San Francisco Department of Public Health
Behavioral Health Services

Mental Health Services Oversight and Accountability Commission (MHSOAC)
Early Psychosis Intervention Plus Request for Applications
RFA EPI PLUS_001

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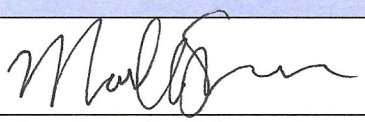
ATTACHMENT 1: GRANT APPLICATION COVER SHEET

Provide the name of the entity submitting the Application in the table below.

Name of Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title
City & County of San Francisco **Behavioral Health Services**	Marlo Simmons, MPH Acting Director, Behavioral Health Services San Francisco Department of Public Health

Director or Designee Signature	Date
	6/5/2020

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	
3.	Name:	
	Signature:	

County or City Lead Grant Coordinator Contact Information:

Name:	**Heather Weisbrod**
Title:	**Acting Director, TAY System of Care, BHS**
Email:	**Heather.weisbrod@sfdph.org**
Phone Number:	**415-255-3513**

ATTACHMENT 2: MINIMUM REQUIREMENTS

B. MINIMUM REQUIREMENTS

B.1. Applicants must be county, city, or multi-county mental health or behavioral health department

a. Provide Applicant name:

City & County of San Francisco Behavioral Health Services

B.2. Applicants must identify a contribution of local funds which will support the programs

a.-d. State the amount of local funds that will be committed to support this program over the term of the grant (4-years). Amount must equal the total amount entered on the Budget worksheet for Total Other Contribution of Funds (Attachment 8, Line (40)). For the purposes of this RFA Minimum Qualifications, Local funds are defined as funds under the Local control, including, Federal grants, and MHSA funds. If the applicant proposes to use funds under the local control that ultimately comes from the Federal or State government, the applicant must provide enough detailed support for the MHSOAC to validate with other entities (e.g. Department of Finance, Department of Health Care Services) that the funds may be used to support the CSC/EPI Plus program. If the MHSOAC cannot confirm the validity of using these funds for this grant program, they will not be counted towards meeting any requirement in this RFA:

Funding Source	Year 1: 9/1/20 - 8/31/21	Year 2: 9/1/21 - 8/31/22	Year 3: 9/1/22 - 8/31/23	Year 4: 9/1/23 - 8/31/24	TOTAL
Medi-Cal Mental Health Billing	$ 130,000	$130,000	$ 130,000	$ 130,000	**$ 520,000**
MH MHSA TAY Program Funding	$ 388,956	$ 388,956	$ 388,956	$ 388,956	**$ 1,555,824**
MH MHSA TAY Program Matching Funds	$ 130,000	$ 130,000	$ 130,000	$ 130,000	**$ 520,000**
(re)MIND CR - SAMHSA Adult SOC Grant, CFDA 93.958	$ 295,318	$ 295,318	$ 295,318	$ 295,318	**$ 1,181,272**
(re)MIND FFS - SAMHSA BEAM UP Grant, CFDA 93.243	$ 398,512	$ 166,047	-	-	**$ 564,559**
TOTALS	**$ 1,342,786**	**$ 1,110,321**	**$ 944,274**	**$ 944,274**	**$ 4,341,655**

B.3. Applicants must have demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county

a. Complete, Demonstrated Knowledge and Experience form (**ATTACHMENT 2A**) to attest to meeting this requirement:

Attachment 2A is completed and signed: ☒ Yes ☐ No

ATTACHMENT 2A: DEMONSTRATED KNOWLEDGE AND EXPERIENCE

Name of County and/or City Mental Health/Behavioral Health Department Coordinated Specialty Care (CSC) Program	
City & County of San Francisco, Behavioral Health Services	
Director/Official in charge of the CSC program	
Name: Heather Weisbrod	
Title: Acting Director, TAY System of Care	
Phone Number: 415-255-3513	
Email Address: heather.weisbrod@sfdph.org	
Signature of Director/Official in charge of the CSC program (This cannot be the same person who signed Attachment 1, Grant Application Cover Sheet)	Date
	6/10/20

I HEREBY CERTIFY that the Grant Applicant (County and/or City Mental Health/Behavioral Health Department) has demonstrated knowledge and experience operating a Coordinated Specialty Care clinic within their county.

