem when traveling); eating and cooking utensils; and staffing costs related to food preparation.
8. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
9. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
10. To provide financial assistance to any entity other than a public or nonprofit private entity
11. To pay for travel expenses above the [federal GSA Rates](#)
12. To purchase, prescribe, or provide marijuana or treatment using marijuana.

The Pennsylvania FEP Program is funded through the Community Mental Health Services Block Grant (CMHSBG). Grantees are required to comply with the [federal CMHSBG legislation](#) and all other applicable federal and state laws. As recipients of federal funding, FEP Programs are subject to [Title VI of the Civil Rights Act of 1964](#) and [Federal Executive Order No. 13166](#), and may not discriminate on the basis of race, color, or national origin and must offer language services to individuals with limited English proficiency.

### **Sustainability:**

Pennsylvania currently has multiple FEP Programs operating as in-lieu of services under HealthChoices, which allows bundled per member per month reimbursement for the majority of FEP service components. In partnership with the Behavioral Health Managed Care Organizations, OMHSAS will continue to support FEP Programs to operate as “in-lieu-of” services to ensure the sustainability of these services. Starting in SFY20-21, OMHSAS

approved the addition of Supported Education and Employment Services to bundled per member per month “in-lieu-of” services, further enhancing the sustainability of the FEP programs as now all required CSC services can be included.

**Selection Process:**

All programs will be scored as follows below using a percentage of the total available points for the application type.

<b>New Programs</b>	
<b>Application Section</b>	<b>Points Available</b>
A. Current Program Description	5
B. FEP Service Narrative	15
C. FEP Staffing Plan	15
D. FEP Service Availability	25
E. Family/Consumer Involvement	10
F. Program Evaluation Readiness	10
G. Program Budget	20
<b>Total</b>	<b>100</b>

<b>Renewal Programs</b>		
<b>Application Selection</b>	<b>Points Available with Stepped Care</b>	<b>Points Available w/o Stepped Care</b>
A. FY20-21 FEP Program Highlights	20	20
B. FY21-22 FEP Program Narrative	21	20
C. FEP Training Plan	10	10
D. FEP Staff Complement	15	15
E. Stepped Care Narratives (Optional)	15	0
F. Program Budget	20	20
<b>Total</b>	<b>100</b>	<b>85</b>

**Rights Reserved to the State:**

DHS-OMHSAS reserves the right to:

- Change any of the scheduled dates
- Require correction of arithmetic or other apparent errors
- Seek clarification and revisions of proposals
- Prior to selection, direct applicants to submit proposal modifications addressing any potential subsequent application amendments

- Reject any or all proposals received in response to this application
- Not make an award to any applicant who is not in good standing at the time selection is awarded
- Make awards based on geographical or regional consideration to best serve the interests of the target population
- Disqualify any program site whose conduct and/or proposal fails to conform to the requirements of this application
- Use information obtained through site visits, management interview and the state's investigation of an applicant's qualifications, experience, ability of financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the application

### **Timeline:**

- January 19, 2022- OMHSAS issues RFI
- February 22, 2022- 11:00-12:00PM- OMHSAS FEP Overview Webinar with Q&A for interested counties/joinders

## Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

**Or call in (audio only)**

+1 267-332-8737,,907173786# United States, Philadelphia

Phone Conference ID: 907 173 786#

- **April 22, 2022-by 5:00 pm – Renewal Submission Deadline**
- **April 29, 2022-by 5:00pm - Application Submission Deadline**
- May 24, 2022 – OMHSAS program selection announced

### **Submission Requirements:**

Interested Counties/Joinders or regional collaboratives must complete and submit the attached application form. Please be as thorough and accurate as possible. OMHSAS reserves the right to reject applications that are incomplete or do not follow the guidance provided.

