

Ohio Department of Mental Health and Addiction Services

Request for Proposal –MHA-18-MED-First Episode Psychosis-012

Evidence Based Programs to Address First Episode Psychosis

Responses must be submitted electronically to: (FirstEpisode@mha.ohio.gov)

Due Date and Time: June 23, 2017 - 12:00 p.m.

I. Introduction

The Substance Abuse Mental Health Services Administration (SAMHSA) has again notified all states that funding in the amount of an additional ten percent of the amount of the 2018 federal Mental Health Block Grant (MHBG) will be set aside and made available to support evidence-based programs for individuals experiencing their first episode of psychosis (FEP). SAMHSA guidance includes "...the funds from set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis." States are encouraged to direct these funds to appropriate evidence-based programs for individuals with FEP.

OhioMHAS has chosen to utilize the set-aside to fund the services and principle components of the Coordinated Specialty Care (CSC) approach in areas of the state where there are no existing programs and unmet needs exist. The CSC approach was developed by the Recovery After an Initial Schizophrenia Episode (RAISE) research project supported by the National Institute of Mental Health (NIMH). CSC has proven effective in improving symptoms, reducing relapse episodes, and preventing deterioration and disability among individuals suffering from psychotic illness. The NIMH website contains information and materials about this EBP approach (CSC). Please reference Appendix A for additional resources and information.

OhioMHAS Plan

Ohio's portion of the ten percent Mental Health Block Grant set-aside will be \$1,629,288. Some of these funds (not to exceed 10%) may be allocated for data infrastructure and evaluation. OhioMHAS is issuing this Request for Proposal (RFP) for new programs to provide evidence based treatment for persons who experience FEP in accordance with the Coordinated Specialty Care (CSC) components. These components include Case Management, Supported Employment and Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination, and are provided in a team-based model. These funds are **not** for primary prevention or preventive intervention for those at high risk of serious mental illness. The Department's priority is to engage with new providers in regions of the state where these services are not currently available.

Projects will be capped at \$300,000 for the first year with subsequent reductions each year based on increased reimbursement and projected reductions in training costs and other non-clinical services.

These funds will be apportioned among a number of projects and made available for up to two years. Funding may be extended beyond this period, but **additional funds are dependent on future SAMHSA funding and project outcomes.**

Project applicants must clearly identify unmet needs supported with data. To ensure success, projects are asked to demonstrate local and regional collaboration with various partners, funders, and stakeholders. Programs must have strong sustainability plans to be considered.

Eligible Applicants:

- The target population for these services are youth and young adults, ages 15 – 35, that have experienced their first psychotic episode. The applicant must have a history of providing clinical treatment services for individuals with FEP who have one of these following qualifying diagnoses: Brief Psychotic Disorder, Schizophreniform Disorder, Bipolar Disorder with Psychotic Features, Major Depression with Psychotic Features, Schizoaffective Disorder, Delusional Disorder, or Schizophrenia. Individuals considered for the programs may have a co-occurring addiction and would not be outside the criteria if a qualifying mental health diagnosis is present.
- Applicant must be a non-profit organization that meets SAMHSA qualifications as a community mental health center for Mental Health Block Grant Funds. Community behavioral health providers certified by OhioMHAS meet these criteria.
- Applicant must be certified to provide the following services: Pharmacological Management, Behavioral Health Counseling and Therapy, Employment Services, and Community Psychiatric Supportive Treatment.
- Applicant must demonstrate the capacity to track and report program and client outcomes to evaluate this work.
- Applicants that are currently operating an EBP to address individuals with FEP, including a CSC team, must demonstrate a need to expand the program, increase their service capacity, and/or the number of teams, to serve a regional population.
- Applicant must have demonstrated ability to implement an EBP and agree to meet the fidelity criteria presented in the NIMH RAISE Manual II titled “Recommended Performance Measures/Fidelity Requirement for FEP Programs.”

Preferred Applicant Qualifications:

- Applicant is currently serving youth/young adults ages 15-35 with FEP using a comprehensive, multi-disciplinary team approach (Counseling, psychotherapy, pharmacological management, case management, supported employment, supported education, and peer support).
- Applicant has organizational experience in the implementation of evidence based and evidence supported practices for this population (e.g., Assertive Community Treatment, Intensive Home Based Treatment, Transition to Independence Process, High Fidelity Wraparound, Peer Support, Supported Employment, or Supported Education).
- Applicant is able to work across multiple counties, or on a regional basis and has experience working with youth and young adult serving systems.
- Applicant has trained staff in trauma informed care, and uses a model that incorporates trauma treatment into the program.
- Applicant has implemented the OhioMHAS System of Care framework or is willing to consider implementing this.

