**Date:** September 9, 2019

**To:** Applicants for Request for Applications, #A0002

 Coordinated Specialty Care (CSC) for First Episode of Psychosis

**Responses**

**From:** Ruth Condray, Ph.D.

**RE:** Follow up Questions and Answers (Q&A):

a. Technical Assistance Call- In on September 5, 2019

b. Email question/answer

**QUESTIONS and ANSWERS**

1. *Can you describe the NAVIGATE training program? Specifically, does our local clinic team travel for training or is it done locally by outside trainers and what is the time estimate (ex. One weekend or three days a month for three months)?*

**NAVIGATE Training is provided by the national NAVIGATE Training Team. Trainers travel to Nevada and provide this training on site. All required training is supported (paid for) by other MH Block Grant funds. The length of NAVIGATE Training for First Episode of Psychosis typically includes the following:**

* **Initial NAVIGATE Training Conference: 2.5 days**
* **After attendance at initial NAVIGATE Training Conference, participation in ongoing NAVIGATE Training and Consultation Calls: 1 time/month for each of the following program components:**
	+ **NAVIGATE Director/Family Education;**
	+ **NAVIGATE Individual Resiliency Training (IRT/Psychotherapy);**
	+ **NAVIGATE Supported Education and Employment (SEE);**
	+ **NAVIGATE Psychopharmacological Treatment**
1. *Is there a cost to the project ECHO ongoing training and professional development? What is the estimated monthly time commitment for this?*

**The first episode of psychosis (FEP) clinic is not responsible for paying for the costs of the required Project ECHO training and professional development activities. However, the FEP clinical program will be required to support the participation of staff in these training and development activities.**

Dr. Erika Ryst, MD, Medical Director, ECHO Clinics, has provided the following information regarding this training: **“There are 8 ECHO clinics planned per month, each lasting 90 minutes. However, not every team member would be expected to attend each ECHO clinic.  Certain topics are more relevant for specific team roles. “**

1. *Can you provide the excel budget template and excel spending plan template?*

**Yes. These excel documents have been uploaded to website and should be accessible now. (The RFA was submitted as a PDF which prevented access.)**

1. *Can you clarify information on two of the roles? On page 6 under minimum requirements 1.b. NAVIGATE clinical team director is M.D. board certified psychiatrist-preferred and on page 8 under staffing it indicates that the team leader program director is a master’s level clinician. I am interpreting this as the Clinical Team Director and the Team Leader/Program Director as being two distinct individuals with different roles.*

**Firstly, a local first episode of psychosis (FEP) Team’s final staffing composition is best developed after the program funding has been awarded and in consultation with the national NAVIGATE Training Team. Developers of the RAISE model and the national NAVIGATE Training Team have consistently recommended that staffing be developed in alignment with the local workforce and culture. That said, the State is requiring some minima, which are described on page 6 of the RFA. Specifically, the time and effort (partial FTE) of a Medical Director are required and an MD psychiatrist is *preferred* for this role. The Clinical Team Leader/Director serves in a separate role, is funded as a full-time FTE and a master’s level clinician is required. Although another MD psychiatrist would be ideal for the Clinical Team Leader/Director role, a licensed clinical psychologist or a licensed clinical social worker would be acceptable.**

**Included below is a link to a document that was prepared by clinical program scientists at the National Institute of Mental Health (NIMH) as part of the development of the RAISE (Recovery After an Initial Schizophrenia Episode) model. This manual includes discussions about staffing requirements and team characteristics for early treatment programming for first episode of psychosis:**

*Coordinated Specialty Care for First Episode of Psychosis, Manual II: Implementation*. RAISE (Recovery After an Initial Schizophrenia Episode), National Institute of Mental Health.