ATTACHMENT 3: APPLICANT BACKGROUND

C. APPLICANT BACKGROUND		
C.1.	Current Early Psychosis Intervention Program	
	a.	Describe your current early psychosis intervention program, including all program components: Through its **Behavioral Health Services (BHS) Division**, the San Francisco Department of Public Health (SFDPH) has consistently applied state-of-the-art, evidence-based findings in order to foster, create, and build an effective **early psychosis intervention program** to address the high prevalence of early psychosis among young people, most recently in conjunction with the County's growing **Transition Age Youth (TAY) System of Care**. The San Francisco TAY system incorporates a broad range of public / private partnerships along with leveraged funding to ensure prompt access to comprehensive, holistic services that assist vulnerable youth ages 16-25 with serious and persistent mental health issues in stabilizing their lives and becoming more independent, productive, and satisfied members of their communities. The SF TAY program partners with clients to assist them in meeting their multidimensional life goals, including those concerning education, employment, social skills, relationships, housing, overall functioning, life satisfaction, self-sufficiency, and creative pursuits. BHS's key community partner in regard to early psychosis intervention is **Felton Institute**, a 501(c)(3) nonprofit corporation that has been providing services to vulnerable children and families in San Francisco for **over 130 years**. With a focus on equitable access to quality mental health services for marginalized individuals and communities, Felton has historically offered innovative and evidence-based recovery-oriented services to the lowest income and most marginalized residents of SF and the surrounding Bay Area. The agency's five programmatic divisions include Children, Youth, Family, and TAY (CYF / TAY); Early Psychosis; Adults; Seniors; and Justice Services. Felton's sixth division - Training and Research - provides professional development and behavioral health training in a range of evidence-based and evidence-informed practices, as well as other best practices for the social service environment. Together, Felton's six divisions are responsible for delivering **46** high-quality programs to over **10,000** individuals annually across five California Counties, including San Francisco, Alameda, San Mateo, Monterey, and Marin. In 2006, Felton Institute partnered with a pioneering group of researchers at the University of California, San Francisco (USCF) to review effective new approaches to schizophrenia that were being developed by researchers around the world – approaches that at that time were not consistently reaching consumers. The partnership with UCSF was formed with a shared vision of what could be done by relying upon research and the experience of other exemplary programs to guide the development of effective schizophrenia intervention programs. The partnership eventually identified **five** key evidence-based practices (EBPs) that had achieved proven results in treating early psychosis: a) Cognitive Behavioral Therapy for Psychosis (CBTp); b) Individual Placement Support (IPS); c) Psychoeducational Multifamily Groups (MFGs); d) Early, Rigorous Diagnosis through Research-Validated Diagnostic Assessments, including the SCID-V and SIPS); and e) Algorithm-guided Medication Management (AMM). Felton wove these interventions together into an **evidence-based suite of services** designed to achieve synergy through their **cumulative impact**, using program staff who had been extensively trained and were continually monitored to ensure fidelity to each of the program's EBPs. The result of this partnership was the **Felton Early Psychosis Program Model** (formerly PREP - Prevention and Recovery in Early Psychosis), an innovative, strengths-based treatment model for community settings launched in 2007, with a mission of effectively and sustainably achieving

remission for individuals living with schizophrenia. In 2012, Felton's PREP program was awarded a **Center for Medicare and Medicaid Health Care Innovations Grant** to implement the Felton Early Psychosis model in other countries. In 2014, the program received national recognition by the National Council on Behavioral Health by being awarded the **"Science to Service Award"** for inspiring hope, advocacy, leadership, and impact in the field of mental health. In 2017, the Felton Early Psychosis program in San Francisco was chosen as one of **32** study sites from among **248** early psychosis coordinated specialty care programs nationwide to participate in the SAMHSA / NIMH-sponsored **MHBG Early Intervention Study,** aimed at evaluating the sustainable dissemination of coordinated specialty care model programs. In 2019, the Felton Early Psychosis Programs joined the **Early Psychosis Intervention Network (EPI-CAL)**, a NIMH-sponsored project that will support collaboration between early psychosis programs at the state and national level, and further the development of impactful care standards for early psychosis treatment.

