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To: Area Administrators/Human Service Area Coordinators
Bureau Directors/Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Mental Health Coordinators
Tribal Chairpersons/Human Services Facilitators

From: Patrick Cork, Administrator
Division of Mental Health and Substance Abuse Services

**Grant Opportunity for Coordinated Specialty Care for
Early Intervention of First Episode Psychosis**

Document Summary

The purpose of this document is to provide interested parties with information to enable them to prepare and submit an application for the development and implementation of a Coordinated Specialty Care Program providing early intervention for First Episode Psychosis (FEP) services. The Department of Health Services (DHS) intends to use the results of this solicitation to award one or more contracts for early intervention treatment for First Episode Psychosis (FEP) utilizing a Coordinated Specialty Care (CSC) model that meets federal and state requirements.

Please see the following resources for more details on the CSC model:

- Recovery After an Initial Schizophrenia Episode (RAISE) program's summary document for an over view of the components of the CSC model:
http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf
- RAISE website via the National Institute of Mental Health:
<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>
- RAISE Manuals: <https://raiseetp.org/>
- OnTrack USA Materials: <http://nyebpcenter.trilogyir.com/OnTrackUSA/tabid/253/Default.aspx>

The DHS represented by the Division of Mental Health and Substance Abuse Services (DMHSAS) invites counties alone or in collaboration with other counties (consortium) to submit an application for the development and implementation of an Early Intervention Treatment for First Episode Psychosis

Program based on the Coordinated Specialty Care (CSC) model.^{1, 2} The CSC evidence-based model is an early intervention program serving youth and young adults aged 15-25 with non-organic, non-affective psychotic disorder diagnoses. The CSC Program will utilize a coordinated team approach to provide intensive services to young adults in the early stages of FEP utilizing person-centered and recovery-oriented philosophies. Components of CSC are outreach, low-dosage medications, cognitive and behavioral skills training, Individual Placement and Support (IPS) supported employment and education, case management, and family psychoeducation. The model also emphasizes addressing each individual's unique goals, needs, and preferences through shared decision-making and collaborative treatment planning. CSC clients are enrolled in the program for a limited time (2-5 years) providing skills and treatment. This early intervention offers real hope for clinical and functional recovery.³ A maximum of seven awards will be distributed via this Request for Proposals (RFP). Priority will be given to counties currently without CSC programs.

The CSC Program will provide low-barrier access to specialized clinical providers. Services will be provided in home, community, and clinic settings. Key elements will include:

- Early detection of psychosis;
- Team-based care;
- Shared decision-making;
- Collaborative treatment planning;
- Wellness, recovery, and resilience orientation;
- Person-centered care;
- Focus on normal developmental milestones;
- Youth friendly environment;
- Small caseloads;
- Limited treatment length; and
- Transition to step-down services.

Applications must detail plans, capacity, and expertise to implement a CSC Program in the applicant's service area. Applications must also detail a plan for outreach and community capacity building to better identify, refer, and recruit youth and young adults ages 15-25 experiencing FEP.

A statewide total of \$738,000 is available for the first grant year, with \$738,000 projected to be available for a potential renewal for three additional years. Renewals will be dependent on funding availability and contract deliverables. Year one of the grants will be funded from Federal Fiscal Year 2016 funding. As such, the grantee cannot carry over of funds of grant award year one into Federal Fiscal Year 2018. All funds from grant award year one must be expended no later than September 30, 2017.

Criteria that applicants need to have, or show they can develop, include the following:

¹ NASMHPD's webinar on Components of Coordinated Specialty Care for First Episode Psychosis: Guidance Related to the 5% Set-Aside in the Mental Health Block Grant <http://nasmhpd.adobeconnect.com/p95pdydhky2/>

² NASMHPD TA Coalition Webinar: Funding Strategies for Early Psychosis Intervention Models: <HTTP://NASMHPD.ADOBECONNECT.COM/P62EIF236N9/>

³ Heinssen, Goldstein, and Azrin. (2014). Evidence –Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care.

- Identified expertise in providing care to youth who are experiencing psychotic illness;
- Wellness, recovery, and resilience orientation;
- Access to inpatient hospital care;
- Linkages with community resources and outreach capabilities;
- Strong psychiatric supervision and clinical leadership;
- Commitment to hiring individuals with lived experience; and
- Ability to provide data.

Applicants must incorporate a certified Community Support Program (CSP) or Comprehensive Community Services (CCS) Program to serve as a foundation for the CSC Program. If an applicant is a government entity intending to implement a FEP Team via contract the applicant must detail how the contract will be implemented and monitored. Letters of support should be attached to the application for any interagency collaboration resulting from this funding.

CSC is designed to be a scalable program, which can be built off of an existing program. Team size should be based on the need of population of the service area of the applicant. Applicants must state the team size and level of funding necessary to support CSC services in the service area. Applicants should utilize the OnTrack USA Interactive Spreadsheet to estimate the CSC Team size, and level of funding which will be required for the service area.⁴

The CSC framework has similarities with the Assertive Community Treatment (ACT) model which has shared components with Wisconsin's CSPs. Shared elements include reliance on multidisciplinary treatment teams, a small client to staff ratio, and a menu of service directed at supporting adaptive functioning in the community such as case management, psychiatric treatment, housing and vocational assistance, substance abuse services, family education and support, and 24/7 accessibility.⁵

CSC builds on the ACT model and offers several enhancements and differences. CSC is specifically focused on a younger population, who do not have an established history of disability, have the capacity for out-of-office visits but do not require them as the modal practice. CSC also sets an expectation of a time-limited treatment experience of roughly three years, step-down of services, and eventual transition to other services if continued services are required.

Contract Term and Available Funding

The contract shall be effective on the date indicated in the contract and shall run for one year from that date with an option by mutual agreement of the Department and contractor, to renew for three additional one-year periods. An estimated annual amount of \$738,000, for a minimum of two full CSC teams, will be made available through this Request for Applications (RFA) dependent on funding availability, for each approved contract year. Renewal of a contract for years two through four will be based upon the applicant's satisfactory performance, audit findings, and the availability of funds. Following the fourth year of funding, the expectation is the project will be self-sustaining through the development of systems

⁴ OnTrack USA (2015) Interactive Spreadsheet to Estimate Number and Cost of First Episode Psychosis Teams Needed in an Area and Number of Clients Served. <http://nyebpcenter.trilogyr.com/OnTrackUSA/tabid/253/Default.aspx>

⁵ Heinssen, Goldstein, and Azrin. (2014). Evidence –Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care.

infrastructure, enhanced revenues, and cost efficiencies stemming from the project. The successful applicant must demonstrate its plan for sustainability beyond the funding period. Applicants are advised that should additional state or federal funds become available, the DMHSAS may utilize the results of this RFA for additional awards.

The State of Wisconsin retains the right to accept or reject any or all applications if it is deemed to be in the best interest of the State of Wisconsin. If mutually agreed to by the contractor and the state, the results of this solicitation may be used by other Wisconsin agencies or other states. All applications become the property of DHS upon receipt.

Who May Submit an Application?

County Departments of Human Services, Departments of Community Programs, with a program certified under DHS 36 for Comprehensive Community Services (CCS) or DHS 63 for Community Support Program (CSP). In addition, existing Medicaid and Division of Quality Assurance (DQA) certified regional CCS Programs or CSPs may also apply. This organization will be the legal entity, which assumes the liability for the administration of the grant funds and is responsible to DHS for the performance of the project activities. All counties or applicants must be certified through Medicaid and the DQA to provide CCS and/or CSP services. Submission of multiple applications from one applicant is not permissible.

Background

In its Federal Fiscal Year 2014 appropriation, Congress allocated additional funds to the Substance and Mental Health Services Administration (SAMHSA) to support evidence-based practices for programs to address the needs of individuals experiencing early serious mental illness. This program was further emphasized in the Consolidated Appropriations Act of 2016. States are now instructed to utilize 10 percent of the Mental Health Block Grant (MHBG) allocation for services for individuals experiencing FEP.⁶

SAMHSA has collaborated with the National Institute of Mental Health (NIMH) to research and develop Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care (CSC).^{7, 8} NIMH research suggests that mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat persons in the early stages of psychotic illness. At its core, CSC is a team-based, collaborative, recovery-oriented approach involving individuals experiencing first episode psychosis, treatment team members, and when appropriate, family members as active participants. CSC components emphasize outreach, low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address individuals' with FEP unique needs, preferences, and recovery goals.

⁶ Consolidated Appropriations Act (2016). <https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf>

⁷ National Institute on Mental Health – Recovery After an Initial Schizophrenia Episode. <http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

⁸ RAISE ETP. <http://www.raiseetp.org/>

An estimated \$738,000 (funded by the Wisconsin MHBG 2016 award) will be awarded in grant year one and year two (funded by the 2017 MHBG). Additional years of funding are estimated to be approximately \$738,000, dependent on MHBG funding.

Based on estimates, one FEP Team can be funded at this level to support a population area of roughly 400,000 – 525,000. Actual cost will be impacted by incidence of FEP, the number of clients enrolled in the program, the length of treatment for each client, and variability in staff costs. Cost of treatment will be supported via public (i.e. Medicaid) and private insurance when available. Applicants must detail the size of the CSC Team which will be required to support the service area, and the estimated costs to operate that team. Factors impacting the team size necessary to provide services is dependent on several factors including population size, rates of incidence and prevalence, success of outreach efforts, and percentage of people interested in receiving CSC services.

The above estimates were calculated using a model developed for OnTrack USA by the Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute.⁹ Staffing estimates assume the FEP Team is comprised of 1 Full Time Equivalent (FTE) FEP team leader, 1 FTE Individual Placement and Support (IPS) specialist, 1 FTE Recovery Case Manager, 1 FTE Peer Support Specialist, a 0.3 FTE Psychiatrist, and 0.1 FTE Registered Nurse (RN). While all these roles must be components of a FEP Team, multiple roles may be filled by one individual. However, individuals must have the training, skills, and expertise necessary to fill those roles.