- Applicant has developed relationships with various referral sources. Examples include private practitioner/pediatrician or medical groups, Federally Qualified Health Care Centers and Primary Care Mental Health Centers, hospitals, schools, colleges, universities, as well as juvenile courts, mental health and drug addiction courts, and jails.
- Applicant has developed relationships with Family and Children First, National Alliance on Mental Illness, county Alcohol Drug Addiction and Mental Health Boards.
- Applicant has a collaborative relationship with third party payers, including Medicaid Managed Care Organizations. (Previous Ohio projects have found 40 percent or more of enrollees initially have private insurance.)
- Applicant offers individual, family and group counseling.
- Applicant offers Peer Support Services, Peer Mentoring Services and Supported Education (preferred, but not currently required for SAMHSA funding).

II. Scope of Project

OhioMHAS values SAMHSA guidance that supports implementation or expansion of evidence based programming reflected in the NIMH Coordinated Specialty Care model, for persons who experience FEP. The funded projects are required to be person-centered, be delivered by a multi-disciplinary team, and commit to working with the youth and young adults for up to two years. Projects are required to initiate services at onset for the target population and to design referral, recruitment and community education components that reduce treatment delays. Programs that include peer support, family involvement, and comprehensive integrated care offer the best long-term outcomes for these individuals.

Projects must demonstrate local and regional need by sharing information and data that substantiate service gaps for persons ages 15-35 with FEP. Use of national, regional, and local data is encouraged to demonstrate the need. Including other organizational data (e.g. universities, colleges, private hospitals, Medicaid Managed Care Organizations) provides a systemic perspective.

The funded projects must be willing to participate in OhioMHAS sponsored learning activities to support expansion efforts, and agree to provide requested project information and client outcomes.

Specific Program Services/Deliverables:

- Develop or expand evidence based team treatment approaches that address the comprehensive needs of the target population.
- Develop a sustainability plan for the program which includes ADAMH Boards, third party insurance (including Medicaid Managed Care), and other funders for ongoing commitment to planning and funding services for this population.
- The project will be implemented with services being provided within six months of the award.
- Budget Requirements:
 - Completed Grant Application Budget Form and Budget Narrative (Appendix C)
 - Allows for budgeting up to 10 percent of the award to track clinical outcomes for this population
 - Training and technical assistance for implementing new or expanded treatment model is allowable but must be specified in the budget
- Reporting Requirements: Fiscal and program reports will be submitted bi-annually, mid-year and at the end of each fiscal year

- Evaluation: All awardees must collaborate with the Office of Quality, Planning, and Research on collection of outcomes, and program evaluation. All awardees will be expected to collect and enter into the First Episode Psychosis Information System (FEPIS):
 - At Baseline: gender, age, race, marital status, number of children, insurance type, approximate date of onset of psychosis, diagnosis.
 - Every six months while in treatment and at discharge: services used, antipsychotic medication usage, employment and/or school attendance status, housing status, substance use (including tobacco and cigarettes, inpatient psychiatric hospitalizations, emergency room visits for psychiatric reasons, criminal justice involvement, the Colorado Symptom Index, the Social and Role Dysfunction in Psychosis and Schizophrenia scale, Lehman Quality of Life (1-item), suicide attempts in past 6 months.

Mandatory Requirements:

The applicant must provide evidence of OhioMHAS certification for the specified services (Pharmacological Management, Behavioral Health Counseling and Therapy, Employment Services and Community Psychiatric Supportive Treatment) and be in good standing with the OhioMHAS Bureau of Licensure and Certification. The applicant must provide verification of status as a non-profit organization. In the grant application, the applicant must agree to sign the OhioMHAS Agreement and Assurances. Please reference Attachment B. **(NOTE: Do not submit the Agreements and Assurances with your grant application).**

III. Availability of Funds

These SAMHSA Mental Health Block Grant Set Aside funds should be made available July 1, 2017 through June 30, 2018 and are renewable dependent on program reports and outcomes, and funding.

Matching funds: There is no requirement for matching funds. OhioMHAS does expect to see income from insurance providers or other sources reflected on the budget form.

Prohibited Uses of SAMHSA Community Mental Health Block Grant funds: These funds may not be used to:

1. Provide inpatient services;
2. Make cash payments to intended recipients of health services;
3. Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. Satisfy any requirement for the expenditure of non-Federal Funds as a condition of the receipt of Federal funds;
5. Provide financial assistance to any entity other than a public or nonprofit entity;
6. Fund research (excludes evaluation of programs and services included in the community mental health block grant plan);
7. Supplant activities funded by the SAMHSA Mental Health Transformation Infrastructure Grant; or
8. Fund lobbying activities intended to influence the Ohio legislature or Congress.

