STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

ANNOUNCEMENT OF FUNDING

FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI)

TENNESSEE FISCAL YEAR 2019

July 1, 2018 - June 30, 2019

Completed proposals due: October 15, 2018

Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services
Andrew Jackson Building, 6th Floor, 500 Deaderick St.
Nashville, TN 37243
tn.gov/behavioral-health
Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services

FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI)
Announcement of Funding

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Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services

FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI)

Announcement of Funding

Release Date: September 18, 2018

Introduction

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Mental Health Services (DMHS), is requesting proposals from agencies who currently provide services or administer programs in Tennessee interested in developing Coordinated Specialty Care teams to implement or expand services for youth and young adults experiencing a first episode of psychosis. The intent of this Announcement is to select an innovative proposal from an eligible entity that demonstrates willingness and commitment to adopt, implement, and sustain or expand the Coordinated Specialty Care model for youth and young adults ages fifteen (15) to thirty (30) years old who experience a first episode of psychosis, residing in Hamilton County, Tennessee. The purpose of this program is to increase access, quality, and utilization of services and supports for these youth and young adults and their families. The funded program is required to be person-centered, be delivered by a multi-disciplinary team, and be able to work with the youth and young adults for up to two years. The funded program is also required to initiate services at onset for the target population and to design referral, recruitment, and community education components to reduce treatment delays. Services should include employment and education services, family involvement, peer support, and comprehensive integrated care that will offer the best long-term outcomes for these individuals.

The FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) goals include:

- Improve outcomes for youth and young adults diagnosed with a psychosis spectrum disorder enabling them to function more effectively at home, in school, and in the community;
- Provide rapid access to evidence-based treatment and resiliency and recovery support services for youth and young adults and their families who have experienced a first-episode of psychosis.;
- Provide youth-guided and family-driven services that are linguistically and culturally competent; and
- Increase community awareness and early detection of psychosis.
1. GENERAL CONDITIONS

1.1. Funding Information

Project Period: Funding term for selected proposals will be December 1, 2018 through June 30, 2019. As funds are available, there may be additional Grant Contract periods for this service. Subject to funds availability, the funds for this program are expected to be recurring and future years of funding would follow the state fiscal year, July 1 – June 30.

Funding Amount: State of Tennessee Cost Reimbursement Grant Contracts may be available to eligible proposers up to the amount of $305,000. Proposers should submit a budget based on a full year of program implementation. The budget may be prorated for the 7 month period if selected for contracting. TDMHSAS anticipates supporting one new FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) in Hamilton County, TN with this current funding amount.

Funding awarded under this announcement will be supported with federal Community Mental Health Services Block Grant (MHBG) funding. The MHBG program’s objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (PDF | 253 KB).

Allocations: Funding allocations will be awarded on the basis of how well a Proposer addresses guidelines and criteria of this Announcement. The actual amount available for a Grant Contract may vary depending on the number and quality of proposals received.

Subject to Funds Availability: Grant Contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of federal Mental Health Services Block Grant funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.2. Timelines

The following is an anticipated schedule of events related to the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) announcement of funding. The State reserves the right to make changes to this schedule as deemed necessary in the State’s discretion. Any adjustment to the timeline will be communicated with Proposers.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 18, 2018</td>
<td>TDMHSAS releases Announcement</td>
</tr>
<tr>
<td>September 24, 2018</td>
<td>Proposers’ Written Questions Regarding the Announcement are due</td>
</tr>
<tr>
<td>September 28, 2018</td>
<td>TDMHSAS hosts a conference call to respond to questions</td>
</tr>
<tr>
<td>October 15, 2018</td>
<td>Proposals are due via email</td>
</tr>
<tr>
<td>October 23, 2018</td>
<td>TDMHSAS Makes Announcement of Accepted Proposal(s)</td>
</tr>
<tr>
<td>December 1, 2018</td>
<td>Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with Section D.1 Required Approvals</td>
</tr>
</tbody>
</table>

### 1.3. Eligibility

The agency submitting the proposal for FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) funds must be:

- Located in Hamilton County, Tennessee
- An outpatient or not for profit entity providing behavioral health services with a current license or accreditation that is in good standing
- Currently providing services to youth and young adults with mental illness
- Able to provide the following services: Clinical Supervision, Psychotherapy, Case Management, Supported Employment and Education, Medication Management, Peer Support, Psychoeducational Groups, 24/7 on-call support, and access to Crisis Services

Agencies currently operating First Episode Psychosis programs are eligible to apply.