The FEP Team will offer CSC model component interventions including assertive case management, individual and group psychotherapy, recovery skills, suicide prevention planning, crisis management, supported employment and education services, family education and support, family therapy, low doses of select antipsychotic agents, pharmacotherapy, and coordination with primary healthcare. This program will place strong emphasis on outreach and engagement as well as specialized training relevant to team roles and components of the model. Once contracts are implemented, DMHSAS will conduct close monitoring with the vendor to ensure fidelity and outcome measures are met.

CSC Program Requirements

The Wisconsin program will focus on services to individuals aged 15-25 with a non-organic, non-affective psychotic disorder diagnosis. To be eligible for services, clients' time since symptom onset must be less than three years. Empirical evidence suggests the effectiveness of the CSC model is greatest for persons who meet these criteria. The goal is to expand early intervention treatments for FEP throughout Wisconsin; therefore, it is important to identify results and practices that can be utilized to broaden and replicate in other areas of the state.

Illustrate Community Need for FEP Program

Quality applications will include a needs analysis detailing and quantifying the applicant's community's need for and capacity to implement a CSC model FEP Program. This analysis should include an estimate of the current number of youth and young adults experiencing FEP aged 15-25 the applicant expects could be served via the FEP Program as well as expected incidence of FEP in the service area. Applicants should illustrate a population size and need adequate to support funding a full CSC model

⁹ OnTrack USA. <http://nyebpcenter.trilogyr.com/OnTrackUSA/tabid/253/Default.aspx>

FEP Team or the portion of a team being proposed. An interactive tool to estimate costs and staffing for CSC model teams can be found on the OnTrack USA resource page.¹⁰

Outreach and Engagement

This program will place strong emphasis on outreach and engagement.¹¹ There will be dedicated staff time to these activities with a central point of referral and coordinated entry to the program. Staff will develop referral pathways, cultivate relationships, and provide community outreach. They will be responsible for client and family engagement which will include assertive outreach, rapid contact after referral, efficient enrollment, and ongoing education and support. Staff will use hopeful messages with an emphasis on the individuals' goals, how their experience with symptoms has impacted their daily life, and how services will be helpful to the individual. Admission interviews will be offered to eligible individuals in a timely manner and referral to more appropriate services will be offered to ineligible individuals.

FEP Team Roles

A model FEP Team, utilizing the CSC model, will be comprised of four to six clinicians with the appropriate expertise.^{12, 13} Key roles, in addition to outreach and engagement, will include team leadership, case management, supported employment and education, psychotherapy, family education and support, pharmacotherapy and primary care coordination, and peer support. Each staff person, with the exception of the supported employment and education specialist, may provide dual roles. Supervision and consultation will be provided within the context of the recommendations for each role as well as state licensing and certification requirements. Staff will offer core model component service interventions including assertive case management, individual and group psychotherapy, recovery skills, suicide prevention planning, crisis management, supported employment and education services, family education and support, family therapy, low doses of appropriate antipsychotic agents, pharmacotherapy, and coordination with primary healthcare. Individual providers can serve multiple roles as long as they have achieved competency in each assigned function and there is not a conflict with the nature of their dual roles with the exception of the supported employment/education role which should be a dedicated staff. Providers will be licensed or certified in their area of expertise. (e.g., psychologists, social workers, licensed professional counselors, rehabilitation counselors, nurses, psychiatrists, Certified Peer Specialists.)

It is critical that the providers have expertise in their specialty area as well as interest, experience, and skill in providing care to youth experiencing FEP. Clinical skills and abilities important for working in early intervention include empathy, unconditional positive regard, and a non-judgmental approach. They will understand the unique challenges of an individual experiencing FEP and their families, the diversity of the youth served, recovery, and the potential for FEP youth to lead productive lives. It is important that the treatment team staff have a high level of respect for participants' independence and self-determination, are flexible in tailoring interventions, and are open to partnering with natural supports.

¹⁰ <http://nyebpcenter.trilogyir.com/OnTrackUSA/tabid/253/Default.aspx>

¹¹ Community Outreach and Prevention as an Element of Early Intervention in Psychosis
<http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/>

¹² NAVIGATE Team Members' Guide. <https://raiseetp.org/StudyManuals/Team%20Guide%20Manual.pdf>

¹³ OnTrack NY Program Team Manual. <http://nyebpcenter.trilogyir.com/OnTrackUSA/tabid/253/Default.aspx>

A full team (1.0) typically maintains a caseload of roughly 30 clients. A successful FEP Team assures adequate coverage of the key CSC roles rather than achieving a one-to-one correspondence between the number of providers and the components of CSC. A FEP Team requires strong overall team leadership and management and competent delivery of the core clinical services. Applicants should develop plans to scale the team size to meet the needs of the service area population. A detailed staffing plan must be provided.

Team Training

Each team staff member will require specialized training through background readings and discussions as well as on-line and in-person trainings. Team training includes the following areas:

1. CSC Conceptual Model
2. Early Recognition of Psychosis
3. Components of the Team
4. Functional Procedures
5. Timing of Team Activities
6. Theoretical Framework of CSC Treatment
7. Recovery Potential
8. Recovery Concepts
9. Trauma-Informed Care
10. Developmental Issues Specific to Adolescents and Young Adults
11. Shared Decision-Making
12. Person-Centered Care
13. Optimistic Therapeutic Perspective
14. Engaging Clients and Family Members
15. Vulnerabilities to Substance Use
16. Suicide/Safety Planning
17. Specialized Services Relevant for Each of the Team Member Roles.

Training will follow the recommended components of the model and applicants will need to show their training plan. Each team member will receive specialized training relevant to their role as well as team-based care training.

Collaborative training is encouraged among CSC programs in Wisconsin. CSC sites are encouraged to collaborate to obtain training opportunities and make efficient use of any training opportunities which may be made available through the state or the federal government. Grantees will also be encouraged to invite other CSC grantees to any trainings which are made available.

Programmatic Oversight and Management

To ensure fidelity to the CSC model the applicant must illustrate the capacity to implement programmatic oversight and management to ensure fidelity to the CSC model.^{14, 15} In addition to meeting program certification requirements for DHS 63 or DHS 36 and individual provider licensing requirements the FEP Team will receive supervision according to the model including administrative, clinical, and component supervision.¹⁶ The team psychiatrist and team leader should also have access to expert consultation as early psychosis in youth is challenging and requires specialized expertise. Importantly the team must have small, manageable caseload size consisting of 30 clients or less to ensure adequate time to maintain fidelity to the model services, develop relationships, and provide outreach to the participants.

Team meetings should occur frequently. In addition to meeting the administrative rule that the program is functioning under, the team meeting will follow the concepts of the CSC model. The CSC model includes weekly team meetings to reinforce the principles and practices of CSC care through review of participants, discussion of roles, and review of progress towards treatment goals. The administration will ensure that the program is adequately staffed and each team member has protected time to fulfill their roles. This includes plans for back-up coverage for the team leader and the team psychiatrist.

There are multiple staffing issues to consider including how staff time is divided, target number of individuals to see, frequency of meetings, roles the individuals will serve, the responsibilities of each team member, and back-up coverage. The clinic administration must also ensure that CSC program elements are compatible and in compliance with existing federal, state, and agency rules, regulations, laws, processes, and procedures.

CSC Program Elements

The Wisconsin CSC Program will have several requirements. Team members will utilize a collaborative Team-based approach to care. The team will consist of the individual experiencing FEP, treatment staff members, and family (as desired by the individual) when appropriate and chosen by the participant. The FEP Team members will also utilize a Collaborative Treatment Planning approach. This planning combines input from the individual experiencing FEP, the support system they choose, and the treating team.

Team members will practice a shared decision-making model. Shared decision-making is a collaborative approach where participants and clinicians actively work together toward mutually agreed upon goal setting and treatment decision making. Disagreements are clarified and compromise is negotiated.

The participants' life goals, aspirations, and ambitions must drive treatment planning. The treating team supports this through their clinical expertise and the use of evidence-based treatment. The mutually agreed upon goals, objectives, and tasks are then evaluated through measurable outcomes.

¹⁴ Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation

<http://nyebpcenter.trilogyr.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>

¹⁵ The OnTrackNY Program Team Manual

http://nyebpcenter.trilogyr.com/Portals/0/RAISE/Team%20Manual_1%202015%202015.pdf

¹⁶ Wisconsin Department of Health Services, Division of Quality Assurance. http://www.dhs.wisconsin.gov/rl_dsl/bqa.htm

Applicants must develop a program for FEP treatment that creates a positive youth-oriented clinical climate and maintains fidelity to the clinical concepts and core elements of CSC. The FEP Team must assure their practice is person-centered and includes strengths-based planning focused on normal developmental milestones. The team will aid the individual in understanding of their problem and work toward solutions rather than focusing on difference or diagnosis. It is also critical that the team convey hope for recovery and belief in the individual's resilience. A recovery orientation refers to the process by which services and supports value and promote the ability of individuals to build a meaningful and satisfying life, as uniquely self-defined. Strength-based services are person-centered, offering choices and honoring each person's capability for growth in every stage of the recovery process.

Flexibility and accommodation are key components of the CSC model. As such provision of services should take into consideration the individual's preference for meeting sites and will include meetings in home, community, and clinic settings. For example, some young people may be better engaged in their home or community. The complexity of their needs will also dictate the best setting to provide services.

CSC services will be time limited and include transition of care. Wisconsin CSC services will be offered over a 2-3 year period starting within three years of psychosis onset with continuity of specialized care for up to five years. Phases of care include engagement with team and initial assessment, ongoing intervention and monitoring, and identification of future needs and services transition. During the final phase the team must actively work toward planned transition of the relationship with the participant and plan for transition to support networks and future services.

