

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

County Funding Opportunity (CFO):
Community Mental Health Services Block Grant
First Episode Psychosis Program Sites

Guidance
State Fiscal Year 2023-2024

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

- Select eligible new Counties/Joiners who meet, or strongly demonstrate the ability to meet, the state and federal requirements for FEP providers as outlined in this guidance and
- To renew funding for existing FEP programs who received State Fiscal Year (SFY) 22-23 CMHSBG funding

Background

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

In 2014, Congress provided increased CMHSBG funding with the requirement that states set aside 5% of their total allocation specifically for early intervention services with a focus on FEP. Early intervention and the coordination for services provided by FEP programs aim to prevent the long-term sequela of psychosis and avoid the disruption of developmental progress. Using the CMHSBG FEP set aside, OMHSAS funded two FEP program sites in SFY 2014-2015 and expanded to four program sites in SFY 2015-2016. In December 2015, Congress again increased the funding for the CMHSBG and required a 10% set aside of the total allocation for FEP. With this increase, OMHSAS has funded an additional 15 programs. The current 19 programs are distributed through each region of the state and include urban centers, suburban communities, and rural areas.

In addition to the nineteen program sites, OMHSAS funds the Pennsylvania Early Intervention Center (PEIC) also known as HeadsUp, at the University of Pennsylvania to provide statewide training, FEP specialized clinical supervision, program evaluation, and fidelity monitoring. All CMHSBG funded FEP Program Sites in Pennsylvania have access to HeadsUp at no cost to the county or program site.

Positive Outcomes for First Episode Psychosis Programming

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

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

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

Award Information

New Programs: The total funding available through this CFO for new FEP Programs is \$1,500,000 with a maximum of \$200,000 for single county/joiner sites (“sites”). Award dollars for regional FEP programs are negotiable based on program size and the budgetary needs of the program. This award is for a period of one year. Awards in the subsequent years will be based on the continued availability of federal funds and may involve competitive selection similar to the process used for SFY 22-23.

Renewing Programs: In SFY 20-21, OMHSAS increased the flexibility of the maximum FEP allocation to account for significant differences in FEP programs across the state including the availability of other funds (such as case rates), the size of programs, and the ability of each site to offer stepped care services. When considering FEP Renewal Funding, OMHSAS will be reviewing the average spending of each program over the prior years of operation. Sites may only request an allocation higher than the average of prior year’s expenditures if they are requesting funds to start a stepped care program (or stepped care program funding for the first time). All funded FEP sites are expected to be actively working towards funding sustainability and reducing reliance on state funds.

Stepped Care: Stepped care funding will be provided for a maximum of three years to allow program sites to implement the stepped care model and determine the appropriate staffing complement. Program sites will be eligible for up to \$60,000 for the first two years of stepped care implementation and up to \$30,000 in the final funded stepped care year (year three). Programs that are new in SFY 23-24 will be eligible to apply for stepped care funding starting in their third year of operation and when they have a full census.

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

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

Eligibility to Apply

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

OMHSAS will not consider proposals submitted directly by provider agencies. Interested providers should contact their county administrator’s office to discuss support of an application. County Mental Health Administrations may choose to provide FEP services directly or may contract with one or multiple community agencies enrolled in HealthChoices.

Clinical Requirements

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

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

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

The overall recommended staffing ratio for the CSC team is between 1:10-1:20. The caseload recommendation for a full-time prescriber (Medical Doctor, Certified Registered Nurse Practitioner with mental health certification, or Physician Assistant with mental health certification) is 1:100. The caseload recommendation for the therapist/clinician is 1:20 (or 1:15 if combined with another role such as team leadership or family support). Other team functions can be met with a combination of staffing patterns based on local availability.

All CSC service components must be available to every individual receiving services from the team. All CSC required components should be covered by at least one team member. A team member may fulfill more than one role. For example, the case manager could be trained to offer Supported Employment and Education Services. OMHSAS may consider modifications to team staffing for rural settings. SAMHSA guidance for CSC adaptation to rural/frontier settings requires a minimum of a prescriber and a clinician.

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

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

Stepped Care:

While SAMHSA/NIMH (National Institute of Mental Health) initially studied FEP as a two-year, time limited service, a growing body of practice-based evidence suggests that a more gradual transition of services is required to maintain the outcomes of the FEP program. In SFY 19-20 Pennsylvania piloted a “Stepped Care Model” with existing FEP Programs to allow services to be scaled down gradually.