The MHBG program funds target:

- Adults with serious mental illnesses. This includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as: Basic daily living (for example, eating or dressing); Instrumental living (for example, taking prescribed medications or getting around the community); Participating in a family, school, or workplace

- Children with serious emotional disturbances. This includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as
defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities. SAMHSA’s definitions of children with serious emotional disturbances and adults with serious mental illness were provided in a 1993 Federal Register notice (May 20, 1993; 58 FR 29422).

1.4. **Scope of Services**

See Attachment E for the Intended Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.

1.5. **Prohibitions on Use of Federal Mental Health Block Grant (MHBG) Funds**

Pursuant to federal laws and regulations, the Grantee shall not use any federal Community Mental Health Services Block Grant (now MHBG, formerly CMHS BG) funds made available under this Grant Contract for any of the following purposes:

a) to provide inpatient services;

b) to make cash payments to intended recipients of health services;

c) to purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, or to purchase major medical equipment;

d) to satisfy any requirement for the expenditure of non-federal funds for the receipt of federal funds;

e) to provide financial assistance to any entity other than a public or non-profit private entity.

1.6. **Prohibition on Supplantation of Federal Mental Health Block Grant (MHBG) Funds**

Pursuant to federal laws and regulations, the Grantee shall not use any funds paid or services rendered under the federal Community Mental Health Services Block Grant (now MHBG, formerly CMHS BG) to supplant any other funds available for the services provided under this Grant Contract.

1.7. **Communications**

**Proposer E-Mail List:** The State will create an e-mail list to be used for sending communications related to this Announcement. If you wish to be added to this list, please promptly send your contact information, including e-mail address to
Questions and Requests for Clarification: Questions and requests for clarification regarding this Announcement should be submitted in writing on or before September 24, 2018 to Heather.Taylor.Griffith@tn.gov in order to be answered. A conference call will be held to respond to questions submitted on September 28, 2018.

State’s Written Responses and Communications are Binding: Only the State’s official, written responses and communications will be binding with regard to this Announcement. The State will consider oral communications of any type to be unofficial and non-binding.

1.8. Proposal Preparation, Formatting, Submission and Withdrawal

Preparation of Proposal: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

Formatting and Content Requirements: The State’s goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of October 15, 2018.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposal pages must be typed, single-spaced on standard 8 ½” x 11” paper, in font size twelve (12), with 1” margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name and page number.
- The combined proposal length should not exceed 15 pages, including all attachments. The length of the proposal is limited to 10 pages for the project narrative and 1 page for the budget narrative summary.

Submission: Proposals should be submitted to the State via email to Heather.Taylor.Griffith@tn.gov by the deadline and meet other submission criteria detailed in this Announcement in order to be eligible for review. The following checklist of items should be submitted for each Proposal:

- Cover Letter
- Cover Sheet (Attachment A, signed by authorized representative)
State’s Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any or all proposals; to advertise for new proposals; to arrange to perform the services herein; to abandon the need for such services; and to cancel this Announcement if it is in the best interests of the State as determined in the State’s sole discretion. In the event such action is taken, notice of such action will be posted on the State’s website and notice of the posting will be distributed via the proposer e-mail list.

Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements of this Announcement.

1.9. Proposal Review, Scoring and Selection

Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. The State recognizes the need to ensure that funding provided for the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) provides maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to serving as the state's mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.