CSC services should provide the model's key service interventions through a multi-element approach.¹⁷ A shared decision-making framework will be utilized to address medication preferences, goals, and adherence and other medical care needs.^{18 19} The team psychiatrist will be the primary member of the team focusing on pharmacotherapy. The prescriber will be skilled in working with individuals experiencing FEP. A program may choose to include a nurse as part of the staff to provide primary health care coordination.

The CSC Program must provide individual and group psychotherapy tailored to the individual's needs.²⁰ Psychological interventions are essential for symptomatic and functional recovery. Psychotherapy should be person-centered and resilience-oriented and utilize evidence-based treatment approaches effective for this population.

An Individual Placement and Support (IPS) model will be implemented to assist the participant in returning to work or school.^{21, 22} A dedicated Supported Employment and Supported Education

¹⁷ Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care
http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

¹⁸ NAVIGATE Psychopharmacological Treatment Manual
<http://www.raiseetp.org/studymanuals/Psychopharmacology%20Manual.pdf>

¹⁹ OnTrack NY Medical Manual http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Medical%20Manual_1%2021%202015.pdf

²⁰ Individual Resiliency Training (IRT) <http://www.raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

²¹ NAVIGATE Supported Employment and Education (SEE) Manual
<http://www.raiseetp.org/studymanuals/SEE%20Complete%20Manual.pdf>

²² OnTrack NY IPS Supported Employment and Supported Education Manual
<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/SEESManual%201%2021%202015.pdf>

Specialist will be part of the team. Meaningful involvement in school and/or work is a critical element to recovery.

Another critical component of the CSC Program is skills training which helps individuals to manage symptoms and pursue life goals. Recovery Skills Training will be individualized for each participant's needs and goals.^{23,24} Skills provided will vary from individual-to-individual and over time for each individual. The following are examples of key areas of skills training that would be provided within the model.

- **Social Skills:** The participant will be assisted with creating or re-establishing social networks and integrated community activities as well as developing resources to avoid adverse social outcomes.
- **Substance Use:** Substance use and treatment needs will be assessed ongoing and provided when indicated for all participants.
- **Coping Skills:** Through their areas of specialty, the team will assist the participant with recognizing illness symptoms and developing strategies for coping with symptoms in real-life situations.
- **Financial:** Financial management skills training will be provided to ensure financial stability and adequate income.
- **Housing:** Housing needs will be assessed and the participant will be connected to resources to avoid housing instability or loss.
- **Community Living Skills:** Each individual will have specific needs and priorities that will guide how they will best be assisted in the transition adulthood.

Additionally, the FEP Team must assist participants with problem solving, offering solutions to address practical problems, and coordinating services through Assertive Case Management.²⁵ The case manager will coordinate, create linkages, and follow-up with community resources such as schools; the Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation; inpatient hospital care; mental health services and substance use disorder treatment not provided by the team; and medical services. The case manager will assist the participant with managing day-to-day life issues.

Family involvement is a core function of a CSC Program. The team will encourage family involvement and provide services to the family.²⁶ The program will provide services to the family that will support the individual's recovery, including family therapy, family support, and psychoeducation. Important mechanisms for family support include peer-to-peer and parent peer specialists. The team will develop a collaborative relationship with the family by involving them in treatment planning, treatment decisions, and ongoing care where appropriate and chosen by the individual experiencing FEP.

Peer support is another important element for youth and young adults experiencing FEP. Multiple approaches to peer support are identified by youth as helpful in their recovery journey including

²³ Individual Resiliency Training (IRT) <http://www.raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

²⁴ OnTrack NY Recovery Coach Manual
http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Recovery%20Coach_1%2020%2015.pdf

²⁵ OnTrack NY Primary Clinician's Manual
<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Primary%20Clinician%20Manual%203.25.15%20Final.pdf>

²⁶ NAVIGATE Family Education Program (FEP) <http://www.raiseetp.org/studymanuals/Family%20Manual.pdf>

Certified Peer Specialists, Peer Mutual Support and Mentoring. The program will have a plan for developing peer support.

Suicide Prevention

The program must provide ongoing suicide prevention planning and crisis management. Each participant and their primary clinician will develop a safety plan tailored for FEP. Safety plans will be in the individual's own words and will outline a strategy to help the participant manage difficult thoughts and feelings. Components include recognizing warning signs, using internal coping strategies, using socialization as a coping skill during crisis and to obtain support, contacting family members or friends who may offer help to resolve a crisis, contacting professionals and agencies, and reducing the potential for use of lethal means. The FEP Team must also provide ongoing assessment of suicidal behavior and must conduct universal suicide screening of program participants using a standardized assessment tool. The team will provide 24-hour telephone coverage to manage crisis situations and facilitate a higher level of care when needed. When necessary the team must provide triage to participants experiencing suicidal risk to determine the most appropriate level of care. The treatment team clinician will determine the intervention required including hospitalization, increased monitoring, or the current level of treatment. The safety plan will be utilized to assist the person through the risk period.

Community Outreach and Targeted Program Recruitment

A critical component of Wisconsin's CSC Program is engagement and outreach to persons experiencing a FEP, their families, and social networks. Multiple barriers must be addressed in order for a program to successfully identify and enroll individuals with early psychosis. Low incidence of FEP in addition to difficulty successfully diagnosing a disorder makes it challenging to identify individuals in need of CSC services at early onset of symptoms. As such building a strong system of outreach and referral is a critical component to the successful implementation of the CSC model in Wisconsin.

Initial efforts should involve the development of a comprehensive outreach and recruitment plan tailored to the community of focus, which builds relationships and community capacity to increase early detection and facilitates access to services. Outreach efforts should be done in a manner which will reach and engage the youth and young adult (age 15-25) target audience.²⁷ The program will have staff devoted to conducting community outreach and developing a central point of referral and coordinated entry to the program. Activities will include developing referral pathways, cultivating relationships, and providing community outreach with inpatient facilities, emergency departments, primary care, crisis intervention services, the criminal justice system, and schools. Importantly, applicants must develop agreements and referral pathways with colleges and universities in the applicant's proposed service area.

The FEP Program will also be required to create or adapt outreach tools to engage the target audience. These materials should communicate information about the program and serve as entry points for potential clients, family members, and service providers to learn about the program and contact staff. Components of the outreach efforts should be a website which can be easily navigated and engaging for youth and young adults. The program should maintain an active online presence via popular social media tools and sites, providing information, event announcements, and wellness information.

²⁷<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-I-4-21-14.pdf>

All outreach and engagement should be done in a youth-oriented person and family-centered manner. The program should establish a culture which will best facilitate success with a youth population and their families. The CSC should utilize assertive outreach, hopeful messages, a person-centered approach, and reaching the individual in means that fits the needs of the individual. Engagement should be done in a manner to focus on participant goals, how they experience their symptoms, and the impact on their daily life. Staff should describe CSC services which may be helpful to the individual and illustrate how the services may help the individual reach their personal goals. If services are not a match or wanted by the individual, staff should make referrals and connections to other services as appropriate.

Youth Friendliness

Of particular importance to the success of the CSC Program is that it be developed in a manner which ensures youth friendliness and accessibility.^{28, 29} Outreach and engagement will be conducted via channels and areas of the community in which youth and young adults interact and/or touch the lives of youth and young adults. Services should be provided in a youth friendly location distinct from the larger clinic. This area should have a separate waiting area and entrance, if possible. If staff or the agency is serving other populations, steps should be taken to ensure a distinct youth friendly environment. The program receptionist should be trained and skilled in engaging with youth. The use of technology, internet, and mobile technology should be incorporated throughout all program phases. Establishing an internet presence is of particular importance. To engage, social media should be utilized. Social networking platforms such as Facebook and Twitter should be utilized for outreach, engagement, and communication. The use of text messaging should also be encouraged to engage program participants and applicants. When appropriate external mobile application resources and webpages should be incorporated to augment programmatic efforts. Online resources for youth such as ok2talk.org could be utilized.

Sustainability and Replication

The Wisconsin CSC Program should ensure sustainability of the program by maximizing billing via private insurance and Medicaid. To ensure this can be done, the applicant must be able to house the CSC Program as specialized care under a certified Community Support Program (CSP) or Comprehensive Community Services (CCS) Program. This certification will allow for billing of services. Importantly, the applicant must place an emphasis on billing private insurance and/or Medicaid when coverage is available. Many individuals experiencing FEP will be privately insured. It is important that staff obtain insurance credentials and authorization and have the appropriate licensure to bill. The program will have to monitor collections and pursue missed payments and consider outreach and negotiation with private insurance. Staff must also be able to assist participants with accessing private insurance or Medicaid coverage when they are uninsured. This includes aiding participants who may need assistance navigating systems and obtaining coverage.

The current funding opportunity will also serve as a pilot program for future expansion of the CSC model in other Wisconsin communities. As such, the applicant must develop resources which can be provided to other communities in Wisconsin who are interested in implementing their own CSC model programs. Grantees must be willing to provide guidance and be a resource for other communities in the

²⁸ Transitions RTC: <http://www.umassmed.edu/transitionsrtc>

²⁹ Pathways 2 Positive Futures: <http://www.pathwaysrtc.pdx.edu/>

state who decide to implement a CSC Program. The materials and electronic resources developed should be able to be shared and utilized by other communities wanting to develop the program within Wisconsin.

Reimbursement and Billing of External Payers

Reimbursement from Medicaid or other insurance should be utilized to enhance program sustainability. However, CSC Program expenses must not be double counted. Grant funding should be utilized to fund program development, provide services for individuals without public or private insurance, and for services not covered under insurance or public assistance programs. The clinic administration must ensure the CSC Program follows all Medicaid guidelines and nothing beyond what is reimbursable is billed to Medicaid.