The Felton Early Psychosis Program Model focuses on **progress toward individual recovery goals**, as well as on improving social and role functioning, overall well-being, and improved mental and behavioral health outcomes. The program incorporates all key elements of the **Coordinated Specialty Care (CSC) Model**, although requested funding is needed for our region to achieve full fidelity to the CSC approach**. The Felton Early Psychosis Model, along with the UC Davis EDAPT model, is the second most adopted CSC model in California.**[1] Within its Coordinated Specialty Care Programs, Felton provides clients and their families with strategies and skills that promote recovery, resiliency, and remission and that result in improved health outcomes for TAY consumers. Key components of the model include the following:

- **Cognitive Behavioral Therapy for Early Psychosis (CBTp):** CBTp is a well-established, evidence-based practice aimed not only at challenges related to psychotic symptoms resistant to medication and/or medication adherence, but also relapse prevention, treatment, and ongoing support. The hands-on approach of CBTp provides clients with essential skills to address psychotic symptoms such as hallucinations, delusions, and disorganized thinking, developed in collaboration with the therapist and responsive to the client's cultural needs. As schizophrenia typically presents in youth and young adults, CBTp is an especially important EBP in working with TAY. In children, adolescents and young adults, the use of anti-psychotics is frequently associated with adverse effects, thus there is a higher likelihood of discontinuation. CBTp addresses the challenges involved in adherence to anti-psychotic medications - including challenges related to motivation and adherence, developmental issues, and family and social issues - by emphasizing the major role of the **therapeutic alliance**, including the role of family-oriented interventions. Importantly, the treatment program is also ideally suited to address the challenges of youth and young adults who live in complex social environments, such as residential treatment, group homes, and foster/kinship care.
- **Individual Placement and Support (IPS) Employment/Education Services:** Schizophrenia tends to present significant challenges in a young person's life during the very time when they are making their most important steps into adulthood. Felton's Early Psychosis Programs have been highly successful at working with clients with early psychosis and schizophrenia to keep them progressing in school, engaging and functioning socially, maintaining supportive relationships, and/or obtaining employment while helping them return to school or employment if they have disengaged. Felton specifically utilizes the **Individual Placement and Support (IPS)** model of education and employment assistance. This model was developed at Dartmouth University to help individuals challenged by serious mental health disorders to re-engage with life, school,

[1] Niedam, T., et al. The Rise of Early Psychosis Care in California: An Overview of Community and University-Based Services. *Psychiatric Services in Advance* (doi: 10.1176/appi.ps.201800394).

work, and the wider community, and has been further developed to better address the needs of youth and young adults through a more robust supported education component.

- **Psychoeducational Multifamily Groups (MFGs):** A number of studies have shown that extended multifamily group education and support has a strong positive impact on outcomes for TAY, independent of the client's level of motivation or adherence to treatment. Felton's Early Psychosis Program utilizes the **PIER Model** of MFG groups for the families of TAY and young adults experiencing schizophrenia, with a broad definition of "family" incorporating the client's biological parents, relative-kin caregivers, foster parents, social workers, counselors, and/or trusted friends. Groups are facilitated by program staff and are designed to increase social support, teach families a problem-solving format to cope effectively with illness-related behaviors, and provide ongoing psychoeducation regarding symptoms, medication, community life, work, and other areas of recovery and wellness. MFG can be considered an important **engagement tool**, particularly in situations where family members are in need of support but where the client is struggling to engage in services. Family members may be included in groups wherever conducive to client engagement in treatment, particularly when they have a desire to learn skills to handle family conflict and stigma related to mental health issues. Families in MFGs learn they are not alone in their experiences with early psychosis and can form a powerful support network for each other.
- **Early, Rigorous Diagnosis through Research-based Assessment:** Felton's Early Psychosis Program utilizes the **Structured Clinical Interview for DSM V (SCID-V)** for all clients with early onset of psychosis, as well as the **Structured Interview for Psychosis Risk Syndrome (SIPS)** for those who are identified as being at risk of developing psychosis. The SCID-V takes into consideration cultural and linguistic factors and is designed to support clinicians in establishing a diagnosis with a high degree of accuracy. This is especially crucial for youth and young adults, given their unique treatment needs and the adverse effects of stigma. For individuals at clinical high risk for psychosis (also known as the prodromal phase), the SIPS allows clinicians to establish the level of insight into the experience of the client and to determine whether the individual is, in fact, experiencing psychosis. Early detection at this stage embodies true prevention of psychotic disorders, as early access to specialized treatment can mean the difference between progression towards a diagnosis of schizophrenia or full symptom remission.
- **Algorithm-Guided Medication Management (AMM):** The goal of AMM is to identify a **single antipsychotic medication** along with an appropriate dosage to provide maximum symptom relief with minimum side effects and/or increased negative symptoms. AMM involves a partnership between prescribers, clients, and families (where appropriate) in selecting the medication approach that will result in the highest possible medication adherence among clients. Accurate administration of therapeutically recommended levels of psychotropic medications has significantly reduced hospitalizations among early psychosis program participants. For TAY diagnosed with schizophrenia, algorithm-guided care has also resulted in improved outcomes with lower costs associated with health care services and medication.
- **Motivational Interviewing-Based Treatment for Co-Occurring Disorders**: Felton believes that effective treatment begins with **effective engagement tools**, and our program utilizes the widely accepted Motivational Interviewing (MI) strategy. MI employs a **collaborative counseling approach** that is focused on helping clients understand and leverage their internal motivation to create positive change, while helping the client identify the full range of factors and conditions that can influence and help mitigate early psychosis symptoms. Felton's approach to MI places a special emphasis on **developing and strengthening the client-focused therapeutic alliance**, characterized by empathy and support for client-identified change. Felton's Training and Research Division is experienced in providing MI technical assistance, coaching consultations,