The Stepped Care Model provides flexibility by allowing program participants to continue receiving services from their established FEP treatment team at a lower intensity that is more appropriate to their current clinical needs. Stepped care should be utilized for program participants who have successfully completed the two-year CSC program or have a diminished need for high-intensity services.

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

Age Range Requirement

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

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

Number Served Requirement

An FEP site in an urban or suburban setting is expected to serve a minimum of 30 individuals annually, and an FEP site in a rural setting is expected to serve a minimum of 20 individuals annually. Stepped care participants may be counted as 0.5 for the purpose of census and ratios. Program sites are expected to meet these targets within two years from the start date (July 1, 2023) of the award. Failure to meet this expectation will require sites to receive mandatory technical assistance for outreach and increased referrals and may prevent a program site from receiving future program funding.

Technical Assistance and Training Center

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

Program Evaluation: Participation in program evaluation is mandatory for all CMHSBG funded program sites. Program sites must be able to complete the required battery of assessments, as well as track adverse events and objective functional outcomes. The current program evaluation battery is included in Appendix B for reference. Battery instruments may change as program evaluation is improved. These results must be reported to HeadsUp as requested. Program sites should account for costs associated with meeting this requirement in the program budget.

Fidelity Monitoring: Participation in fidelity monitoring is mandatory for all CMHSBG funded program sites. HeadsUp will conduct fidelity monitoring for the CMHSBG funded program sites.

Statewide Annual Training: Pennsylvania provides annual FEP Training. Attendance at the Statewide training is mandatory for all staff at new programs and new staff at existing programs. The cost of this training will be paid through OMHSAS for all program sites accepted through this CFO. If any portion of the training is held in person in 2023, program sites will be responsible for only the travel costs related to the in-person training and should account for those costs in the program budget. See Appendix D Statewide FEP Training for additional details.

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

Statewide Provider Support Network

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

Many of the current FEP counties/providers are willing to offer one-on-one calls to prospective counties/programs applying to this CFO. Interested counties/programs can contact the FEP resource account at ra-pwfep@pa.gov to be connected with a current program site.

Supported Education/Employment Training

All staff providing Supported Education/Employment Services (SEE) are required to complete online SEE training through the [IPS Employment Center](#). All FEP team member/s responsible for providing SEE services must complete the [Online Practitioner Skills Course](#) **plus the additional two (2) units on Supported Education**. SEE staff supervisor must also participate in the practitioner trainings and complete the [Online IPS Supervisors Skills Course](#). Program sites are responsible for the cost of this training (currently \$390 per staff member, \$665/per supervisor) and should account for those costs in the proposed program budget.

Certified Peer Specialist (CPS) Training

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

Certified Peer Specialists are individuals in recovery from their own lived mental illness. Because of life experience with mental illness and mental health services, the peer specialist provides expertise that professional training cannot replicate. Peer specialists are fully integrated team members who provide highly individualized services in the community and promote self-determination and decision-making.

CPSs working on FEP teams are not required to have lived psychosis experience, although it is preferred. It is important to keep the peer position staffed regardless of whether the peer has lived psychosis experience. It is also preferable but not required to have a peer specialist who is closer in age range to the population being served.

The CPS completes peer work including individual advocacy, psychoeducation, development of natural supports, support of employment or other meaningful activity of the individual's choosing, crisis management support, skills training, and effective utilization of the service delivery system.

Reporting Requirements:

Program sites in collaboration with county MH/ID staff will be required to submit quarterly reports regarding the expenditure of funds in a standard format provided by OMHSAS. The quarterly reports will be submitted directly to OMHSAS through Wizehive. A sample reporting form is included on the fourth tab of the Excel FEP Budget Spreadsheet included with this CFO. County providers must report the FEP expenditure and any remaining funds on their annual Income and Expenditure (I&E) report to OMHSAS as carry-over. Non-county providers will be required to report the FEP expenditures and any remaining funds at the end of the fiscal year to their county for inclusion on the I&E report. The I&E Reporting and Quarterly Report forms will be reconciled by OMHSAS staff during the I&E Review Process.

Medical Assistance Enrollment Requirements:

The program must be enrolled as a Pennsylvania Medical Assistance Provider for any MA-eligible service that the program provides.