Proposal Scoring: Each proposal component is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

<table>
<thead>
<tr>
<th>Proposal Component</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Letter</td>
<td>0 points, but essential</td>
</tr>
<tr>
<td>Cover Sheet (Attachment A)</td>
<td>0 points, but essential</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>0 points, but essential</td>
</tr>
<tr>
<td>Project Narrative</td>
<td>80 points</td>
</tr>
<tr>
<td>Relevant Experience- 16 points</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Program Design-16 points</td>
<td></td>
</tr>
<tr>
<td>Key Partners-16 points</td>
<td></td>
</tr>
<tr>
<td>Commitment to SOC Values &amp; Principles-16 points</td>
<td></td>
</tr>
<tr>
<td>Project Sustainability-16 points</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Chart(s) (Attachment B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational chart for the entity submitting the proposal, demonstrating where the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) fits within the overall structural organization of the entity submitting the proposal.</td>
</tr>
</tbody>
</table>

5 Points

<table>
<thead>
<tr>
<th>Proposed Budget and Budget Narrative (Attachment C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate and realistic budget must be submitted along with a narrative justifying the budget.</td>
</tr>
</tbody>
</table>

10 points

<table>
<thead>
<tr>
<th>Existing Agreements and Third Party Revenue Source (Attachment D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide documentation of any existing agreements with community stakeholders that provide additional resources to the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI), List any current third party revenue sources that contribute to the long term sustainability of the Proposing entity. This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.</td>
</tr>
</tbody>
</table>

5 points

**Proposal Selection:** The State will notify all Proposers selected for contracting by close of business October 23, 2018. The State reserves the right to further negotiate Proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

Please note that the State of Tennessee reserves the right to make any changes to the announcement of funding, proposals selected, the scope of services, the amount of funding and any other aspect of this process as deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.

**No Obligation of State:** This Announcement and its selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer.
Commencement of State Obligations: State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State and the Grantee and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations.

1.10. State Amendments to Announcement
The State reserves the right to amend this Announcement at any time. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State’s website and notice of the posting will be distributed via the proposer e-mail list.

1.11. State Cancellation of Announcement
The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted on the State’s website and notice of the posting will be distributed via the proposer e-mail list.

2. PROPOSAL NARRATIVE
Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative sections. There is a maximum of ten (10) pages for the proposal narrative section.

2.1 Relevant Experience:
Briefly describe the applicant’s type of business, including the licenses and accreditations that are currently maintained. Briefly describe the service array offered to youth and young adults, ages fifteen (15) to thirty (30) years old with serious mental illnesses and length of time these services have been offered by the applicant. More specifically, describe the applicant’s knowledge, capacity, and experience with implementation of evidence-based practices (EBPs), including components that address the needs of youth and young adults experiencing a first episode of psychosis (e.g. supported employment, supported education, trauma informed care, cognitive behavioral therapy- psychosis (CBTp), family education, and young adult peer support).

2.2. Program Design:
The overall design of the program should match the details outlined in the scope of service (Attachment E). Please describe, in detail, how the applicant would carry out the process and program structure to meet the identified goals and outcomes. In addition, please:

- Explain how the applicant will educate the entire agency on the importance, purpose, and role of the FEP program and integrate it within the overall service array.
• Describe how the applicant will ensure appropriate staffing patterns and available, coordinated services to reflect the Coordinated Specialty Care approach (use Table 2.2a below as a staffing guide).
• Demonstrate quality control and efforts to ensure services are individualized to promote optimal functioning and recovery.
• Explain how the applicant will provide outreach, education, and engagement to youth/young adults, family members, and community partners to support referrals and collaboration, including plans to expand existing referral network to reach those who might otherwise not receive services.
• Provide a timeline outlining the activities in the first year.