		and training to our internal first episode psychosis program staff, as well as to other community-based social services providers who work with a variety of populations. Felton also emphasizes **ongoing staff coaching** in the effective utilization of MI approaches, including tailoring MI approaches to each client's and family's specific cultural and linguistic orientation. ▪ **Strengths-Based Care Coordination and Shared Decision-Making:** Felton's Early Psychosis programs utilize strength-based, intensive care coordination incorporating **Assertive Community Treatment (ACT)** components that include weekly case conferences with the full multidisciplinary team and client-centered care planning fostering shared-decision making and active client involvement in all phases of treatment. This model aims at engaging and nurturing the client's own **innate resilience,** targeting better outcomes and improving quality of life for those who are being served while reducing compassion fatigue for those providing care.
	b.	Who is your target population and what are their needs? Early psychosis intervention treatment programs have begun to play an increasingly important role in improving both short and long-term outcomes for individuals living with psychosis. Psychosis often begins when an individual is in their late teens to mid-twenties, and an estimated **100,000** adolescents and young adults experience an initial psychotic episode in the US each year.[2] Recent research has confirmed the importance of both early identification of psychosis prodromal symptoms [3,4] and the need for rapid connection to evidence-based services in order to prevent or reduce the severity of psychotic disorders.[1,5] With a focus on empowering consumers to achieve sustained remission, early psychosis intervention and support programs help participants achieve greatly improved health outcomes by reducing the risk of relapse, improving psychosis-related self-management skills, and supporting the client in making progress toward meaningful intrapersonal life goals. San Francisco's proposed intensive early psychosis intervention project will seek to reduce the negative impacts of early psychosis among an ethnically and linguistically diverse spectrum of TAY clients, the vast majority of whom will be between the ages of **14 and 25**, although the project will also serve persons up to **35** years of age. The majority of project clients will be low-income, ethnic minority young people, many of whose families speak a language other than English at home. The proposed EPI PLUS program will be implemented within the **City and County of San Francisco, California (SF),** an extremely concentrated region with high rates of substance use, mental illness, and homelessness. With an estimated population of **870,887,** the density of SF is **18,649** persons per square mile - the highest population density of any county in the nation outside of New York City. San Francisco is also extremely diverse, with persons of color making up **59.1%** of the city's population, including a population that is **35.9%** Asian / Pacific Islander, **5.6%** African American, and **15.2%** Latino / Hispanic. Fully **34.0%** of San Francisco residents were born outside the US and **44.0%** speak a language other than English at home, including over **100** separate Asian languages and dialects. Only **half** of SF high school students were born in the United States, and almost **one-quarter** have been in the country six years or less. An estimated **10.2%** of SF residents live below the federal poverty line.

[2] National Institutes of Mental Health, Recovery After First Episode Psychosis (RAISE): First episode psychosis, *Fact Sheet*, Bethesda MA, Revised January 2016.
[3] Lynch S, McFarlane W, et al. Early Detection, Intervention and Prevention of Psychosis Program (EDIPPP): Community Outreach and Early Identification at Six U.S. Sites, *Psychiatric Services,* 67(5):510-6. May 1, 2016.
[4] Addington, J., et al. North American Prodrome Longitudinal Study (NAPLS 2): The Prodromal Symptoms. *The Journal of Nervous and Mental Disease*, *203*(5), 328–335, 2015.
[5] E.g., Stafford M, et al, Early interventions to prevent psychosis: Systematic review and meta-analysis, *British Medical Journal / BMJ*, 44(3):449-468, 2014.