Funding Requirements:

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

Budget Justifications: If including any of the following costs in the program budget, a justification must be included in the budget narrative. OMHSAS reserves the right to make budget changes at its discretion.

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

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

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

Funding Carryover:

- Standard Carryover: Program sites will be permitted to carry over up to 5% of their SFY 23-24 award if not expended; this funding amount will be carried over automatically if available. Any carryover in excess of 5% will be deducted from the next year's FEP

allocation. If no funding is awarded in the following year, all remaining funds will be required to be returned to the state.

- **Exception Requests:** Program sites may request carryover up to 15% of their SFY 23-24 unexpended award in the circumstances below:
 - New programs in the first year of operation
 - Public health emergencies that significantly impact FEP operations
 - Other requests on a case-by-case basis when clear justification is provided by the program site

Program sites must submit a carryover exception request by December 31, 2024, to be considered for additional carryover funding. See Appendix F for the request form.

Restrictions on Use:

Using FEP funding, payments shall **not** be made:

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

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

Sustainability:

Pennsylvania currently has multiple FEP Programs operating as in-lieu of services under HealthChoices, which allows bundled reimbursement for FEP service components. In partnership with the Behavioral Health Managed Care Organizations, OMHSAS will continue to support FEP Programs to operate as “in-lieu-of” services to ensure the sustainability of these services. Starting in SFY 20-21, OMHSAS approved the addition of Supported Education and Employment Services to bundled “in-lieu-of” services, further enhancing the sustainability of the FEP programs as now all required CSC services can be included.

Rights Reserved to the State:

DHS-OMHSAS reserves the right to:

- Change any of the scheduled dates
- Require correction of arithmetic or other apparent errors
- Seek clarification and revisions of proposals
- Prior to selection, direct applicants to submit proposal modifications addressing any potential subsequent application amendments
- Reject any or all proposals received in response to this application
- Reject incomplete applications
- Not make an award to any applicant who is not in good standing at the time selection is awarded
- Make awards based on geographical or regional consideration to best serve the interests of the target population
- Disqualify any program site whose conduct and/or proposal fails to conform to the requirements of this application
- Use information obtained through site visits, management interview and the state’s investigation of an applicant’s qualifications, experience, ability of financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the application

Timeline:

- March 16, 2023 - OMHSAS issues CFO.
- March 23, 2023- 1:00-2:30pm- OMHSAS FEP Overview Webinar with Q&A for interested counties/joinders

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 272 991 048 956

Passcode: wuWQGx

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 267-332-8737,,728103367#](#) United States, Philadelphia

Phone Conference ID: 728 103 367#

[Find a local number](#) | [Reset PIN](#)

- **April 21, 2023-by 5:00pm - Renewal Submission Deadline**
- **April 28, 2023-by 5:00pm - Application Submission Deadline**
- May 26, 2023 – OMHSAS program selection announced

Submission Requirements:

All applications and supporting documents are to be submitted through the Wizehive portal at <https://webportalapp.com/sp/cpa-fep>.

Supporting documents can be found at <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/First-Episode-Psychosis.aspx>.

For each program site application, only one login can be generated. The county/joinder primary contact email address entered into the application will receive all communications for this application process. Programs may wish to internally set up a resource email account that multiple users have access to for use with the site application so multiple users may access the application.

The application can be completed in stages by remaining in draft view until the application is ready to be submitted. Once the application is submitted it cannot be edited, so please fill out every section thoroughly with as much detail as possible.

The application budget continues to be in the form of an Excel spreadsheet which is to be uploaded into the Wizehive platform. Additionally, the county and agency attestation forms are to be completed as a Word document which will also be uploaded into the application platform.

OMHSAS reserves the right to reject applications that are incomplete or do not follow the guidance provided.

All forms must be electronically submitted by 5:00pm on the respective due dates to:
<https://webportalapp.com/sp/cpa-fep>.

Reach out to the OMHSAS FEP team if you are having any issues submitting the application by the due date.

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

Appendix A

Coordinated Specialty Care Components

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

Preview of Application Staffing Section

FEP Staff Complement ▾

Save Draft

Mark Complete

Close

FEP Staff Complement

Complete the below information describing planned FEP Staffing Levels.

Ensure at least one staff person is responsible for each of the following:

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

A team member may fulfill more than one role. Include anyone who is a part of the FEP team even if no portion of their salary is funded by the grant.

Please fill in the information below so that it matches your team, ensuring that each CSC discipline listed above is covered.