[**https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual\_147093.pdf**](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual_147093.pdf)

1. *What are the requirements for the Project ECHO technically?*

Dr. Erika Ryst, MD, Medical Director, ECHO Clinics, has provided the following information regarding this training: **“The technical requirements for ECHO are easy—just requires a computer with an internet connection.”**

1. *Is there a specific tele health platform and requirement (pg 14)?*

***As stated in the RFA on page 14, “As appropriate, include Tele-health Platform (TBD) for project specialty care that may not be accessible within sectors of the geographic are in which the project is located.”* In addition to maintaining fidelity to the evidence-based NAVIGATE early treatment program for early-stage psychosis, the** **principal requirements for Tele-health Services would be the ability to ensure HIPAA compliance and to protect patient anonymity and confidentiality.**

1. *The Checklist on page 29 of the RFA has a couple items listed that I don't see addressed within the RFA or on page 27 with the rest of the required sections (unless I missed them).*
2. *Organization or Non Profit Information - is this different from what we are submitting on the Cover Page?* **Yes. The Organization or Non Profit Information should serve as an executive summary description about your organization. The Cover Page (Appendix A, p. 30 of RFA) includes the company name, physical and mailing addresses for the clinic, phone contact and fax number(s), email address, …. Signature/Date/Title of Signatory.**
3. *Proposed Implementation Plan - is this a required section?* **Yes, it is a required section. Appendix C contains two things: The *“Proposed Scope of Work Instructions” (pp.35-36)* and the *“Scope of Work” template (pp.37-40)*. The *“Proposed Scope of Work Instructions”* detail how Applicants should describe their Implementation Plan in the *“Scope of Work” template.* The content of the Implementation Plan should explain *HOW* the Applicant Organization is going to meet and carry out the requirements of the evidence-based NAVIGATE early treatment program for first episode of psychosis that are outlined in the RFA on pages 5-20.**
4. *Technical Assistance Assessment - is there any guidance you can provide on this section?* **For clarification, Technical Assistance Assessment by the State will occur post-award and is not required as part of the initial application review.**
5. *Scope of Work Template: The instructions don't seem to match the template exactly (i.e., template has no reference to Provider Name, HD#, ) and the RFA states not to use the example template (top of page 35). Is the required template the one on Page 37? We want to make sure we submit this section correctly.* **Yes. The required Scope of Work Template appears on pages 37-40. Please see description provided in 7.b. above.**
6. *Budget: Appendix D (page 41) states the project period is for 24 months but below that it states to apply for the full 12 month project and complete a budget for each budget cycle of the 12 month project period. Do you want one budget for 24 months or two separate 12 month budgets?* **The State requires clearly developed annual budgets and annual spending plans for each year of the project—Year 01 (months 1-12) and Year 02 (months 13-24). The Total Cost for both years should not exceed the maximum budget of $1,500,000 per coordinated specialty care (CSC) first episode of psychosis (FEP) clinic.**
7. *Submission: The Checklist (page 29) states that Part 1A Technical RFA Submission requirements are that the document should be tabbed with the following sections.  If we chose to email the application, can those "tabs" be accessed by a table of contents and can all the section be merged into one document? Or do we also need to mail in a hard copy with actual tabs?* **For this Request for Applications (RFA), “tabs” for both electronic and paper or hardcopy submissions are being defined as a detailed TABLE OF CONTENTS. It will facilitate the evaluation of applications if sections are divided using page breaks and a Table of Contents with detailed pagination.**
8. *Please provide “the statistical breakdown of the projected statewide number (307) of annual, new FEP events.* **Using the methodology described in this RFA for Nevada as a whole (pp. 6-7), the median rates of new cases (incidence) each year of schizophrenia, one of the principal psychotic disorders, are estimated for each of the Behavioral Health Regions targeted in this project:**
	1. **Washoe Behavioral Health Region** for Nevada residents ages 18 to 64 years (both sexes), including the county of Washoe:

(288,798) (15.2/100,000) = 43.9

* 1. **Clark Behavioral Health Region** for Nevada residents ages 18 to 64 years (both sexes), including the county of Clark and Pahrump CDP, Nevada:

(1,405,565) (15.2/100,000) = 213.6