**All forms must be electronically submitted by 5:00pm on the respective due dates to:**  
[ra-pwfep@pa.gov](mailto:ra-pwfep@pa.gov)

Subject Line: FEP RFI Submission- County/Joinder/Regional Collaborative Name

All questions regarding applications may be submitted to:  
The FEP Resource account at [ra-pwfep@pa.gov](mailto:ra-pwfep@pa.gov)

**Appendix A**

**Coordinated Specialty Care Roles**

<b>CSC Role</b>	<b>Services</b>
<b>Team Leadership</b>	Cultivate referral networks through active community outreach; facilitate access to care; outreach to patients and family members; coordinate clinical services among team members; convene regular team meetings; provider ongoing clinical supervision
<b>Psychotherapy</b>	Provide individual and group psychotherapy sessions, including integrated substance abuse sessions when needed
<b>Case Management</b>	Perform assertive case management functions in clinic and community settings
<b>Family Education and Support</b>	Provide psychoeducation, relapse prevention counseling, and crisis intervention services
<b>Supported Employment/Education</b>	Implement IPS model of supported employment and supported education; provide ongoing client support following job or school placement
<b>Pharmacotherapy and Primary Care Coordination</b>	Medication management; coordination with primary medical care
<b>CSC Team-Level Activity</b>	Team meetings; coordination of services among team members; CSC training; clinical supervision; 24-hour phone coverage for managing crisis situations
<b>*Peer Support Services</b>	Peer Support Services through Certified Peer Specialists

*\*Peer Support Services is not part of original CSC Model utilized in the RAISE Studies. However, Pennsylvania is now requiring the inclusion of CPS services based on both growing evidence nationally/internationally and Pennsylvania's strong support of the recovery model and peer services.*

**Sample Staffing Plan for New Teams**

<b>Staff Position</b>	<b>FTE w/ FEP Program</b>	<b>CSC Services Covered</b>	<b>Already Employed w/Agency</b>
<i>Master's Level Clinician</i>	<i>1</i>	<i>Team Leadership (.5 FTE) Psychotherapy (.5 FTE)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Master's Level Clinician</i>	<i>1</i>	<i>Psychotherapy</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Case Manager</i>	<i>1</i>	<i>Case Management (.5 FTE) Supported Employment/Education (.5 FTE)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Case Manager</i>	<i>.5</i>	<i>Case Management (.25 FTE) Family Support (.25 FTE)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Certified Peer Support Specialist</i>	<i>.5</i>	<i>Peer Support Services</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Psychiatrist</i>	<i>.3</i>	<i>Pharmacotherapy</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Nurse</i>	<i>.25</i>	<i>Primary Care Coordination</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b><i>Total FTE</i></b>	<b><i>4.55</i></b>	<b><i>Number of Positions to Hire for FEP Team</i></b>	<b><i>3</i></b>

This sample staffing plan is offered as an example only and should not be considered the only or best staffing plan for all programs/locations. Counties/Programs should create a staffing plan with all CSC service elements based on local resources and needs.

**Sample Staffing Plan for Renewal Teams**

<b>Staff Position</b>	<b>FTE w/ FEP Program</b>	<b>Name of staff in position</b>	<b>CSC discipline(s) this staff member is responsible for</b>	<b>Months in Position</b>
<i>Program Director</i>	<i>15%</i>	<i>Mr. A</i>		36
<i>Psychiatrist</i>	<i>10%</i>	<i>Ms. G</i>	<i>Psychopharmacology</i>	14
<i>Psychologist</i>	<i>10%</i>	<i>Miss L</i>	<i>Psychotherapy, primary care coordination</i>	2
		<i>Ms. K</i>		11
<i>Case Manager</i>	<i>50%</i>	<i>Mr. D</i>	<i>Case mgmt., SEE</i>	19
<i>Therapist</i>	<i>100%</i>	<i>Ms. T</i>	<i>Team leader, psychotherapy</i>	31
<i>Therapist</i>	<i>20%</i>	<i>Vacant-new position</i>	<i>Psychotherapy</i>	0
<i>Therapist</i>	<i>20%</i>	<i>Vacant-currently hiring</i>	<i>Psychotherapy</i>	0
		<i>Ms. L</i>		20
<i>SEE</i>	<i>25%</i>	<i>Mr. D</i>	<i>SEE, family education and support</i>	19
<i>CPS</i>	<i>25%</i>	<i>Ms. P</i>	<i>Peer support</i>	20
<b><i>Total FTE</i></b>	<b><i>(sum)285%</i></b>			<b><i>(average)19</i></b>