		In San Francisco, as in the nation, many young people are at potential risk for psychotic disorders. San Francisco experiences high rates of mental illness, with **23%** of all city residents reporting needing emotional help and support and at least **9%** of adults reporting serious psychological distress in any given year.[6] Depressive symptoms are common among SF school-aged youth, with **26%** of SF high school students reporting episodes of prolonged sadness. These rates are even higher among Latino students (**37%**) and gay and lesbian students (**53%**). Major depressive and other mood disorders, substance use disorders, schizophrenia, and personality disorders are the most common mental health conditions among those who die by suicide [7]. In part because of the proximity of the Golden Gate Bridge, San Francisco also has one of the nation's highest rates of **adult and teen suicide.** Suicide is the **8th leading cause of death** in SF and the city's per capita suicide rate is **twice as high** as the city's homicide rate. **13%** of SF high schoolers and **15%** of middle schoolers report having considered suicide. Psychosis is associated with increased suicide risk, as suicidal thoughts and behaviors are very common [8]. San Francisco's epidemic of **youth homelessness** - part of an overarching homelessness crisis facing the city - also contributes to high risk for youth psychosis. According to the US Department of Housing and Urban Development, San Francisco is one of **5** major cities that account for more than **25%** of the total homeless youth population in the US, with at least **2,500** homeless youth on the streets of SF at any given time.[9] A seminal study conducted by Mundy, et al. found that **29%** of homeless adolescents experienced **4 or more psychotic symptoms** , including paranoid ideation, ideas of reference, and auditory hallucinations, symptoms that were correlated with reports of affective disturbance, abuse life experiences, and substance use.[10]
	1.	What needs are currently being met by your program? San Francisco's existing early psychosis program - spearheaded and led by Felton Institute - provides comprehensive, integrated services for a significant proportion of young people in the city who are experiencing early psychosis symptoms. Felton has been a pioneering agency in identifying and implementing many early psychosis intervention approaches that have become both national and international models, and has worked in partnership with public and private providers to link and integrate early psychosis intervention services with the full range of complementary outreach, service, and support programs for youth in our region. Felton's current staffing and funding capacity allows the agency to provide services to an average of **40** young people with early psychosis symptoms per year, using highly trained staff who utilize the full complement of early intervention services described in Section C.1. above. This includes the extensive involvement of both youth and family peers who participate in the development, oversight, and publicization of early psychosis services in our region, and the use of extensively leveraged public and private financial resources to support project services.
	2.	What needs are not currently being met by your program? Despite the success of SFDPH and Felton Institute in providing high-quality services for persons experiencing early psychosis symptoms, the program has several significant gaps and unmet

[6] These and other statistics in this section from the SF Health Improvement Partnership, *Community Health Needs Assessment 2016*, SF Department of Public Health Population Health Division, SF, CA, 2017.
[7] Bertolote J & Fleischmann A, "Suicide and psychiatric diagnosis: a worldwide perspective." *World Psychiatry* 1(3): 181-5, 2002.
[8] National Institute of Mental Health, Schizophrenia, *Brochure*, Bethesda MA, December 2017.
[9] Larkin Street Youth Services, *Youth Homelessness in SF: 2014 Report on Incidence and Needs*, SF, CA 2015
[10] Mundy P, et al., The prevalence of psychotic symptoms in homeless adolescents, *Journal of the American Academy of Child & Adolescent Psychiatry*, 29(5):724-731, September 1990.

needs which the current application is designed to directly address. **Many of these gaps are related to the goal of ensuring that San Francisco utilizes the EPI PLUS grant program to achieve 100% compliance with the components and standards of the Coordinated Specialty Care Model.** Among the most significant of our region's current gaps are the following:

- While our existing program serves a large number of early psychosis patients, there are **many more young people** experiencing or at risk for early psychosis who could benefit from our program's services.
- Because of the high level of ethnic and linguistic diversity in our region, the addition of **new bilingual / bicultural staff** would allow Felton to provide effective services to more youth and families whose primary language at home is not English.
- Our program could benefit from the **expanded incorporation of substance use assessment and treatment** at all levels of project services.
- While **youth and family peers** are already extensively involved in the development and implementation of early psychosis services at Felton, this involvement could be significantly increased, in turn supporting even greater engagement, participation, and retention in project services by both young people and their families.
- **Expanded and enhanced community education and outreach would** help more families and youth-serving agencies and adults identify young people exhibiting symptoms of early psychosis, while informing them of the resources available through Felton Institute and the SF TAY System of Care.
- The use of **emerging telehealth and telepsychology approaches** - including systems available through smart phone-based apps - has the potential to greatly expand both the participation and the long-term retention of young people and families in early psychosis intervention programs.

c. How many staff or contractors do you employ?