In order to bill Medicaid, the applying county or county consortium must be an existing certified region through Medicaid for CSP or CCS.

Key Application Dates and Actions

Applicants are expected to raise any questions, exceptions, or additions they have concerning the RFA document. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFA, the applicant should immediately notify the Contract Administrator of such error and request modification or clarification of the RFA.

DMHSAS will hold a conference call to answer questions regarding the RFA on Thursday, April 7, 2016, from 9:00 a.m. to 10:30 a.m. To access this meeting, call 1-877-820-7831 and use participant code 142792.

All questions concerning this RFA must be submitted to Ryan Stachoviak at Ryan.Stachoviak@wisconsin.gov.

Proposals are due no later than Friday, June 3, 2016, at 3:00 p.m.

Preliminary Evaluation

The purpose of the preliminary evaluation is to determine if each application is sufficiently responsive to the RFA to permit a complete evaluation. Applications must comply with the instructions to applicants contained in this RFA. Failure to comply with the instructions may cause the application to be rejected without further consideration. The State reserves the right to waive any minor irregularities in the application.

Application Scoring

Applications accepted through the preliminary evaluation process are reviewed by an evaluation committee and scored against chosen criteria. An applicant may not contact any member of an evaluation committee except with the Contract Administrator's written approval.

Notification of Intent to Pursue Contract Negotiations

All applicants who respond to this RFA will be notified via email of the State's intent to pursue contract negotiations as a result of this RFA.

After notification of the intent is made and under the supervision of agency staff, copies of applications will be available for public inspection from 8:00 a.m. to 4:00 p.m. at 1 West Wilson Street, Room 850, Madison, Wisconsin. Vendors should schedule reviews with Ryan Stachoviak at 608-261-9316.

Right to Reject Applications and Negotiate Agreement Term

The State reserves the right to reject any and all applications. The State may negotiate the terms of the contract, including the award amount, with the selected applicants prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended applicant or upon unfavorable review of the applicant's references, DHS may terminate contract negotiations.

The Contract Administrator or designee will review each RFA Response Package and Statement of Applicant Qualifications to verify the applicant meets the requirements specified in this RFA based on a pass or fail protocol. This determination is the sole responsibility of DHS.

Preparing and Submitting an Application

General Instructions

The selection of a contractor is based on the information submitted in the contractor's application. Failure to respond to each of the requirements in the RFA may be the basis for rejecting an application. Elaborate applications (e.g., expensive artwork), beyond what is sufficient to present a complete and effective application, are not necessary or desired. The State of Wisconsin is not liable for any cost incurred by applicants in replying to this RFA. Applicants must submit applications in strict accordance with the requirements set forth in this section. All materials must be submitted to:

Ryan Stachoviak, Mental Health Planner
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 851
Madison, WI 53703
Ryan.Stachoviak@wisconsin.gov
608-261-9316

All materials must be received in the prescribed formats by 3:00 p.m. Central time June 3, 2016.

- Applications must be received in the above office by the specified date and time. Receipt of an application by the state mail system does not constitute receipt of an application. No applications are allowed to be submitted by fax or email. All such applications will be rejected.
- There are two components needed for complete submission of the applications: paper (hard copies) and electronic. Both components are due to the address above by the stated date and time. The following submission requirements must be followed for each of the components:
 - Paper (hard copy) Application Component: This component must contain the original and five paper copies of the entire technical application including any proprietary information.

- Electronic Application Component: In addition to the paper documents described above, the entire application must be submitted in a non-password protected Portable Document Format (.pdf), except for the proposed budget, which must be submitted using the required Microsoft Excel template on a reproducible CD(s) labeled as follows:
 - Coordinated Specialty Care for First Episode Psychosis
 - Name and Address of Applicant
 - Disc X of Y

Application Organization and format

Applications must be organized into clearly delineated sections, as shown below. Each heading and subheading should be separated by tabs or otherwise clearly marked.

Tab 1. Cover Sheet

- a. Table of Contents
- b. Vendor Information Form DOA-3477

Tab 2. Assessment of Community Need

Tab 3. Goals, Objectives, and Performance Expectations

Tab 4. Program Design and Methodology

Tab 5. Work Plan

Tab 6. Organizational Experience and Capacity

Tab 7. Reporting, Performance Measurement, and Quality Improvement

Tab 8. Budget

Tab 9. Appendix – Letters of Support, Letters of Commitment, Memorandums of Understanding, Contracts, etc.

All materials must be received in the prescribed formats by 3:00 p.m. Central time, June 3, 2016.

Applications shall be irrevocable until contract award unless the application is withdrawn. Applicants may withdraw an application in writing at any time up to the application closing date and time or upon expiration of five (5) business days after the due date and time if received by Ryan Stachoviak. The written request must be signed by an authorized representative of the applicant and submitted to Ryan Stachoviak at the address listed in Section 2.1 General Information. If a previously submitted application is withdrawn before the application due date and time, the applicant may submit another application at any time up to the application closing date and time.

Prospective applicants are requested, but not required, to submit a notice of intent to apply to DMHSAS. The notice of intent should be submitted to DMHSAS at the mailing or email address below by 3:00

p.m. Central time on April 15, 2016. Submission of the notice of intent does not commit a prospective applicant to submission of an application. Notices should be mailed, emailed, faxed, or hand delivered to:

Ryan Stachoviak, Mental Health Planner
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 851
Madison, WI 53703-7851
608-261-9316
Fax: 608-267-7793
Email: Ryan.Stachoviak@wisconsin.gov

Mandatory Requirements

To be eligible for further evaluation consideration applicants must certify their ability to meet all MANDATORY REQUIREMENTS as specified. Additional requirements may apply upon contract execution specific to the services provided.

Application format, Electronic database/spreadsheet reporting

Applicants are required to submit their application in single-sided, single-spaced, 12-point standard font (preferred is Times New Roman), with a minimum of one-inch margins. Please limit applications to 30 pages, not including budget, appendices, and letters of support. Budgets are to be submitted on the required Excel spreadsheet specified in Appendix A. The work plan is required to be coordinated with the budget and the performance monitoring reporting tool specified in Appendix B. For the overarching goals and objectives of this project, defined herein, data will be reported either into the Program Participation System (PPS) or on an Excel spreadsheet for those data not captured in PPS.

Statutory requirements

As part of the 2016 Consolidated Appropriations Act passed by Congress and signed by the President, 10 percent of the Community Mental Health Services Block Grant received by each state must be devoted to early interventions for mental health disorders.³⁰ One promising model developed by SAMHSA in collaboration with the NIMH that seeks to address serious mental illness at an early stage is called CSC for FEP. SAMHSA recommends the implementation of this model to serve individuals experiencing FEP.

Administrative rule, certifications requirements

Applicants incorporating the CSC model for FEP into an existing CSP or CCS must be certified by the Wisconsin Department of Health Services, Division of Quality Assurance (DQA) and Wisconsin's Medicaid Program according to all state laws and rules.

Wis. Admin. Code ch. DHS 36, Comprehensive Community Services (CCS) for Persons with Mental Disorders and Substance Use Disorders, provides a flexible array of individualized community-based psychosocial rehabilitation services to youth and adults. Psychosocial rehabilitation includes medical

³⁰ <https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf>

and remedial services and supportive activities provided to or arranged for an individual by a CCS Program authorized by a mental health professional to assist individuals with mental disorders and/or substance use disorders to achieve the individual's highest possible level of independent functioning, stability, and independence and to facilitate recovery.³¹

Wis. Admin. Code ch. DHS 63, Community Support Program or CSP, provides a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services.³²

Application Requirements

This section contains information for applicants regarding the responsibilities, deliverables, and outcomes the contractor is responsible for providing as part of this project. The following requirements are the minimum specifications and responsibilities. If no applicants are able to comply with any given specification, condition of application, or provide a specific item, the State reserves the right to delete that specification, condition of application, or item.

Listed below are the technical application response requirements. The section(s) referenced within the response requirement provide detail concerning the required and/or desired objectives, work requirements, and standards to meet the needs of this program. This detail represents the minimum level of service requirements and objectives sought in this procurement. Many of the sections in this RFA are interrelated and may contain overlapping information. Applicants should incorporate the goals, objectives, work requirements, and standards stated throughout this RFA into their application.

Applicants must respond to each of these requirements with a descriptive narrative (appropriately labeled) that includes methodology to the level of detail deemed appropriate by the applicant.

Assessment of Community Need (5 Points)

Applications must include a needs assessment detailing and quantifying the community's need for a CSC model FEP program. This analysis should also include information which details that the community (service area) has a sufficient population to support a full CSC model team based on expected incidence of FEP. This analysis should include an estimate of the current number of youth and young adults experiencing FEP aged 15-25 the county expects could be served via the FEP Program as well as expected incidence of FEP.

The CSC model is designed to be scaled to meet the needs of the service area population. The size of the team will provide a framework for the amount of funding required to support the implementation of the CSC program in a given area. Applicants are expected to produce a plan which details a team size commensurate to population, incidence, and prevalence of first episode psychosis. Grantees should utilize the following resources to evaluate community need:

³¹ http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36.pdf

³² https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/63

- Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care: http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf
- Link to article in Psychiatric Services on estimating resources needed to create teams serving people with first episode Psychosis: <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300186>
- Interactive Spreadsheet to Estimate Number and Cost of First Episode Psychosis Teams Needed in an Area and Number of Clients Served: <http://nyebpcenter.trilogyir.com/LinkClick.aspx?fileticket=22sS4Otajxg%3d&tabid=253&portalid=0>

The amount requested by the applicant must be comparable to the CSC team size necessary to serve the service area. As such applicants must illustrate a population size and need adequate to support funding the proposed CSC team level. For example, DMHSAS estimates that one full CSC Team can serve a population of roughly 500,000 at an annual cost of roughly \$370,000. Similarly, DMHSAS estimates a half CSC Team (.5 team) can support a population of roughly 250,000 at an annual cost of \$180,000. Quality analyses will utilize established CSC tools such as those developed by OnTrack USA. Quality analyses will also utilize local data including estimated rates of FEP during the contract term. Applicants may utilize other methods to illustrate the need of the service area, however if done so the detailed methodology must be provided as part of the application submitted to DMHSAS.