Table 2.2a

<table>
<thead>
<tr>
<th>Role</th>
<th>Will provide</th>
<th>Credentials and skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>Outreach to clients, providers, family members and will supervise other team members.</td>
<td>Licensed clinician with management skills.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Coordinates care in the community and in the agency.</td>
<td>Bachelor’s level social worker.</td>
</tr>
<tr>
<td>Clinical Therapist</td>
<td>Intervention services, support for family in crisis, psychoeducational information, and relapse prevention counseling. Cognitive behavioral therapy, talk therapy, behavior skills training.</td>
<td>Licensed clinician.</td>
</tr>
<tr>
<td>Supported Employment and Education Specialist</td>
<td>Supported employment and educational services. Ongoing job coaching and support following placement. Ongoing educational coaching following placement in school.</td>
<td>Bachelor’s level trained employment counselor.</td>
</tr>
<tr>
<td>Prescriber</td>
<td>Medication management</td>
<td>Psychiatrist, Nurse Practitioner</td>
</tr>
<tr>
<td>Peer Support Specialist</td>
<td>Recovery support and assistance, follow-up, including socialization.</td>
<td>Trained and certified peer specialist with lived experience with SMI.</td>
</tr>
</tbody>
</table>

2.3. **Key Partners**: Identify partnerships with multiple community agencies including high schools, colleges, emergency departments, juvenile and adult courts, law enforcement, primary care centers, other local behavioral health providers, and inpatient psychiatric facilities. Describe how the applicant will implement outreach and engagement strategies to develop or enhance partnerships and how this will
improve outcomes and functioning for youth and young adults experiencing a first episode of psychosis.

2.4. **Commitment to System of Care Values and Principles:** Demonstrate a commitment to and plans for improving clinical and functional outcomes for youth, young, adults, and their families enrolled in FEP using a system of care values and principles framework, including but not limited to ensuring culturally and linguistically competent, person-centered, coordinated, and trauma-informed approaches. ([https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf](https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf)).

2.5. **Project Sustainability:** Please describe the applicant’s sustainability plan in detail. In the event that there are no new state dollars allocated for this purpose, describe how the program will be continued in the applicant’s community after the grant ends. Information should be provided relative to provider reimbursement mechanisms, supplemental grants, and other municipal, county, state, or federal funding. Provide information describing how managed care organizations have been engaged in the program design. What is the agency’s capacity, if any, to provide ongoing training and support? How will the agency support and sustain FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) within the agency?
<table>
<thead>
<tr>
<th>Legal Name of Proposer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal ID#</td>
<td></td>
</tr>
<tr>
<td>Edison Vendor ID#</td>
<td></td>
</tr>
<tr>
<td>List of Targeted Coverage Area(s) being proposed</td>
<td></td>
</tr>
<tr>
<td><strong>CONTACT INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Contact Person</td>
<td></td>
</tr>
<tr>
<td>Title of Contact Person</td>
<td></td>
</tr>
<tr>
<td>Address of Contact Person</td>
<td></td>
</tr>
<tr>
<td>E-mail Address of Contact Person</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Contact Person</td>
<td></td>
</tr>
<tr>
<td><strong>AUTHORIZED REPRESENTATIVE INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Authorized Representative</td>
<td></td>
</tr>
<tr>
<td><em>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</em></td>
<td></td>
</tr>
<tr>
<td>Title of Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>Address of Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>E-mail Address of Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Authorized Representative</td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative**  
**Date**
Provide organizational chart(s) for the entity submitting a proposal, demonstrating where the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) will fit into the overall structural organization of the entity submitting the proposal.
**Attachment C**

**PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEET**

**Page 1 of 2**

**PROPOSED BUDGET**

Please download the Excel [budget template](#) to complete a proposed budget. Proposers should submit a budget based on a full year of program implementation. The budget may be prorated for the 7 month period if selected for contracting.

The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Please review the Instructions tab before completing the proposed budget.