**Appendix B**  
**Program Evaluation Core Battery**

#. Project Instrument	Assessor*	Time Estimate (Minutes )	Baseline	6 - 24 Month Follow-Up	Stepped Care: 30-48 Months
<b>1. Referral Tracking/Administration</b>					
ID Administration	C1	1	x		
Referral Form	C1	5	x		
Admission Form	C1	30	x		
Follow-Up Form	C1	10		x	x
Discharge Form	C1	5			
Step Transition Form	C1	5			x**
<b>2. Clinical Assessments</b>					
Administrative Page	C1	1	x	x	x
COMPASS-10	C2	15	x	x	x
RAISE CP Negative Symptom Scale	C2	10	x	x	x
Cornblatt Role Function	C1	5	x	x	x
Cornblatt Social Function	C1	5	x	x	x
<i>Medical Monitoring Form</i>	C3	5	x	x	x
Brief Adherence Rating Scale (BARS)	C3	5	x	x	x
RAISE EPS Tool	C3	5	x	x	x
TAIT - Service Engagement Scale (SES)	C2	5		x	x
Intent to Attend and Complete Treatment Scale	C2	<5	x	x	x
<b>3. Self-Report Scales</b>					
Administrative Page	C1	5	x	x	x
Glasgow Antipsychotic Side-effect Scale-16 (GASS-16)	SR	5	x	x	x
Adherence Estimator	SR	<5	x	x	x
Modified Colorado Symptom Index	SR	15	x	x	x
Psychosis Recovery Assessment Scale-5 (QPR-5)	SR	<5	x	x	x
CollaboRATE [OPTIONAL]	SR	<5	x	x	x
PTSD Symptom Scale (PSS)	SR	15	x	x	x
Adverse Childhood Experiences	SR	10	x	x	x
Quality of Life Scale-4 (QOL-4)	SR	<5	x	x	x
SCORE Family Functioning-7 (SCORE-7)	SR	<5	x	x	x
Beck Collection-9 (BC-9)	SR	<5	x	x	x
Minimal Insomnia Symptom Scale (MISS)	SR	<5	x	x	x
MHSIP Youth Services Survey - 6 (YSS-6)	SR	<5	x	x	x
<b>4. Family Self-Report Scales</b>					
Administrative Page	C1	5	x	x	x

MHSIP Youth Services Survey (YSS- F) - Caregiver	SR	5	x	x	x
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SR = Self-Report, C1 = Bachelor's level or above, C2 = Treating clinician (Master's or above preferred, minimum Bachelor's with clinician input/supervision), C3 = Physician

## **Appendix C** **Resource List**

### ***Back on Track NAMI Keystone***

<https://www.namikeystonepa.org/advocacy/action-alerts/backontrackpa/>

### ***Best Practices in Schizophrenia Treatment (BeST) Center***

[Stress Can Worsen Psychotic Symptoms: BeST Tips for CBT-p Informed Strategies for Responding](#)

[BeST Tips for Supporting Your Loved One During COVID-19](#)

### ***Early Assessment and Support Alliance***

<http://www.easacommunity.org/index.php>

### ***HeadsUp***

[www.Headsup-pa.org](http://www.Headsup-pa.org)

### ***NASMHPD Early Intervention in Psychosis***

<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>

### ***National Research Institute First Episode Psychosis***

<http://www.nri-inc.org/focus-areas/first-episode-psychosis/>

### ***NIMH FEP Webinar Collection***

<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/raise-related-webinars.shtml>

### ***OnTrackNY***

<https://www.ontrackny.org/>

### ***PA Department of Human Services/OMHSAS***

[Provider Guidance](#)

[Telehealth Expansion](#)

### ***PEPPNET***

<https://med.stanford.edu/peppnet.html>

### ***RAISE Study***

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

### ***Recovery-Oriented Cognitive Therapy***

[CT-R COVID-19 Webinar Series and Talks](#)

**Appendix D**  
**Statewide FEP Training**

Training is made available to support grantee organizations with initial evidence-based program design, detailed program development and implementation focused on best practices, and ongoing program evaluation. Training includes in-person team training for the CSC Model, Recovery-Oriented Cognitive Therapy, and Psychopharmacology for Early Psychosis. Ongoing specialized supervision is also provided on an ongoing basis.