At least **one** full-time employee of San Francisco Behavioral Health Services - the **TAY System of Care Clinical Services Coordinator** - provides centralized coordination and integration support for public and private TAY providers, including the early psychosis program at Felton Institute. Support for **0.25 FTE** of the TAY Clinical Services Coordinator is included in the current application budget. Meanwhile, the project's subcontracting agency, Felton Institute, currently employs **13** distinct staff members working a combined total of **7.9 FTE** to provide comprehensive early psychosis intervention services. Both the SFDPH TAY Clinical Services Coordinator and all current Felton early psychosis staff are listed below.

For each staff or contractor employed, individually provide their title and describe their roles and responsibilities. (*add lines as necessary*)

1. Staff: ☒ Contractor: ☐

Title: **TAY System of Care (SOC) Clinical Services Coordinator**

Role and Responsibility:

The TAY SOC Clinical Services Coordinator is a key member of TAY System of Care and has several key responsibilities in relation to early psychosis intervention services, including the following: 1) supporting the continual integration of early psychosis intervention services into the overall TAY

			SOC; 2) collaborating with and supporting integration of early psychosis services into the BHS Children, Youth and Families (CYF) System of Care; 3) supporting the partnership between early psychosis providers and services and the SFTAY Linkage Collaborative; 4) problem-solving for complex cases, including through regular case conferencing; 5) tracking client flow through the TAY system and into early psychosis services; and 6) providing grant coordination activities in conjunction with MHSOAC, including ongoing meetings, communications, and reports.
	PLEASE NOTE: All staff listed below are currently employed on a full-time basis by our program partner, Felton Institute. For this reason, they are identified as "Staff" in the boxes that precede each position. However, because they are not directly employed by the applicant agency, the San Francisco Department of Public Health, they are listed as "Contractors" for the sake of differentiation on the Budget Worksheet (Attachment 8).		
			Staff: ☒ Contractor: ☐ Title: **Early Psychosis Division Director (0.10)** Role and Responsibility: The Early Psychosis Division Director provides executive-level oversight of early psychosis program operations, clinical services, and quality management and develops and implements early psychosis program policies and procedures, ensuring that programs meet performance objectives and quality assurance standards. The Director supports fidelity monitoring and consistency of the Felton Early Psychosis Model with national and international coordinated specialty care (CSC) standards across all sites.
			Staff: ☒ Contractor: ☐ Title: **Associate Director (0.20 FTE)** Role and Responsibility: The Early Psychosis Associate Director provides clinical, program operations, and quality assurance oversight. The Associate Director also oversees the referral and intake system, monitors caseloads, and collaborates directly with the Program Manager regarding intake and referrals.
			Staff: ☒ Contractor: ☐ Title: **Program Manager (1.0 FTE)** Role and Responsibility: The Program Manager is responsible for the early psychosis site program and clinical operations following Felton Early Psychosis Model standards. The Manager is responsible for the site's adherence to evaluation standards (client and program-level), quality assurance (clinical documentation standards), and contract deliverables (performance objectives and reimbursement model). The Manager also provides clinical and administrative supervision to the CSC multidisciplinary team and carries a small caseload of CSC clients.
			Staff: ☒ Contractor: ☐ Title: **Clinical Team Leader (1.0 FTE)** Role and Responsibility:

			The Clinical Team Leader is responsible for the direct clinical supervision and support of the multidisciplinary team implementing the coordinated specialty care (CSC) model program, including actively coordinating weekly clinical meetings in compliance with the program model (ACT-based model weekly case conference, diagnostic consensus meetings) and conducting and convening clinical competency-related trainings and meetings. In addition, the Clinical Team Leader serves as primary clinician for assigned CSC clients and monitors caseloads and coordinates intakes, discharges, and referrals.
			Staff: ☒ Contractor: ☐ Title: **Staff Therapist (2.5 FTE)** Role and Responsibility: Staff Therapists are responsible for coordinating client care within the multidisciplinary team, including family support providers and community partners. Therapists provide case management, individual and group psychotherapy, and implement evidence-based interventions, including structured diagnostic assessments, CBT for Psychosis, family psychoeducation, multi-family groups, and crisis intervention. Therapists develop and implement treatment and relapse prevention plans.
			Staff: ☒ Contractor: ☐ Title: **Employment and Education Specialist (1.0 FTE)** Role and Responsibility: The Employment and Education Specialist provides supported employment and education services via the IPS model to all Felton early psychosis clients. The Specialist works directly with individuals to develop and implement employment and/or education goals in accord with the IPS model of supported employment and education and interacts with the treatment team regarding the role of education and/or employment goals in participants' recovery process. The Specialist also helps clients through all phases of seeking employment or education placement including evaluation and planning, job and/or resource development, placement/enrollment, and development and follow-through of ongoing support for job retention and/or academic progress, including completing all required IPS documentation for each of these phases.
			Staff: ☒ Contractor: ☐ Title: **Peer Support Specialist Intern (0.6 FTE)** Role and Responsibility: The Peer Support Specialist provides peer counseling, mentoring, and support services to early psychosis clients, strategically utilizing lived experience to validate and empower an individual's own sense of hope and participation in their recovery. The Specialist plans activities to help clients structure their time, decrease isolation, and provide opportunities to gain confidence in a variety of settings, while providing direct support to assist clients with challenges in the areas of independent living skills, wellness, housing, personal goals, socialization, and connection to their community, including working with advocacy organizations that promote consumer involvement in the mental health system. The Specialist advocates for and guides team members to a better understanding of each participant's individual voice, experience, and perceptions.
			Staff: ☒ Contractor: ☐

			Title: **Bilingual Psychiatric Nurse Practitioner (0.5 FTE)** Role and Responsibility: Under the direction of a Licensed Psychiatrist, the Psychiatric Nurse Practitioner has medical responsibility for the ongoing psychiatric evaluation, medication assessment, and medication monitoring of project clients, including providing crisis intervention, supportive counseling, family education, and other mental health services, while continually assessing clients and ensuring linkage to other community health and mental health resources as needed. The Psychiatric Nurse Practitioner serves as a member of the client care team, alerting team members to potential changes in individual patient behavior or adherence while providing ongoing education and technical assistance regarding psychopharmacology and the medical aspects of patient care.
			Staff: ☒ Contractor: ☐ Title: **Psychiatrist (0.03FTE)** Role and Responsibility: The Psychiatrist is responsible for providing supervision to the Psychiatric Nurse Practitioner and provides ongoing education to non-medical staff in psychopharmacology and medical aspects of patient care. The Psychiatrist also maintains a small personal client caseload, as needed for complex cases.
			Staff: ☒ Contractor: ☐ Title: **Quality and Performance Manager (0.3 FTE)** Role and Responsibility: The Quality and Performance Manager supports the Division Director in monitoring projects and initiatives, including project management, program development, and evaluation. The Manager is responsible for monitoring compliance with program outcomes including coordinating data collection for quarterly and annual reports.
			Staff: ☒ Contractor: ☐ Title: **Office/Administrative Manager (1.0 FTE)** Role and Responsibility: The Office / Administrative Manager provides administrative and clerical support, including administrative management of client records, direct services billing, generating reports, tracking and processing program expenditures, and implementing quality assurance activities.
	d.		What are the eligibility requirements to receive services from the program? With the goal of providing specialized services as early as possible in the course of development of the schizophrenia spectrum or severe mood disorders with psychotic features, the eligibility requirements of the Felton Early Psychosis Program are: a) individuals ages **14 to 35;** b) residents of the City and County of San Francisco; c) within two years of initial onset of psychotic symptoms; and d) having an identified qualifying diagnosis of either schizophrenia, schizoaffective disorder, schizophreniform disorder, severe mood disorder with psychotic symptoms, and/or other specified psychotic disorders. Having an established qualifying diagnosis is not a requirement at the time of