Staff Position: Team Leader

1. Team Leader: Full Time Equivalent with FEP Program (Percentage) *

1. Team Leader: Name of staff in position *

1. Team Leader: CSC discipline(s) this staff member is responsible for *

- Team Leadership
- Psychotherapy
- Case Management
- Family Education/Support
- Supported Employment/Education
- Pharmacotherapy

1. Team Leader: Months in Position *

Add another Team Leader?

Add Another

Appendix B
Program Evaluation Core Battery

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

SR = Self-Report, C1 = Bachelor's level or above, C2 = Treating clinician (Master's or above preferred, minimum Bachelor's with clinician input/supervision), C3 = Physician

Appendix C

Resource List

Back on Track NAMI Keystone

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

Best Practices in Schizophrenia Treatment (BeST) Center

[Stress Can Worsen Psychotic Symptoms: BeST Tips for CBT-p Informed Strategies for Responding](#)
[BeST Tips for Supporting Your Loved One During COVID-19](#)

Early Assessment and Support Alliance

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

HeadsUp

www.Headsup-pa.org

MyOMHSAS

[Office of Mental Health and Substance Abuse Services \(myomhsas.org\)](http://www.myomhsas.org)

NASMHPD Early Intervention in Psychosis

<https://www.nasmhpd.org/node/8534>

National Research Institute First Episode Psychosis

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

NIMH FEP Webinar Collection

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

OnTrackNY

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

PA Department of Human Services/OMHSAS

[Provider Guidance](#)

PEPPNET

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

RAISE Study

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

Recovery-Oriented Cognitive Therapy

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

Appendix D Statewide FEP Training

Training is available to support funded programs with initial evidence-based program design, detailed program development and implementation focused on best practices, and ongoing program evaluation. Training includes in-person or online team training for the CSC Model, Recovery-Oriented Cognitive Therapy, and Psychopharmacology for Early Psychosis. Beginning in SFY 23-24, a portion will cover diversity and sensitivity. Ongoing specialized supervision is also provided on an ongoing basis.

An annual statewide FEP training is scheduled in November and/or December. For SFY 23-24 OMHSAS will be covering the training costs for the annual statewide training for all CMHSBG funded program sites. When the training is held in person, program sites will be responsible only for travel costs (including hotel, meals, mileage, parking, and any incidental expenses). All members of new teams should attend. Any new staff at existing providers should also attend. Staff from new sites will be required to attend any in person training scheduled during the annual training; new staff at existing sites are highly encouraged to come in person, as well.

OMHSAS requires all newly hired staff to receive specialized FEP training within the first year of hire. If the program site does not have the capacity to provide external FEP specific training, they must utilize the PA statewide training for all new staff. Prescribers are encouraged to attend as much of the training as possible but are not required to attend the full training. At minimum, prescribers must attend one training day which includes specific focus on medication management for FEP. HeadsUp also provides ongoing supervision to the CMHSBG Funded Programs following the annual training at no cost to the program site.

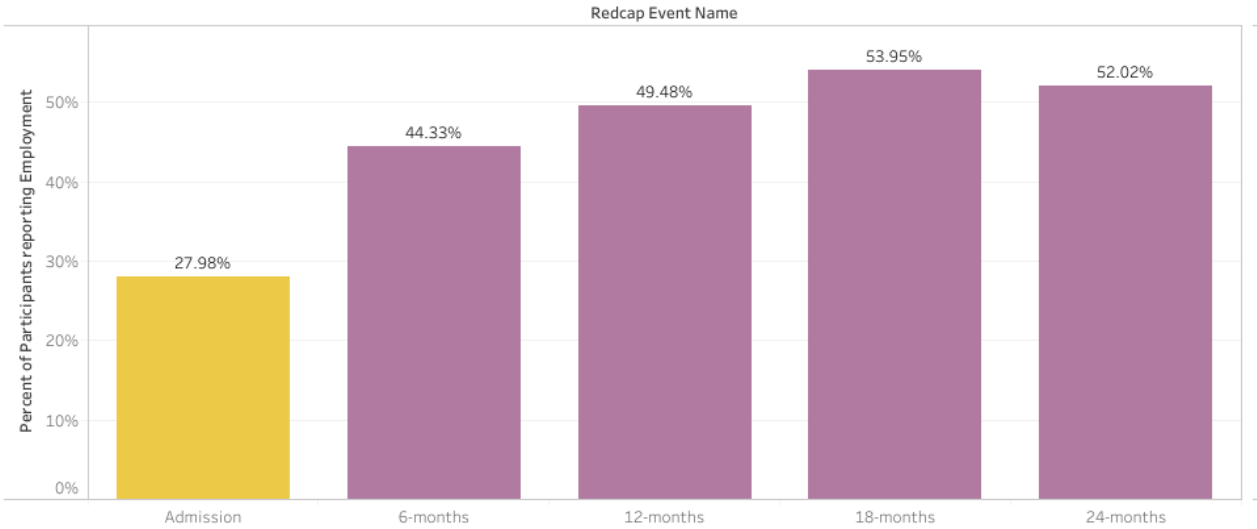
For Additional HeadsUp Information:

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

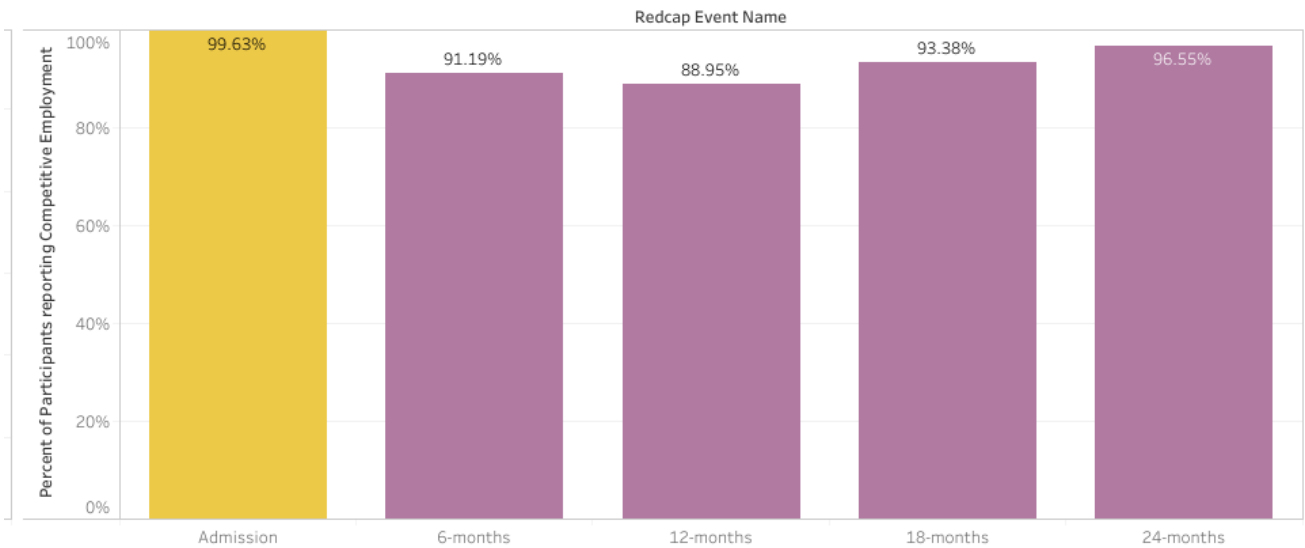
Monica E. Calkins, Ph.D.
215-615-3183
mcalkins@pennmedicine.upenn.edu