IV. Proposal Requirements:

1. A cover sheet that includes the following information:
 - Applicant's name(s)
 - Applicant's address
 - Applicant's phone number
 - Applicant's email address
 - Name and contact information for staff member authorized to discuss proposal
2. Applicant's commitment to sign the OhioMHAS Agreement and Assurances upon notice of funding. **(Mandatory Requirement) NOTE: Do not attach the A & A with your application.**
3. Project Narrative (see below for details).
4. Budget and Budget Narrative -Proposals must include a budget that identifies all costs to complete the tasks described in the proposal. The budget must encompass all aspects of the proposed work, including any travel necessary for completing the work. All travel must be at State of Ohio rates. The budget narrative must outline each resource assigned to a task, including the resource's hourly rate, and the estimated number of hours that the resource is expected to expend on the task. You must use the Budget Expenditure Form (Appendix C)
5. Attachment 1 - Letters of support from all ADAMH Boards in the proposed region, as well as other participants in the project, including potential referral sources.
6. Attachment 2- Letters of support from other entities which will help advance the goals of the project (e.g. managed care organizations, advocacy groups, clients, family members or community partners).
7. Attachment 3 –Document that your agency is:
 - a. Currently certified by OhioMHAS' Bureau of Licensure and Certification to provide the following mental health services: Pharmacological Management Services, Community Supportive Treatment, Behavioral Health Counseling and Therapy Services and Employment Services. Applicant must not have an outstanding plan of correction with the Bureau of Licensure and Certification. Attach copy of current certification. **(Mandatory Requirement)**
 - b. Not for profit organization. Please affirm and attach documentation of your certification and tax exempt status. **(Mandatory Requirement)**
7. Attachment 4 - Resumes of Program Director and Team Psychiatrist.
8. Attachment 5- As applicable, data collection and performance measurement tools as described in Section E. below.

Instructions for Project Narrative:

Section A: Population of Focus and Statement of Need (10 points)

- Define the geographic area, by county(s) or region, of this project.
- Provide data, including prevalence data, identifying the need for this service among the general population in this geographic area.
- If another organization in your region is currently providing an evidence based First Episode Psychosis program, please identify the organization and the city/county location. Provide data that substantiates the need for an additional program, or the expansion of the current program to meet capacity. Include a description of how referrals will be coordinated with similar programs in your area. Provide information and data regarding the number of persons who have been treated for first episode psychosis by your organization in SFY 2016 (July 1, 2015 – June 30, 2016). You may also include data from any partnering organizations, presented as separate numbers of persons served by each partnering organization.

- Describe input you have received from youth, young adults and family members in the target population regarding the need for this project and the development of your proposal.

Section B: Infrastructure Development and System Impact (20 points)

- Identify the ADAMH Board(s) in your identified geographic area and describe your relationship with the Board(s), or your plans to develop such relationships to support this project.
- Describe the existing infrastructure that will support the project. Describe gaps between child and adult systems and how the project will address these gaps.
- Describe your plan for outreach and engagement with youth/young adults, family members and community partners, including System of Care communities (e.g., existing natural networks, primary care, crisis centers, general hospital emergency departments, high schools, colleges, and universities).
- Describe your plan to develop or expand an existing referral network to reach the target youth/young adults and their family members who might otherwise not receive services. Support this with letters of support in Attachments 1 and 2.
- List the community partners (external to your organization) engaged in implementing this project. Provide information on their role in the implementation of the project, including history of involvement with the target population. Describe how local family and youth operated organizations will be involved in project implementation and their role in making policy decisions, as appropriate.
- Describe a preliminary plan for sustainability beyond the project funding period. Specify collaborating partners who will be involved in sustainability planning. Include your plan to utilize third party insurance and Medicaid reimbursement, as appropriate.
- Describe the referral process for individuals assessed by the program who do not meet enrollment criteria.

Section C: Project Description (25 points)

- Describe the project, including assessment, transition planning, and referrals to other supports.
- Describe your plans for coordination/integration with primary care providers.
- Describe the number of persons to be served each year (targeted caseload).
- Describe the project's treatment and support services that will address the needs of this population based on a CSC approach. Specifically, address supported employment and supported education, psychotherapy, family education and support, pharmacotherapy and primary care coordination, CPST/case management, and as applicable, peer support/mentoring.
- Describe how the program will incorporate cultural competency approaches, with the inclusion of youth and young adult culture. Projects should identify how they plan to address youth/young adult choice and be person-centered, while supporting family member involvement.
- Describe your organization's implementation of prescribing guidelines for medication or a plan for the program's evidence-based pharmacologic approach (such as the APA guidelines) to optimize the speed and extent of recovery, and acceptance of pharmacological interventions. The chosen approach should be culturally appropriate for youth/young adults, as well as the various racial, ethnic, gender, sexual orientation, and religious practices of service recipients.
- Provide a timeline for program implementation or expansion showing key activities, milestones and responsible staff.