Quality applications will also indicate unique needs of the service area, and how the CSC program will help address those needs. Considerations of the unique needs and barriers faced by rural populations are also recommended.

Goals, Objectives and Performance Expectations (25 Points)

The applicant should have clear, achievable goals and objectives for this project. The applicant's goals and objectives should be consistent with DMHSAS goals for this grant stated throughout the RFA. Identify each goal, objective, related activities, timelines, measures and performance, and person(s) responsible for the objectives. Goals should be agreed-upon, concrete, observable measures to know what was accomplished.

Goal 1: Conduct community outreach and targeted program recruitment for persons aged 15-25 experiencing FEP.

Objective 1: Develop and train the CSC Team in a plan of outreach and recruitment, as measured by successful implementation of the outreach and recruitment plan.

- a. Model CSC programs identify one or more team members who will oversee the outreach and referral process for the program.
- b. Establish how the CSC Team will be trained in outreach and referral concepts. One or more members of the CSC Team oversee outreach and referral process for the program.
- c. There will be dedicated staff time to these activities with a central point of referral and coordinated entry to the program. They will be responsible for client and family engagement which will include assertive outreach, rapid contact after referral, efficient enrollment, and ongoing education and support.

- d. Staff will develop referral pathways, cultivate relationships, and provide community outreach. Outreach and collaboration with local universities and colleges should be a key component of these activities.

➤ **Provide a staffing plan of who will oversee the outreach and recruitment plan for the program. Describe how the CSC Team will be trained and conduct outreach and referral.**

Objective 2: Develop CSC health communication and outreach tools, as measured by successful development of outreach materials.

- a. Before outreach and recruitment activities commence, the quality programs will develop materials that communicate information about the program and serve as entry points for potential clients, family members and service providers to learn about the program and contact staff.
- b. Components of the outreach tool should be a website which can be easily navigated and engage youth and young adults.
- c. A centralized phone line is established for all referral calls.
- d. Brochures and flyers are created; one to meet the needs of young adults and their families and one for providers.
- e. Model CSC programs will utilize, establish, and maintain an internet presence on social working sites such as Facebook and Twitter. Regular posts and engagement via social media at a minimum of once a week, providing information, event announcements, and wellness will help develop on online presence.

➤ **Provide a plan for the development CSC health communication and outreach tools. Tools should include a website, a dedicated phone line, brochures, fliers, and social media accounts (e.g., Facebook and Twitter). The applicant should describe how social media accounts will be advertised and how social media impact will be measured.**

Objective 3: Establish and maintain a referral network, as measured by number of external organizations engaged and referrals received.

- a. Quality program outreach efforts will utilize multiple communication strategies to build a network connecting institutions which play a role in the life of youth. These institutions include schools, colleges, healthcare systems and providers, shelters, the criminal justice system, child and youth mental health programs, and employers.³³
- b. Develop referral pathways and relationships with the education system, universities and colleges, primary care physicians and health systems, social service agencies, inpatient facilities, emergency departments, crisis intervention services, and the criminal justice system. If appropriate, formalized agreements between organizations should be made.

³³ The National Institute of Mental Health, Recovery After an Initial Schizophrenia Episode Manual I: Outreach and Recruitment: <http://nyebpcenter.trilogyr.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-I-4-21-14.pdf>

- c. Cultivate relationships with admission and discharge personnel at these agencies through frequent visits.
- d. Expand outreach efforts to the larger community, increasing awareness, reducing stigma, and facilitating understanding. Various methods can be used to communicate information about FEP and the program. Presentations and newsletters can be utilized to provide education about FEP and the importance of early intervention. Reaching out to larger institutions may provide linkages to the FEP Program site.
- e. Communicate regularly with children and youth programs in the service area to help identify clients in those systems that could benefit from CSC services.
- f. Outreach activities and referrals are systematically tracked utilizing a database.

➤ **Detail which organizations, groups, and agencies the program will engage to develop referral pathways and how the program will work to maintain this pathway, and cultivate relationships. Describe how you will track referrals, outreach, and recruitment efforts.**

Objective 4: Establish a Central Point of Referral and Entry, as measured by successful implementation of a CSC model intake plan and average time between first contact with individual experiencing FEP and admission interview

- a. The CSC model requires that the program establish one coordinated point of referral to the program. This entry point is dedicated to the program and serves as both a conduit for program information, referral and entry into the program.
- b. Program entry and referral is available through multiple means including telephone, email, and internet. To better meet the needs of young adults the FEP webpage may have means to contact the program via a web-based form.
- c. People referred to the program are contacted within 24 hours.
- d. Admission Interviews occur within seven days.

➤ **Describe how the program will coordinate outreach and referral efforts coming into the program via multiple sources. Describe how the program will ensure communication with individuals with FEP is done in a prompt and secure manner.**

Objective 5: Conduct Client- and Family-Centered Engagement and Outreach, as measured by CSC model and client-centered engagement and outreach planning and implementation.

- a. Critical to outreach efforts is establishing a program culture which will best facilitate success with a youth population and their families.
- b. Research indicates that the use of assertive outreach, hopeful messages, a client-centered approach, and reaching the individual in means that fit the needs of the individual can improve CSC service delivery.
- c. Initial contact should be made within 24 hours of referral.

- d. Engagement should be done in a manner to focus on consumer goals, how they experience their symptoms and the impact on their daily life.
- e. The staff describes CSC services which may be helpful to the individual and illustrate how the services may help the individual reach their personal goals.
- f. If services are not a match or wanted by the individual, staff make referrals and connections to other services as appropriate.

➤ **Describe how the program will be client and family-centered and utilize CSC principles. Describe how program entry and engagement will be youth-friendly.**

Goal 2: Assure adequate coverage of key roles by qualified providers.^{34, 35, 36} Applicants will describe how they will provide adequate coverage of key roles by qualified providers

Objective 1: Four to six clinicians will provide the following key roles as measured by a staffing roster that includes job descriptions: Team Leader, Recovery Case Manager, Supported Employment and Education IPS Specialist, Psychotherapist, Family Therapist, Recovery Coach, Psychiatrist, Nurse, Peer Support Specialist, Outreach and Enrollment Specialist

- a. Individual providers can serve multiple roles as long as they have achieved competency in each assigned function and there is not a conflict with the nature of their dual roles.
- b. Individual providers can provide services outside the FEP Team as long as they have dedicated time to the FEP Program, there is not a conflict with the nature of their dual roles, and they are skilled in working with individuals experiencing FEP.
- c. The exception of the dual roles is the supported employment/education role which should be a dedicated staff.
- d. Providers will be licensed or certified in their area of expertise. (e.g., psychologists, social workers, licensed professional counselors, rehabilitation counselors, nurses, psychiatrists, Certified Peer Specialists.)

➤ **Provide the CSC team staffing plan and organization chart including job descriptions, ensuring that each of the key roles is filled. The CSC Team staffing plan must be commensurate with the population being served.**

Objective 2: Providers will have expertise in their specialty area as well as interest, experience, and skill in providing care to youth experiencing FEP as measured by language and interventions in the documentation reflecting the attributes below.

³⁴ Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care
http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

³⁵ Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation
<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>

³⁶ The OnTrackNY Program Team Manual
http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Team%20Manual_1%2021%2015.pdf

- a. Clinical skills and abilities important for working in early intervention include empathy, unconditional positive regard, and a non-judgmental approach.
- b. They will understand the unique challenges of an individual experiencing FEP and their families, the diversity of the youth served, recovery, and the potential for FEP youth to lead productive lives.
- c. It is important that the treatment team staff have a high level of respect for their clients' independence and self-determination. Staff should also be flexible in tailoring interventions, and be open to partnering with natural supports.

➤ **Describe how you will ensure staff will have expertise in their specialty area as well as interest, experience, and skill in providing care to youth experiencing FEP. Identify providers and why they are qualified to provide the service**

Objective 3: Provide the core treatment focus areas of CSC through a multi-element approach as evidenced by documentation in the case record that each of the following service interventions were offered on an ongoing basis and incorporated into the service plan where indicated.

- a. Where appropriate the program should utilize fidelity measures to ensure services are provided using evidence-based treatment approaches.
- b. The team psychiatrist will be the primary member of the team focusing on Pharmacotherapy.^{37, 38} Evidence-based pharmacologic approaches along with a shared decision-making framework will be utilized to address medication preferences, goals, and adherence.^{39, 40} The prescriber will be skilled in working with individuals experiencing FEP.
- c. Medical care needs will be addressed through coordination with primary care. A program may choose to include a nurse as part of the staff to provide primary healthcare coordination.
- d. An Individual Placement and Support (IPS) model will be implemented to assist the participant in returning to work or school. A dedicated Supported Employment and Supported Education Specialist will be part of the team. Meaningful involvement in school and/or work is a critical element to recovery.^{41, 42, 43}
- e. Provide Recovery Skills development and training services individualized to each consumer's needs and goals.^{44, 45} Skills training assists individuals to manage symptoms and pursue life goals. Skills provided will vary from individual to individual and over time for each individual. The following are examples of key areas of skills training that would be provided within the model.
 1. Social Skills: The participant will be assisted with creating or re-establishing social networks and integrated community activities as well as developing resources to avoid adverse social outcomes.
 2. Substance Use: Substance use and treatment needs will be assessed and addressed ongoing for all participants.
 3. Coping Skills: Through their areas of specialty the team will assist the consumer with recognizing illness symptoms and developing strategies for coping with symptoms in real-life situations.
 4. Financial: Financial management skills training will be provided to ensure financial stability and ensure adequate income.
 5. Housing: Housing needs will be assessed and the participant will be connected to resources to avoid housing instability or loss.
 6. Community Living Skills: Each individual will have specific needs and priorities that will guide how they will best be assisted in the transition to adulthood.