Appendix E
Pennsylvania FEP Program Outcomes

Participant Employment

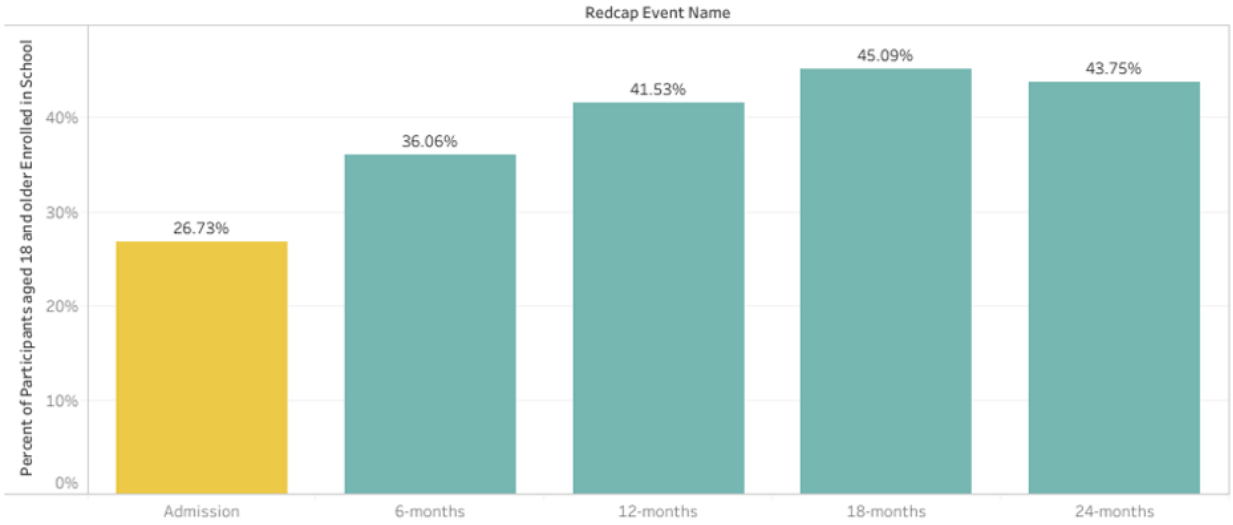


Participant Competitive Employment

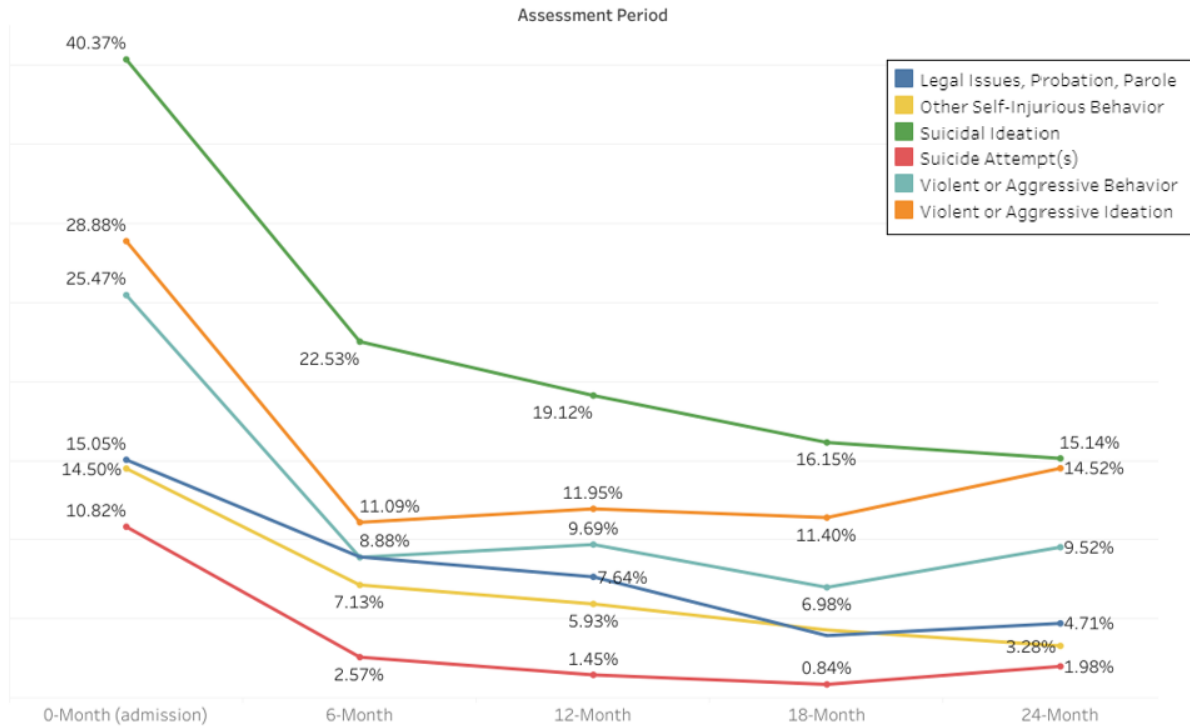


Participant employment over time in PA FEP Programs, including general employment rate and competitive employment rates of those who were reported to be employed. To count as a competitive job, the job must pay at least minimum wage, be supervised by an employee at the place of work (not by an employee of an outside mental health agency or other 'sheltered' work situation) and be open to anyone rather than being reserved for people with behavioral health problems. Additionally, the paycheck must be from the employer and reported for tax purposes.