Section D: Staff and Organizational Experience (20 points)

- Describe your team composition, including the team leadership, the number and type of staff, their experience in working with this population, their role on the team, and their credentials or background. Include the relationship with your parent organization.
- Include the resumes of the program director and the team psychiatrist in Attachment 4.
- Identify the organization's plan to facilitate effective program development and implementation of services within six months of grant award, and to train staff on this evidence-based practice.
- Describe your organization's capacity and experience implementing EBPs, including components that address the needs of this population (e.g. supported employment, supported education, Transition to Independence Process (TIP) model, trauma informed care, family education, and peer support).
- Describe your organization's history/experience working with third party payers, including Medicaid.

Section E: Data Collection and Performance Measurement (15 points)

- Please indicate your agreement to collect and report the measures described in the Scope of Project, Evaluation Section above. Describe your methods for data collection and reporting (i.e. data collection plan). Identify any outcome measures that your organization will be collecting on the target population that are not specified under the Evaluation section of this RFP. If applicable, please provide a web link to the instrument used to collect this data. If instrument does not have web link, please attach as Attachment 5.
- Describe your organization's capacity to collect cost and reimbursement information and ability to analyze this data for long-term sustainability of the program.
- Describe your organization's understanding of the CSC Fidelity Requirements for FEP.

V. Proposal Submission Process

Proposal Due Date/Time: The due date/time for the proposals is: **June 23, 2017 - 12:00 noon.** Proposals not received by the due date/time will not be considered.

Method for Submission: Proposals must be submitted electronically via e-mail to FirstEpisode@mha.ohio.gov by the deadline noted above. Incomplete or late submissions will not be considered. The risk of delay or failure of delivery rests with the applicant.

Information and Inquiries: This RFP is posted at <http://mha.ohio.gov> . You are also responsible for checking this website for any updates or amendments to the RFP. To request information, updates or to submit questions on this opportunity please send via FirstEpisode@mha.ohio.gov

You may NOT contact any OhioMHAS staff member directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal.

Conditions of Submission:

Proposals and any charts/tables must be submitted in MS Word format using a 12 point Times New Roman font and may not exceed 15 pages in response to Sections A-E, Instructions for Project

Narrative. This does not include the budget, budget narrative and attachments. Project Narrative must address each item described in the Instructions for Project Narrative, in the order presented. Proposals must include all elements listed in Section IV. Proposal Requirements, and must be presented in the order listed therein.

All proposals must be submitted as one document.

VI. Factors and Criteria for Evaluation of Proposals

- Proposals that do not meet the mandatory requirements will not be evaluated.
- Evaluation criteria will be weighted as indicated in the Instructions for Project narrative. In addition, letters of support, budget and budget narrative will be used in evaluating the proposals. (See Appendix D).
- The Evaluation team will consist of OhioMHAS subject matter experts.
- Selection process may include requests for clarification or negotiation (see below).

VII. Conditions:

OhioMHAS reserves the following rights: to issue no award, issue an award for a lesser amount, issue an alternative award for the specified project, or issue an award for a shorter duration. OhioMHAS reserves the right to ask clarifying questions, issue conditional awards, negotiate an alternative project plan or scope, and negotiate a best and final proposal with one or more applicant(s). OhioMHAS reserves the right to waive errors and omissions that do not materially affect the outcome of an application. Errors and omissions may result in lower evaluation scores or rejection of the proposal.

- Awardees will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
- Awardees will be required to execute the standard SFY 2018 OhioMHAS Agreement and Assurances. A copy of the form is attached in the Appendix B for your review. **NOTE: Do not submit a signed Agreements and Assurances with your grant proposal. This is only applicable upon notice of award.**

Appendix A: Additional Resources:

National Association of State Mental Health Program Director's (NASMHPD) "Working with Clients Experiencing a First Episode of Psychosis: Considerations for Prescribers" provides a good summary of what is required for providers to optimize medication for First Episode Psychosis.

NIMH RAISE: <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

NIMH Team based Treatment for FEP: <https://www.nimh.nih.gov/news/science-news/2016/team-based-treatment-for-first-episode-psychosis-found-to-be-high-value.shtml>

OhioMHAS First Episode Psychosis Page: <http://mha.ohio.gov/treatment/firstepisodepsychosis> or <http://mha.ohio.gov/Default.aspx?tabid=867>

Appendix B: Agreements and Assurances <http://mha.ohio.gov/Default.aspx?tabid=147>

Appendix C: Budget Form and Budget Narrative

Appendix D: OhioMHAS Evaluation Tool