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:</th>
<th>BEGIN:</th>
<th>END:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY 03 Object Line-item Reference</td>
<td>EXPENSE OBJECT LINE-ITEM CATEGORY (^1)</td>
<td>GRANT CONTRACT</td>
<td>GRANTEE PARTICIPATION</td>
</tr>
<tr>
<td>1, 2</td>
<td>Salaries, Benefits &amp; Taxes (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4, 15</td>
<td>Professional Fee, Grant &amp; Award (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5, 6, 7, 8, 9, 10</td>
<td>Supplies, Telephone, Postage &amp; Shipping, Occupancy, Equipment Rental &amp; Maintenance, Printing &amp; Publications (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11, 12</td>
<td>Travel, Conferences &amp; Meetings (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>13</td>
<td>Interest (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>14</td>
<td>Insurance (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>16</td>
<td>Specific Assistance To Individuals (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>17</td>
<td>Depreciation (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>18</td>
<td>Other Non-Personnel (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>20</td>
<td>Capital Purchase (^2)</td>
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<td>$0.00</td>
</tr>
<tr>
<td>22</td>
<td>Indirect Cost (^2)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>24</td>
<td>In-Kind Expense (^2)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>25</td>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* ([posted on the Internet at: http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf](#))
Please include a written budget justification of funds needed to support the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI) proposal.

The justification summary should provide detail to support the Grant Contract funds included in each line-item.

The budget justification should be no longer than one page, single spaced.
Attachment D

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI).

List any current third party revenue sources that contribute to the long term sustainability of the Proposing entity.

This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.
Attachment E

PROPOSED SCOPE OF SERVICES
For Information Purposes Only and May be Revised Prior to Contract Award/Execution

FIRST EPISODE PSYCHOSIS INITIATIVE (FEPI)

A. SCOPE OF SERVICES:

A.1. The Grantee shall provide all services and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.

A.2. Services and supports under this Contract shall be delivered in a manner that promotes resiliency, recovery, and independence for individuals and families served. The Division of Mental Health Services prioritizes key values critical to serving Tennesseans with behavioral health needs including programs and practices focused on promotion, intervention, and recovery support services which:

- Encourage co-occurring competent and co-occurring friendly programs;
- Support culturally responsive and linguistically competent services;
- Uphold System of Care core values and principles;
- Aim to prevent and mitigate the impact of adverse childhood experiences (ACEs);
- Promote trauma informed approaches; and
- Prioritize evidence-based and/or evidence-informed services resulting in strong outcomes.

A.3. The Grantee shall adopt, implement, and sustain the Coordinated Specialty Care model for youth and young adults ages fifteen (15) to thirty (30) years old who experience a first episode of psychosis for the purpose of improving access, quality, and utilization of services and supports for youth and young adults and their families. The funded programs are required to be person-centered, be delivered by a multi-disciplinary team, and be able to work with the youth and young adults for up to two years. Grantees are also required to enable services to be initiated at onset for the target population and to design referral, recruitment, and community education components to reduce treatment delays. Grantees should also include employment and education services, family involvement, peer support, and comprehensive integrated care that will offer the best long-term outcomes for these individuals.
A.4. Service Definitions:

a. The “First Episode Psychosis Initiative” (FEPI), using the Coordinated Specialty Care evidence-based practice, is a program designed to provide early intervention services for selected youth and young adults fifteen through thirty (15-30) years of age physically present in Hamilton County, Tennessee who have experienced first-episode psychosis.

b. “Coordinated Specialty Care” (CSC) is a comprehensive intervention model for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and to get their life back on track. The CSC model helps these individuals navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, at a job, and in the social world. The CSC program includes the following components: individual and group psychotherapy, supported employment and education, family education and support, psychopharmacology, and care coordination and management. The individual and the team work together to make treatment decisions, involving family members as much as possible. The goal is to link the individual with a CSC team as soon as possible after psychotic symptoms begin.

c. “Psychosis”, for purposes of this Grant Contract, means a mental disorder diagnosable using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or more current edition, defined by abnormalities in one (1) or more of the following five (5) domains: delusion, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.