School Enrollment - 18 and older*

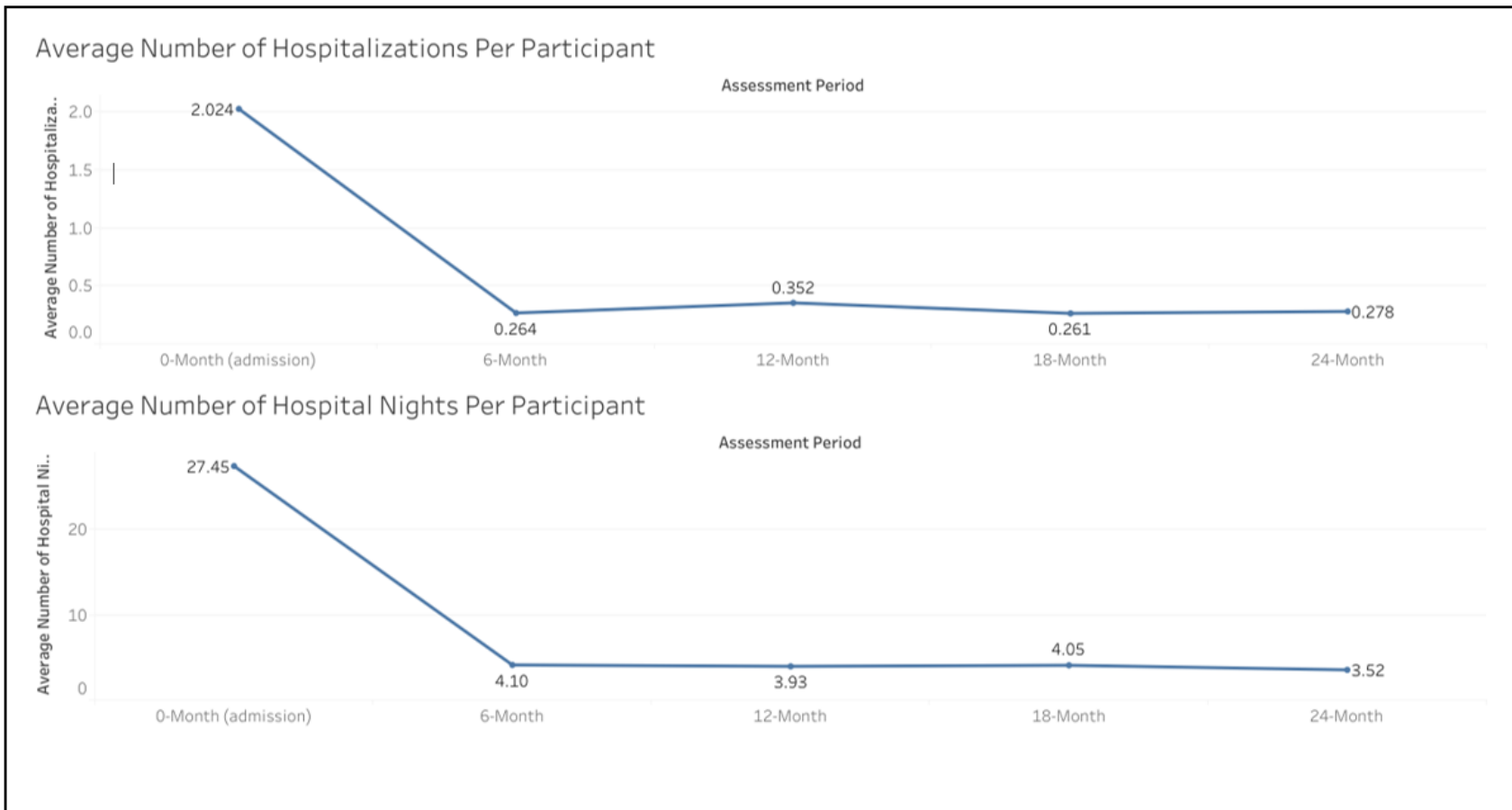


Adverse Behaviors



Percentage of participants with reported adverse behaviors at admission and subsequent follow-up periods.

Hospitalizations post-admission to FEP Program



Hospitalizations per participant over time in PA FEP Programs, including average number of hospitalizations and average number of nights in hospitalization.

Appendix F
Carryover Exception Request

Program Site Name:

County:

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

*Maximum 15% of allocation