³⁷ NAVIGATE Psychopharmacological Treatment Manual

<http://www.raiseetp.org/studymanuals/Psychopharmacology%20Manual.pdf>

³⁸ OnTrack NY Medical Manual http://nyebpcenter.trilogyr.com/Portals/0/RAISE/Medical%20Manual_1%2021%2015.pdf

³⁹ Shared Decision Making and Medication Management in the Recovery Process

<http://ps.psychiatryonline.org/article.aspx?articleid=97273>

⁴⁰ Pharmacological Treatments for First-Episode Schizophrenia

<http://schizophreniabulletin.oxfordjournals.org/content/31/3/705.abstract>

⁴¹ NAVIGATE Supported Employment and Education (SEE) Manual

<http://www.raiseetp.org/studymanuals/SEE%20Complete%20Manual.pdf>

⁴² OnTrack NY IPS Supported Employment and Supported Education Manual

<http://nyebpcenter.trilogyr.com/Portals/0/RAISE/SEESManual%201%2021%2015.pdf>

⁴³ Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual

<http://bjp.rcpsych.org/content/193/2/114.short>

⁴⁴ Individual Resiliency Training (IRT) <http://www.raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

⁴⁵ OnTrack NY Recovery Coach Manual

http://nyebpcenter.trilogyr.com/Portals/0/RAISE/Recovery%20Coach_1%2020%2015.pdf

- f. Assist consumers with problem solving, offering solutions to address practical problems, and coordinating services through Assertive Case Management.⁴⁶ The case manager will coordinate, create linkages, and follow-up with community resources such as schools; Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation; inpatient hospital care; mental health services not provided by the team; and medical services. The case manager will assist the consumer with managing day to day life issues.
- g. Provide individual and group psychotherapy tailored to the individual's needs.⁴⁷ Psychological interventions are essential for symptomatic and functional recovery. Psychotherapy should be person-centered and resilience oriented and utilize evidence-based treatment approaches effective for this population.⁴⁸
- h. The team will encourage family involvement and provide services to the family.⁴⁹ Services to the family that will support the individual's recovery, including family therapy, family support, and psychoeducation. Important mechanisms for family support include peer-to-peer and parent peer specialists. The team will develop a collaborative relationship with the family by involving them in treatment planning, treatment decisions, and ongoing care where appropriate and chosen by the individual experiencing FEP.⁵⁰
- i. Provide peer support to individuals experiencing FEP. Peer support can be provided through Certified Peer Specialists, peer mutual support, and mentoring.

➤ **Describe what evidence-based or best practice treatments or curriculums will be used for each of the service interventions, how they are effective for this population and what fidelity measures will be used to monitor their use. Describe what staff will provide each of the interventions and why they are qualified to provide the intervention.**

Objective 4: Provide ongoing suicide prevention planning and crisis management as evidenced by documentation of a completed safety plan and ongoing assessment of suicidal behavior for each participant. The program will show in their policies and procedures and staffing that they are providing 24-hour telephone coverage, mobile outreach, and triage when safety is assessed to be at risk.^{51, 52}

⁴⁶ OnTrack NY Primary Clinician's Manual

<http://nyebpcenter.trilogyr.com/Portals/0/RAISE/Primary%20Clinician%20Manual%203.25.15%20Final.pdf>

⁴⁷ Individual Resiliency Training (IRT) <http://www.raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

⁴⁸ Group Cognitive Behavior Therapy or Social Skills Training for Individuals With a Recent Onset of Psychosis?: Results of a Randomized Controlled Trial

http://journals.lww.com/jonmd/Abstract/2008/12000/Group_Cognitive_Behavior_Therapy_or_Social_Skills.2.aspx

⁴⁹ NAVIGATE Family Education Program (FEP) <http://www.raiseetp.org/studymanuals/Family%20Manual.pdf>

⁵⁰ Drug and Family Therapy in the Aftercare of Acute Schizophrenics

<http://archpsyc.jamanetwork.com/article.aspx?articleid=491987>

⁵¹ Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care

http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

⁵² The OnTrackNY Program Team Manual:

http://nyebpcenter.trilogyr.com/Portals/0/RAISE/Team%20Manual_1%2021%2015.pdf

- a. Each participant and their primary clinician will develop a safety plan tailored for FEP. Safety plans will be in the individual's own words and will outline a plan to help the participant manage difficult thoughts and feelings.
 - b. Provide ongoing assessment of suicidal behavior. Using a standardized assessment tool, universal suicide screening of program participants should occur with documented evidence of screening (tracked and reported into PPS).^{53, 54, 55}
 - c. Provide 24-hour telephone coverage and mobile outreach. The team will have an on-call person to provide 24-hour telephone coverage to manage crisis situations and facilitate a higher level of care when needed.
 - d. Provide triage to participants experiencing suicidal risk to determine the most appropriate level of care. The treatment team clinician will determine the intervention required. The safety plan will be utilized to assist the person through the risk period.
- **Describe what your policies, procedures, and staffing will be for providing suicide prevention planning and crisis management. Identify the safety planning process, tool, and team involved. Describe the process for assessment of suicidal behavior including the team involved and specify the screening tools utilized. Describe how you will provide coverage for 24-hour telephone crisis access and mobile outreach. Describe how staff will be trained and qualified to assess risk, provide triage, and determine the most appropriate level of care.**

Goal 3: Provide programmatic oversight and management to ensure fidelity to the CSC model.^{56,}
⁵⁷ **Describe how programmatic oversight and management will be provided to ensure fidelity to the CSC model.**

Objective 1: Each team member will have access to supervision as measured by supervision logs.

- a. Meet Division of Quality Assurance (DQA) program certification requirements.
 - b. Meet individual provider licensing/certification requirements.
 - c. CSC team will receive supervision according to the model including administrative, clinical, and component supervision.
- **Describe the supervision plan including frequency, team members involved, modality, content, how it will be tracked, and the qualifications of the supervisor.**

⁵³ Suicide Prevention Resource Center Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals <http://www.sprc.org/training-institute/amr>

⁵⁴ Massachusetts General Hospital Table of All Screening Tools & Rating Scales
http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp

⁵⁵ Columbia-Suicide Severity Rating Scale <http://www.bcbst.com/providers/Behavioral-Health-Toolkit/PDFs/Columbia%20Suicide%20Scale%20-%20Since%20last%20visit.pdf>

⁵⁶ Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation
<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>

⁵⁷ The OnTrackNY Program Team Manual
http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Team%20Manual_1%2021%2015.pdf

Objective 2: The team psychiatrist and team leader will have access to expert consultation as evidenced by a plan to recruit consultation.

a. Recognition of early psychosis in youth is challenging and requires specialized expertise.⁵⁸

➤ **Describe the plan for consultation including the qualifications of the consultant. Identify who will provide the consultation or how the consultant will be recruited.**

Objective 3: Each team staff member will receive specialized training as measured by a listing of required background readings and online resources for staff and a plan for staff discussions and in-person trainings.

a. Team training includes the following areas:

1. CSC Conceptual Model
2. Early Recognition of Psychosis
3. Components of the Team
4. Functional Procedures
5. Timing of Team Activities
6. Theoretical Framework of CSC TX
7. Recovery Potential
8. Recovery Concepts
9. Trauma-Informed Care
10. Developmental Issues Specific to Adolescents and Young Adults
11. Shared Decision-Making
12. Person-Centered Care
13. Optimistic Therapeutic Perspective
14. Engaging Clients and Family Members
15. Vulnerabilities to Substance Use
16. Suicide/Safety Planning
17. Specialized Services Relevant for Each of the Team Member Roles

➤ **Describe the training plan including resources, materials, trainers and curriculum that will be utilized. Identify the process for ensuring that each staff person receives initial and ongoing training in each of the key areas identified.**

Objective 4: The administration will ensure that the program maintains small caseloads and is adequately staffed as measured by team caseload in line with the size of the CSC Team. Each team member must have protected time to fulfill their roles, and plans for back-up coverage for the Team

⁵⁸ Patient.co.uk Psychosis – Diagnosis and Management <http://www.patient.co.uk/doctor/psychosis-diagnosis-and-management>

Leader and the Team Psychiatrist. (Tracked through PPS through the service worker identification and program participation fields. The program will provide a roster of worker identifications.)

- a. There are multiple staffing issues to consider including how staff time is divided, target number of individuals to see, frequency of meetings, roles the individuals will serve, the responsibilities of each team member, and back-up coverage.
 - b. The team meeting will follow the concepts of the CSC model. The CSC model includes weekly team meetings to reinforce the principles and practices of CSC care through review of participants, discussion of roles, and review of progress towards treatment goals.
 - c. The team will have a combined caseload consisting of 25-30 clients if serving a full team or the equivalent percentage of the team being served to ensure adequate time to maintain fidelity to the model services, develop relationships, and provide outreach to the participants.
- **Describe how the administration will ensure that the program maintains small caseloads and is adequately staffed. Describe how staff time will be divided among the CSC model positions or with other roles they serve. This should include the percentage of staff time that will be dedicated to the FEP Program, the number individuals they are anticipated to provide services for, and types and frequencies of meeting they will participate in. Specifically describe team meetings. Identify the roles and responsibilities of each team member. Describe the process for backup coverage, how it will be provided and who will be providing it. Describe the plan for maintaining team caseloads of 25-30 participants for a full team or the scaled team equivalent.**

Objective 5: Services will be time limited and include transition of care as measured by discharge timeframes and services recorded within PPS.

