

## Coordinated Specialty Care Initiative Questions and Answers

**Question 1.** The language in the RFP details that the focus is on “first episode psychosis” and also references “early serious mental illness” but we would like clarification of the definition and scope that qualifies as FEP.

- a. i.e. Would FEP range include a 16-year old who has a drug-induced episode of psychosis when they used methamphetamines, marijuana, etc?
- b. i.e. Would FEP include an individual (15-25 years old) falls within the spectrum of autism disorders and is experiencing behaviors that may appear psychotic but it will take significant contact and evaluation to determine the origin or whether it is true psychosis or a behavior correlated to the autism?

**Answer 1.** The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. Psychosis often beings when a person is in their late teens to mid-twenties. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person’s thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech, and behavior that is inappropriate for the situation. A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

a). Yes.

b). Yes. Autism and Psychosis may present as 2 separate disorders that need to be differentiated, or as comorbid conditions. This has implications when designing appropriate biopsychosocial interventions

**Question 2.** Given our large geographic territory and the uncertainty of the number of individuals who would qualify for these coordinated services, is it an option to propose CSC EIT members as 0.50 FTEs, 0.25 FTEs, etc. or do the CSC EIT members need to be dedicated full-time positions? Can the structure be a combination of FTE, partial FTE, and referrals/consultation?

**Answer 2.** It is estimated that it takes a population base of 100,000 to support a full time team for FEP. It would be acceptable to proportion FTE as to the number served the client population

**Question 3.** Within the “Services to Be Provided” section (Section V., Subsection 1), the Recovery Coach member of the team lists “weekly participation group” as well as “monthly family group” which we would like additional clarifications. Is the expectation that new groups are established for this specific population or that qualifying individuals would be able to participate in existing peer, psychosocial, or recovery groups?

**Answer 3.** New groups for this population is preferred, however if the number of FEP individuals is not great enough to provide the therapeutic functions of a group process, the grant proposal should justify how the existing group structure will be adapted to address the therapeutic needs of the FEP individuals.

**Question 4.** The RFP states that there will be a July startup; would the awardee be expected to have the team in place at the startup?

**Answer 4.** No, the expectation is that the grantee will have the program in place by October 1, 2016.

To assist with this development, in September the grantee will be invited to attend 3 days of training with Navigate consultants. Navigate is an Early Intervention Treatment (EIT) model developed through the National Institute for Mental Health (NIMH) to implement the RA1SE (Recovery After First Schizophrenia Episode) model.