For FY22-23 OMHSAS will be covering the training costs for all CMHBSG funded program sites. If training is able to be held in person, program sites will be responsible only for travel costs (including hotel, meals, mileage, parking and any incidental expenses). This in-person training is five days in length, and typically scheduled in November annually. All members of new teams should attend. Any new staff at existing providers should also attend. OMHSAS requires all newly hired staff to receive specialized FEP training within the first year of hire. If the program site does not have the capacity to provide external FEP specific training, they must utilize the PA statewide training for all new staff. Prescribers are encouraged to attend as much of the training as possible but are not required to attend the full week. At minimum, prescribers must attend one training day which includes specific focus on medication management for FEP. HeadsUp also provides ongoing supervision to the CMHSBG Funded Programs following the in-person training at no cost to the program site.

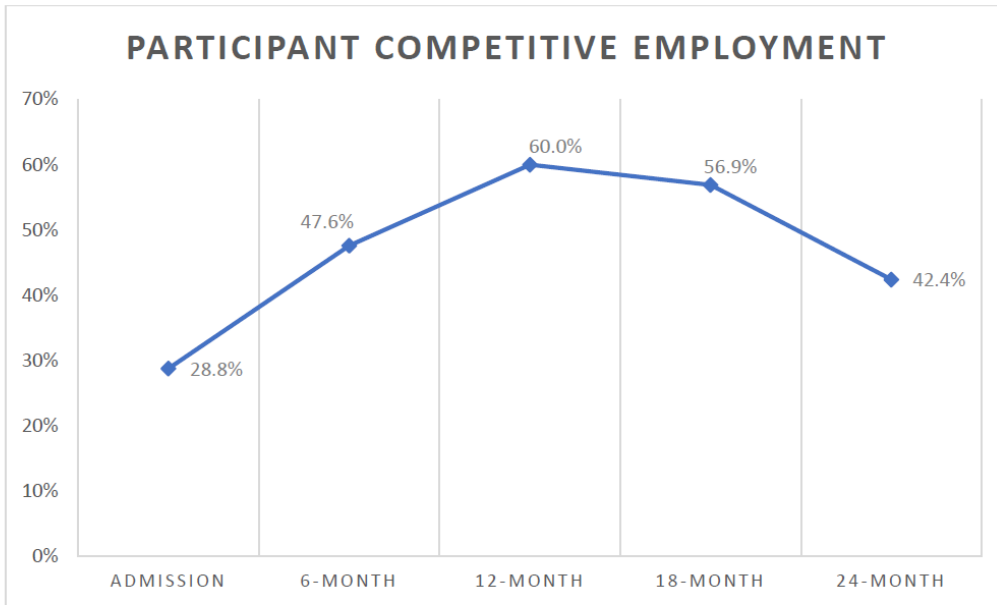
**For Additional HeadsUp Information:**

Christian Kohler, M.D.  
215-614-0161  
kohler@penntmedicine.upenn.edu

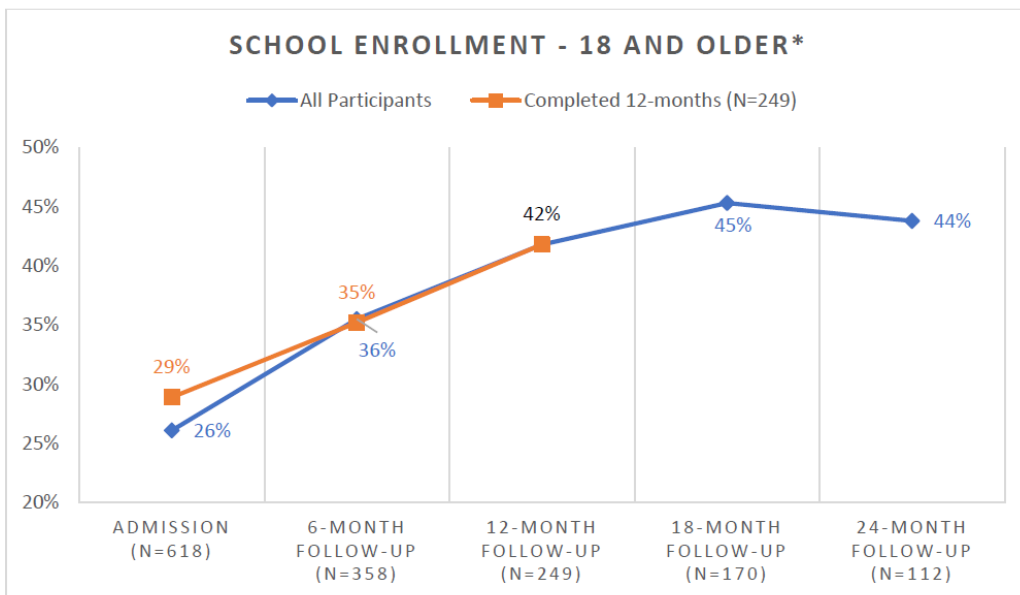
Monica E. Calkins, Ph.D.  
215-615-3183  
mcalkins@penntmedicine.upenn.edu

**Appendix E**  
**Pennsylvania FEP Program Outcomes**

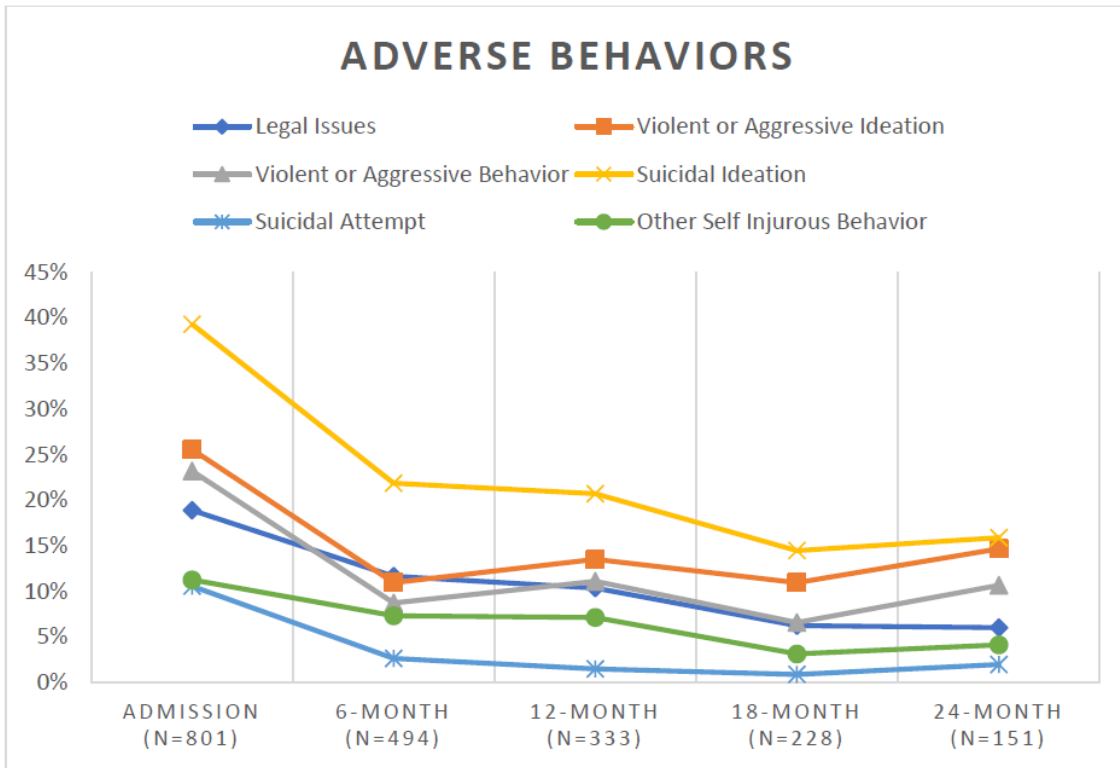
(all data as of January 1, 2021)