- a. CSC services will be offered over a 2-3 year period.
 - b. Services will start within three years of psychosis onset.
 - c. The consumers will have access to continuity of specialized care for up to five years. Phases of care include engagement with team and initial assessment, ongoing intervention and monitoring, and identification of future needs and services transition. During the final phase the team must actively work toward planned transition of the relationship with the consumer and plan for transition to support networks and future services.
- **Describe how you will develop your Early Intervention for FEP services with a focus on a goal 2-3 year period and a maximum of five years for the CSC model services. Describe how you will ensure services will be provided to those who are within three years of first experiencing symptoms of psychosis. Describe how services will include transition of care to follow-up services for a step-down level of services for up to five years. Specify the details of the final phase of treatment and what activities will occur to facilitate the transition. Identify resources for participants to transition to following participation in the program.**

Objective 6: The clinic administration must ensure that FEP program elements are compatible and in compliance with existing federal, state, and agency rules, regulations, laws, processes and procedures as measured by maintaining DQA certification.

- **Describe how you will ensure that the FEP Program elements are compatible and in compliance with existing federal, state, and agency rules, regulations, laws, processes and procedures. Include documentation of all certifications and requirements.**

Objective 7: The clinic administration must ensure that Medicaid reimbursement is utilized where appropriate. Administration and CSC Team leaders must ensure that CSC Program expenses are not double counted. Medicaid reimbursement should be utilized when allowable, with grant funding utilized to provide services for individuals without public or private insurance, and for services not covered under insurance or public assistance programs. The clinic administration must ensure the CSC Program follows all Medicaid guidelines and nothing beyond what is reimbursable is billed to Medicaid.

- **Detail how Medicaid utilization will be utilized and monitored. Describe how the CSC Program will ensure Medicaid guidelines are followed.**

Goal 4: Develop a program for FEP treatment that creates a positive clinical climate and maintains fidelity to the clinical concepts and core elements of CSC.^{59, 60, 61} Describe how the FEP Program will create a positive clinical climate and maintain fidelity to the clinical concepts and core elements of CSC.

Objective 1: Team members will utilize a collaborative team-based approach to care as measured by fidelity to a shared decision-making model and documentation of a collaborative treatment planning approach.⁶²

- a. The team will consist of the individual experiencing FEP, treatment staff members, and family as defined by the participant when appropriate and chosen by the participant.
 - b. Shared decision-making is a collaborative approach where consumer and clinicians actively work together toward mutually agreed upon goal setting and treatment decision making.
 - c. Treatment planning combines input from the individual experiencing FEP, the support system they choose, and the treating team.
 - d. The consumers' life goals, aspirations and ambitions must drive treatment planning. The treating team supports this through their clinical expertise and the use of evidence based treatment.
 - e. The mutually agreed upon goals, objectives, and tasks are evaluated through measurable outcomes.
- **Describe how you will develop and maintain a collaborative team-based approach to care. Identify how you will measure fidelity to the shared decision making approach. Describe how you will ensure that treatment planning combines input from the individual experiencing FEP,**

⁵⁹ Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation

<http://nyebpcenter.trilogyir.com/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>

⁶⁰ The OnTrackNY Program Team Manual

http://nyebpcenter.trilogyir.com/Portals/0/RAISE/Team%20Manual_1%2021%2015.pdf

⁶¹ NAVIGATE Director Manual <http://www.raiseetp.org/studymanuals/Director%20Manual.pdf>

⁶² Shared Decision-Making and Evidence-Based Practice <http://link.springer.com/article/10.1007/s10597-005-9005-8#>

the support system they choose, and the treating team and is driven by the consumers' life goals, aspirations and ambitions. Describe how outcomes of the mutually agreed upon goals, objectives, and tasks will be measurable.

Objective 2: Operate the program with a wellness, recovery, and resilience orientation that assures person-centered, strengths-based planning focused on normal developmental milestones as measured by results of an approved consumer survey tool.⁶³

- a. The team will emphasize the individuals understanding of what the problem is and working toward solutions rather than focusing on difference or diagnosis.
- b. Treatment goals will help the individual in pursuing their life goals.
- c. The team will convey hope for recovery and belief in the individual's resilience.
- d. A recovery orientation refers to the process by which services and supports value and promote the ability of individuals to build a meaningful and satisfying life, as uniquely self-defined.
- e. Strength-based services are person-centered, offering choices and honoring each person's capability for growth in every stage of the recovery process.

➤ **Describe how you will ensure the program operates with a wellness, recovery, and resilience orientation that assures person-centered, strengths-based planning focused on normal developmental milestones. Define the components of the program that will reflect this approach. Identify the consumer satisfaction survey that you propose to use.**

Objective 3: Ensure youth friendliness and accessibility within the program as measured by outreach, engagement, and communication incorporating choice of location, use of technology, and a youth-friendly clinic.^{64, 65}

- a. Provision of services will take into consideration the individual's preference for meeting sites and will include meetings in home, community, and clinic settings.
- b. Outreach and engagement will be conducted via channels and areas of the community in which youth and young adults interact and/or touch the lives of youth and young adults.
- c. Services should be provided in a youth friendly location distinct from the larger clinic or other populations being served. This area should have a separate waiting area and entrance, if possible.
- d. The program receptionist should be trained and skilled in engaging with youth.
- e. The use of technology, internet, and mobile technology should be incorporated throughout all program phases. Establishing an internet presence is of particular importance.
- f. To engage youth, social media should be utilized. Social networking platforms such as Facebook and Twitter should be utilized for outreach, engagement, and communication.
- g. The use of text messaging should also be encouraged to engage program participants and applicants.

⁶³ Scientific and Consumer Models of Recovery in Schizophrenia: Concordance, Contrasts, and Implications <http://schizophreniabulletin.oxfordjournals.org/content/32/3/432.abstract>

⁶⁴ Transitions RTC: <http://labs.umassmed.edu/transitionsRTC/#sthash.Dg8pETwR.E4yG7nzA.dpbs>

⁶⁵ Pathways to Positive Future: <http://www.pathwaysrtc.pdx.edu/>

- h. When appropriate external mobile application resources and webpages should be incorporated to augment programmatic efforts. Online resources for youth such as oktotalk.org could be utilized.

- **Describe measures you will take to ensure youth friendliness and accessibility within the program. Identify specific details about the environment, resources utilized, and staff training that will be tailored to meet the needs of this population.**

Goal 5: Ensure sustainability of the program and continued access to services for the individuals experiencing FEP.⁶⁷ Describe the plan for sustainability of the program and continued access of services for individuals.

Objective 1: The program will be specialized care under a certified DHS 63 Community Support Program (CSP) or DHS 36 Comprehensive Community Services (CCS) Program as measured by a certificate of DQA certification.

- a. DHS 63 certification will allow for billing of psychosocial rehabilitation services to private insurance.
 - b. DHS 63 or DHS 36 certification will allow for billing of psychosocial rehabilitation services to Medicaid.
 - c. Billing of components of DHS 36 services to private insurance should be explored.
 - d. DQA certification allows for additional oversight of the program.
- **Provide a copy of the current DQA certification for the CSP or CCS Program that the FEP services will be provided under. Provide the most recent DQA survey results for this program.**

Objective 2: Private insurance and or Medicaid will be billed when coverage is available as measured by proof of billing.

- a. Many individuals experiencing FEP will be privately insured.
 - b. It is important that staff obtain insurance credentials and authorization and have the appropriate licensure to bill.
 - c. The program will have to monitor collections and pursue missed payments and consider negotiating with private insurance.
- **Describe your capacity to bill both private insurance and Medicaid including collections monitoring and pursuing missed payments. Identify staff credentials and why they are qualified to bill insurance, include current insurance authorization status for specific staff and**

⁶⁶ <http://ok2talk.org/>

⁶⁷ Economic Grand Rounds: Financing First-Episode Psychosis Services in the United States
<http://ps.psychiatryonline.org/article.aspx?articleid=1691165>

the program. Describe your ability to track insurance and Medicaid billing for the participants of this program and your plan for reporting this information.

Objective 3: Staff will assist participants with accessing private insurance or Medicaid coverage when they are uninsured as measured by increased coverage by participants.

- a. Consumers may need assistance navigating systems and obtaining coverage.
- b. Insurance coverage will assist consumers in accessing needed medical care.

➤ **Describe your plan and experience in assisting individuals experiencing FEP with accessing benefits. Identify how you will track progress and outcomes of assisting participants with accessing benefits.**

Goal 6: Develop resources to disseminate the model and expand the program to other areas of Wisconsin. Describe how you will facilitate learning for other programs to develop FEP services in other areas of the state.

Objective 1: Develop materials and electronic resources that could be utilized by others wanting to develop the program within Wisconsin as measured by resources being available.

- a. Counties implementing CSC in rural areas will develop materials which can be shared with other rural communities in Wisconsin to aid in the implementation of early intervention and CSC programs.
- b. If CSC programs obtain or hold trainings which may be beneficial to other CSC programs across the state, the CSC Program will offer other CSC programs to collaborate in these events.

➤ **Describe the materials and resources you will share with those interested in developing services for individuals experiencing FEP. Identify how you will make these available to others.**

Program Design and Methodology (25 Points)

DMHSAS is soliciting an application that demonstrates a high quality, innovative, and cost effective approach for the provision of CSC services that meet the requirements identified in this RFA, including the goals and objectives specified in this section. In order to provide the highest quality care, the applicant is expected to utilize and monitor fidelity with evidence-based treatment approaches and seek ongoing participant input in modifying the approaches. Applicants will design specialty services that meet fidelity to the CSC model within their certified DHS 63 CSP or DHS 36 CCS Program to meet the unique needs of individuals experiencing FEP. Services identified in the RFA are expected to utilize evidence-based treatments shown to be effective for this population. Applicants are encouraged to follow the established CSC model. It is recommended that applicants utilize as examples the NIMH RAISE Project resources⁶⁸ and the Center for Practice Innovations' OnTrack USA resources⁶⁹ to

⁶⁸ <http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

⁶⁹ <http://nyebpcenter.trilogyr.com/OnTrackUSA/tabid/253/Default.aspx>

develop a CSC Program which meets the needs of their service area and meet the minimum requirements detailed in this RFA. Applicants will specify their timeline for program implementation.