d. “First episode psychosis” (FEP) refers to the first time someone experiences psychotic symptoms or a psychotic episode. Individuals experiencing a first episode may not understand what is happening and the symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

e. “Youth and Young Adults” (Y/YA), for purposes of this Grant Contract, is/are an individual(s) fifteen through thirty (15-30) years of age.

f. “Full Time Equivalent (FTE)” refers to the number of total hours worked divided by the maximum number of compensable hours in a work year as defined by federal law.
A.5. Service Recipients:
   a. Each identified individual must meet all of the following criteria to be enrolled in direct services funded by the FEPI under this Grant Contract:
      
      (1) Be between fifteen through thirty (15-30) years of age;
      
      (2) Be physically present in Hamilton County, Tennessee;
      
      (3) Currently have, or anytime in the past twenty four (24) months had, a diagnosable psychosis spectrum condition including schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, or other serious mental illness that warrants psychosis interventions such as depression with psychosis, bipolar disorder with psychosis, or others that meet diagnostic criteria in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5), or more current edition.

A.6. Service Goals:
   a. To improve outcomes for youth and young adults diagnosed with a psychosis spectrum disorder enabling them to function more effectively at home, in school, and in the community.
   b. To provide rapid access to evidence-based treatment and resiliency and recovery support services for youth and young adults and their families who have experienced a first-episode of psychosis.
   c. To provide youth-guided and family-driven services that are linguistically and culturally competent.
   d. To increase community awareness and early detection of psychosis.

A.7. Structure:
   a. **Program Staffing; Program Staff Training and Resources; Program Implementation; and Compliance with Laws, Rules, and Regulations:** The Grantee shall:
      
      (1) Ensure that the FEPI is implemented by a team consisting of at minimum the following: Clinical Supervisor (0.20 FTE), Team Leader/Primary Clinician (1.0 FTE), Clinical Therapist (0.50 FTE), Case Manager (1.0 FTE), Supported Employment and Education Specialist (1.0 FTE), Prescriber (0.10 FTE), and Certified Peer Support Specialist (1.0 FTE);
(2) Ensure that clinical supervision by a qualified, licensed staff for all non-licensed staff involved in the FEPI is provided no less than once weekly. Documentation shall be maintained on-site indicating the dates of supervision, content of the supervision, and length of each supervisory session. Records of supervision shall be made available upon request of the State;

(3) Ensure program staff members are appropriately trained in issues that will assure program compliance, quality care, and continuous improvement;

(4) Provide work space for the FEPI program staff that includes but may not be limited to, a desk, appropriate seating, computer and Internet access, basic office supplies, access to a phone line/fax line, access to a copier, and access to meeting space as needed and scheduled;

(5) Implement the CSC model by adhering to the On Track USA model, which includes, but is not limited to: young adult groups (e.g. peer support); family groups, 24/7 on-call phone; 90-day Follow-Up Form completion for all enrolled service recipients; and availability of office time outside of regular work-day for the scheduling of routine appointments;

(6) Implement the "Individual Placement and Support/Supported Employment (IPS/SE)" program, an evidence-based practice that was developed by the Dartmouth Psychiatric Research Institute to help promote the recovery of people who have serious mental illness through work. This model is well defined by eight (8) practice principles and a twenty-five (25)-item fidelity scale; and

(7) Ensure the availability and accountability of flexible funding provided by this grant contract for services and supports identified in a client's Individual Service Plan (ISP), but not covered by traditional funding streams; The grantee will develop and implement standardized processes and accounting measures to ensure funds are used in an accountable, responsible way that directly impacts the individual's functioning at home, in school, and in the community.

b. Monitoring. The Grantee shall:

(1) Identify and provide a process to monitor complaints; and
(2) Report to the State all complaints when lodged and report the resolutions of all complaints within thirty (30) days following the resolution.