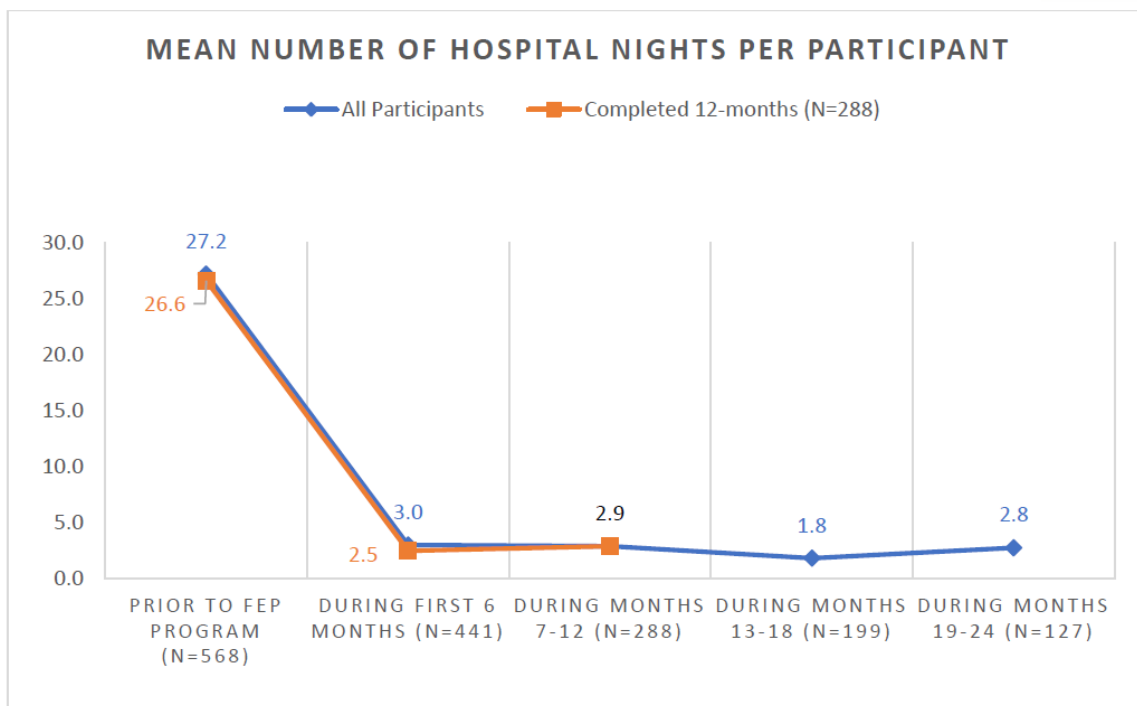
**Figure 7.** Percent of participants reported to be employed through 24 months that were in competitive positions. Competitive employment pays at least minimum wage, a paycheck was from employer and reported for tax purposes, is supervised by an employee of the place of work (not by an employee of an outside mental health agency or other 'sheltered' work situation), and the position was open to anyone rather than being reserved for people with behavioral health problems. N=66.



**Figure 8.** Percent of participants aged 18 years and older (\*at the time of the specified assessment) enrolled in school at admission and in those completing each follow-up, for all participants and for only those who completed 12-months in the program. Reported N-values are for all participants at each time point.



**Figure 10a.** Adverse behaviors reported (from any source) occurring within the 90 days prior to admission (Admission) or 90 days prior to specified follow-up, up to 24 months in a FEP Program.



**Figure 13.** Average number of hospital nights per participant prior to enrollment in FEP program and at follow-up periods during enrollment in FEP program.

**Appendix E**

**Carryover Exception Request**

**Program Site Name:**

**County:**

<b>Total Allocation</b>	<b>Carryover Exception Amount Requested*</b>
<b>Please provide a justification for unspent funding</b>	
<b>Please provide a plan for carryover funding</b>	
<b>Please provide a detailed budget on the use of the funds for the program/service</b>	
<b>Projected time period for use of funds</b>	

\*Maximum 15% of allocation