Applicants describe and define a viable model for the project that addresses the specifications noted in this RFA. Applicants should address the following information in the response to this section:

1. Describe the current certified DHS 63 CSP or DHS 36 CCS Program that will be utilized to incorporate specialty services and how the CSC model will be implemented within the certified CSP or CCS to meet the unique needs of individuals experiencing FEP.
2. Describe the CSC Team structure which will be utilized including how the team structure will be tailored to fit the organization's needs. Any modifications to the CSC Team structure should be justified and described in detail.
3. Describe in detail the evidence-based approaches you will use, why you selected them, and how you will monitor fidelity.
4. Describe how you will seek ongoing client input in modifying the approach to maximize outcomes for participants.
5. Describe eligibility criteria for participants to be considered for participation in the program and why.
6. Describe details of your program development plan including timeline for each component of staffing, training, outreach, and service delivery.

Work Plan (15 Points)

A work plan is an organizational tool that identifies significant goals, objectives, activities, measures, timelines, and responsible parties for a project. Each applicant, through their work plan and budget detail, should provide sufficient justification for proposed staffing and other resources funded through the project.

DHS is looking for an applicant that has the capacity to implement the expectations of the RFA and the applicant's objectives and work plan. The applicant is expected to have a thoughtful plan for assuring adequate staff or contractor resources are in place in a timely way to complete objectives according to the proposed work plan.

The work plan described in the application relates directly to the goals listed in the above sections and facilitates program accomplishments, and is sequentially reasonable. Activities in the work plan are assigned to specific personnel. The work plan is consistent with the objectives and can be accomplished in stated timeframes and proposed budget. Timeframes for tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. This response should include, but is not limited to:

1. A detailed description of significant tasks, activities, and strategies to be used to achieve the goals in a logical progression
2. The assignment of responsibility for work plan tasks to specific personnel and the timetable for significant tasks or activities to be started and to be completed
3. A breakdown of the number of individuals experiencing FEP the project will engage, enroll, and serve each year of the program.

Organizational Experience and Capacity (10 Points)

Applicants should submit a response that describes their experience, demonstrated abilities, and technical expertise to implement a successful CSC Program in the specified service area. This response includes but is not limited to:

1. Description of expertise and experience in providing care to youth (age 15-25) who are experiencing psychotic illness.
2. Description of applicant's experience with a wellness, recovery, and resilience orientation.
3. Evidence and description of access to hospital care.
4. Evidence of established relationships to resources in the community and ability to conduct outreach in the community or the ability to form relationships with relevant stakeholder groups or community organizations.
5. Description and evidence of applicant's strength and expertise in psychiatric supervision and clinical leadership.
6. Description of applicant's commitment to and/or plans to hire individuals with lived experience.
7. Evidence of applicant's ability and expertise of providing quality data and reporting.
8. Evidence of applicant operating or connection to a certified CSP or CCS Program.
9. Evidence of applicant's capacity to bill Medicaid and private insurance for behavioral health services.
10. Evidence of or description of plans to hire and train qualified behavioral health providers.
11. Evidence of experience monitoring fidelity to evidence based practices.
12. If contracting with an organization or county, the capacity and experience collaborating and maintaining a strong contractor/contractee relationship should be described. Letters of support should also be provided.

Reporting, Performance Measurement & Quality Improvement (10 Points)

Contractual Accountability

Project contractors will be responsible for maintaining communication with the State Contract Administrator, Ryan Stachowiak, providing periodic updates, briefing on challenges or barriers, trying to identify resources, etc. Contractors are required to submit biannual reports to the Contract Administrator on the progress being made on the project and are subject to periodic site visits.

Project Evaluation

Projects will be evaluated against the criteria laid out in the Goals and Objectives of this RFA. Contractors are required to conduct accurate data reporting via the PPS. Contractors must report consumers as participating in the FEP program through PPS in addition to the consumers' service utilization and consumer status outcome indicators.

Project Performance Measures

Performance measurement in association with project evaluation and quality improvement activities allows project stakeholders to evaluate, control, budget, learn, improve, motivate, promote, and celebrate. When you can measure what you are doing and express it with numbers, it validates your work. You cannot manage what you have not measured. Applicants shall identify and track project progress against stated and approved Specific, Measureable, Achievable, Relevant, Time-bound

(SMART) objectives. Applicants may want to consult the following Performance Measures and SMART Objectives document, *Guide to Performance Measurement*, or any other generally accepted performance measurement resource: <https://www.dhs.wisconsin.gov/publications/p0/p00620.pdf>.

Applicants' objectives may evolve through the course of the contract as objectives are met or amended but reporting on the current RFA Goals and Objectives will remain throughout the project. Any amendments to contractor objectives must be discussed with and approved by the State Contract Administrator.

Data Quality Reporting Standards

Data collected and used to evaluate the project and measure performance must be objective, valid, and reliable and conform to applicable data reporting requirements.⁷⁰ Applicants will be expected to have a clear, efficient, valid and reliable method for collecting, storing, retrieving, analyzing and reporting data. In addition, applicants shall report and update data required by PPS on at least a monthly basis. Additional electronic reporting on unique project objectives not measured by PPS will be required in an approved format.

Implementing a Quality Improvement Process

High quality services evolve over time as a result of experience and the application of formal quality improvement activities. Proactive processes that recognize and solve problems before they occur ensure that systems of care are reliable and predictable. A culture of improvement frequently develops in an organization that is committed to quality, because problems are reported and addressed. Applicants are expected to develop and utilize a formal continuous quality improvement process. Applicants may want to consult the quality improvement approach developed by the University of Wisconsin NIATx or any other recognized quality improvement resource:

<http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=16>

Applicants should submit a response that describes their experience, demonstrated abilities, and technical expertise to fulfill the requirements described in the RFA. The applicant has demonstrated to have an efficient system in place to assure quality and improvement for services. The applicant clearly describes what their current quality assurance and improvement process is and what changes, if any, will be included for the project in order to fulfill the requirements described above. This response should include, but is not limited to:

1. A description of who will be the applicant's lead in maintaining communication with the State Contract Administrator, providing periodic updates, briefing on challenges or barriers, and the submission of reports and the coordination of site visits.
2. A detailed description of the applicant's current quality improvement and assurance processes that assures financial accountability, program quality, and regulatory compliance.
3. Describe how you will identify, track, and report project progress against stated and approved objectives and demonstrate that your project objectives are SMART. A description of who will be the applicant's lead in working with DHS on the project evaluation, including the name of the

⁷⁰ <http://www.dhs.wisconsin.gov/pps/>

responsible individual(s) or organization(s) that will be actively involved in the evaluation should be included.

4. Describe in detail your capacity to collect data and use it to evaluate the project and measure performance. Explain how you will ensure the data is objective, valid and reliable and conforms to applicable data reporting requirements. Include how the data will be collected, stored, retrieved, and secured. Provide a description of how you will report required data on at least a monthly basis to PPS. A discussion of who would be in charge of quality improvement and assurance for this RFA and what role they would play, if any, in this process should be included.
5. Provide a description of your formal continuous quality improvement process. Describe how you will foster a culture of continuous improvement during the life of the project. Include a description, if applicable, of any changes to the current quality assurance, improvement, and monitoring processes that would be needed for the project.

Project Budget (10 Points)

DMHSAS has developed a budget template (F-01601) to be used for submitting the project budget. Use of this budget template is required. This template is available on the DHS website:

<https://www.dhs.wisconsin.gov/forms/f01601.xls>.

The budget template is an Excel spreadsheet containing four tabs. The first tab summarizes the detailed budget information entered on the second tab of the worksheet. Tabs three and four should be utilized to provide information budget information for sub-contractors.

Please provide sufficient justification in the designated areas of the second tab to enable reviewers to understand both the level of planned expenditures and the need for the funds. Proposed budgets must provide a sufficient level of detail illustrating the applicant's ability to successfully implement a CSC Program using the level of funding and expected billing from other public and private sources. Project budgets must also include analysis of the number of clients expected to be served each year of the project and cost associated with serving those clients.

The proposed budget must be on the budget template and submitted as an Excel file. Please save your budget with a file name that identifies your agency.

All budget costs must comply with the DHS Allowable Cost Policy Manual. The Allowable Cost Policy Manual can be found on the DHS website at: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>.

Letters of Support

Applicants are encouraged to submit letters of support. Letters may originate from stakeholder organizations, businesses, educational institutions, and/or other health and human service provider agencies. Letters of support should address the potential for success in providing mental health and substance abuse programming in a shared services delivery system. The evaluation committee will consider letters of support in review of the applications. If the applicant intends to contract with an organization or county letters of support must be attached to the application. Counties intending to form a consortium to deliver FEP services should provide letters of support with the application from all partnering counties. If the applicant is a consortium of counties Memorandums of Understanding

(MOU) must be provided from all counties to be involved in the FEP program prior to initiation of a contract.

Required Forms

The following pages contain the ancillary forms required to be submitted as part of the Application packet. Please reference the above section for information related to the proper order of these forms in the application packet.

APPENDIX A - Budget Template ([F-01601](#))

APPENDIX B - Performance Monitoring Report Form ([F-20389](#))

APPENDIX C - Vendor Information Form ([DOA 3477](#))

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