c. **Provision of Services and Outreach, Planning, and Training.** The Grantee shall:

(1) Provide FEPI services, to those identified in Section A.5., that provide the following: rapid access to specialty care; recovery focused interventions; youth friendly services; and respect of service recipients’ striving for autonomy and independence;

(2) Provide FEPI services, the CSC components described in Section A.4.b., to maintain a minimum caseload of at least twenty (20) persons and a maximum of thirty (30) persons;

(3) Ensure family representation and input in all phases of service provision by engaging caregivers and family members;

(4) Ensure young adult representation in all phases of service provision by engaging young adults in program development and implementation.

(5) If telehealth is used in the provision of services, ensure that all telehealth services are consistent with the State’s telehealth guidelines;

(6) Seek reimbursement from TennCare and credit back this program for any services paid for by TennCare. If a credit is due and has not been made, the State reserves the right to make appropriate adjustments. For this program, the State should be the payer of last resort;

(7) Provide assertive referral outreach within Hamilton County, Tennessee at a minimum to the following entities: psychiatric inpatient hospitals; emergency rooms; crisis stabilization units and mobile crisis units; law enforcement agencies; recovery courts; outpatient clinics; jails and juvenile justice facilities; high schools, colleges, primary care centers, and other local behavioral health providers;

(8) Ensure that marketing items are approved, in writing, by the State prior to issuance and dissemination and include the following statement: “This project is funded under an agreement with the State of Tennessee.” This statement applies to but is not limited to
informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee;

(9) Certify that all FEPI services are person-centered, youth and young adult driven, culturally and linguistically competent, trauma-informed, and community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level;

(10) Develop a realistic and detailed plan for long term sustainability of the FEPI program to be reviewed at regular intervals identified by the Project Director. This includes identifying and securing alternative funding infrastructure, services and supports beyond grant funding; and

(11) Ensure commitment to participating in a FEPI Learning Collaborative facilitated by TDMHSAS for ongoing training and technical assistance.

A.8. Process:

a. The Grantee shall create and maintain a file on each service recipient describing the provision of services, the CSC components described in Section A.4.b. The service recipient file(s) shall be available upon request of the State. The State or its designee shall, as needed, but at least quarterly, conduct monitoring and review the documentation.

b. The Grantee shall submit to the State, in a format and timeframe prescribed by the State and on a State-prescribed template, the reports described below and particular client-level encounter data related to FEPI services. Each report is due no later than the date and time specified for each report. All year end data must be submitted by July 15th. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

(1) A Semi-Annual Utilization Report. The Grantee shall prepare and submit a semi-annual utilization report, related to utilization by individuals. The report shall be a semi-annual report due by the fifteenth (15th) of October and April;

(2) A Quarterly Outreach Report. The Grantee shall prepare and submit a quarterly outreach report. The report shall be a quarterly report due by the fifteenth (15th) of the month following the end of each quarter for the preceding quarter; and
(3) A Monthly Service Report. The Grantee shall prepare and submit a monthly service report. The report shall be a monthly report due by the fifteenth (15th) of the month for the previous month.

A.9. Outcome – Access:

The services available in the First-Episode Psychosis Initiative shall be made available to one hundred percent (100%) of those identified in Section A.5.

A.10. Outcome – Capacity:

The Grantee shall ensure that persons who meet eligibility criteria identified in Section A.5. are enrolled and served during the term of this Grant Contract to maintain a minimum caseload of at least twenty (20) persons and a maximum of thirty (30) persons.

A.11. Outcome – Effectiveness:

a. Monitoring shall be conducted by the State monthly to assess the progress of the planning, development, and implementation of this new project.

b. At least eighty percent (80%) of service recipients will participate in services at a minimum of 90 days.

c. At least sixty percent (60%) of service recipients will experience an improvement in functioning as indicated on the Mental Illness Research, Education, and Clinical Center (MIRECC) version of the Global Assessment of Functioning (GAF) scale.