		referral. These diagnostic criteria can be modified or adjusted to confirm to statewide standards during EPI PLUS project implementation.
	e.	What are any restriction requirements that limit who is eligible to receive services? The SF early psychosis program is not designed to serve individuals experiencing chronic and persistent schizophrenia spectrum or mood disorder, or individuals with substance-induced psychosis, although services to address these conditions are available both at Felton and other agencies. Additionally, the San Francisco County early psychosis program accepts only residents of San Francisco who receive Medi-Cal benefits, are San Francisco Health Plan members, or are residents with no insurance. Clients with private insurance are served through a high-quality early psychosis program operated by the University of California, San Francisco. Out-of-county referrals are connected with other early psychosis sites within the Felton Early Psychosis network or surrounding counties.
	f.	Does the program accept insurances other than Medi-Cal? Please explain As noted above, the San Francisco County early psychosis program accepts residents of San Francisco who receive Medi-Cal benefits, are San Francisco Health Plan members, or are residents with no insurance. The SF Health Plan is a licensed managed health plan created by the City and County of San Francisco in **1994** that currently provides affordable health care coverage to over **145,000** low and moderate-income families. The Health Plan's mission is to provide high quality medical care to the largest number of low-income San Francisco residents possible, while supporting San Francisco's public and community-minded doctors, clinics, and hospitals. Health Plan members have access to a full spectrum of medical services including preventive care, specialty care, hospitalization, prescription drugs, and family planning services, and members choose from over **2,600** primary care providers and specialists, **9** hospitals and over **200** pharmacies – all in neighborhoods close to where they live and work.
	g.	Provide a comprehensive list as to the types of data currently being collected though the program Felton utilizes a broad range of data collection approaches to evaluate and assess clients, identify client characteristics, psychological and functioning state, and quality of life. These consist of the following: ▪ **Basic Demographic Data** on Patients and Involved Caregivers, including age, sex, gender identity, race/ethnicity, marital status, disability status, etc. ▪ **Psychosocial Assessments:** ➢ CANS – Child and Adolescent Needs and Strengths ➢ ANSA – Adult Needs and Strengths Assessment ➢ NOMS Child/Adult– National Outcomes Measures (Client-Level) ▪ **Diagnostic Screening and/or Assessments:** ➢ PQ-B – Prodromal Questionnaire – Brief ➢ SIPS – Structured Interview for Psychosis Risk Symptoms ➢ SCID-V – Structured Clinical Interview for DSM-V Diagnoses ▪ **Symptom Measures:** ➢ CSI - Modified Colorado Symptom Index ➢ BPRS – Brief Psychiatric Rating Scale (BPRS) ▪ **Quality of Life and Functioning Measures:**

		➢ Global Functioning: Social Scale (GF-S) ➢ Global Functioning: Role Scale (GF-R) ➢ Lehman's Quality of Life Scale (Global Scale)
	h.	What outcomes have been achieved by the program? Provide a complete list and descriptions **Summary of Program Outcomes for Felton Institute's Early Psychosis Programs (re)MIND San Francisco (First Episode Psychosis - FEP) and BEAM UP (Clinical High Risk for Psychosis – CHR):** **<u>FY 2018-19 Felton Early Psychosis Program – (re)MIND (FEP)</u>** **Goal - Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness:** ▪ Total Served: **45** individuals **(112% of program capacity)** were enrolled in first episode psychosis coordinated specialty care. **Goal - Increased ability to manage symptoms and/or achieve desired quality of life goals as set by program participants:** ▪ Out of 26 participants enrolled for at least 12 months, **19** (**73%**) engaged in new employment or education activities, as documented in CIRCE and AVATAR. ▪ Out of 26 participants enrolled for at least 12 months, **14** (**54%**) had at least one acute inpatient setting episode in 12 months prior to their enrollment in the program. Out of these14 patients, **10 (71%)** demonstrated a decrease in a total number of acute inpatient settings episodes and **13** (**93%**) demonstrated a decrease in total number of days hospitalized. ▪ Out of 26 participants enrolled for at least 12 months, **12** (**46%**) had no acute inpatient setting episodes within 12 months prior to their enrollment. Out of these 12 clients, **11** (**92%**) continued to have no acute inpatient setting episodes. ▪ Out of 26 participants enrolled for at least 12 months, **18** (**69%**) showed an increase of at least **1** PCI (Standardized Performance Change Index) point on clinician ratings on the ANSA in Life Domain Functioning or Strengths domains **OR** a decrease of at least **1** PCI on Behavioral Health Needs or Risk Behaviors domains. **Goal - High levels of participant satisfaction with program services:** ▪ The program asked participants to complete the SFDPH Consumer Experience Survey in the Fall of 2018. Fully **80%** of respondents reported an average score of **3.5 or greater** (average participant satisfaction score was 3.93). ▪ The program asked participants (adult, youth, and families) to complete the SFDPH Consumer Experience Survey in the Spring of 2019. The survey found that **93.3%** of respondents reported an average score of 3**.5 or greater** (average adult satisfaction score was **4.33**, youth **3.86**, and family **4.14**). **<u>FY 2018-19 - Felton Early Psychosis Program – BEAM UP (CHR)</u>** ▪ Total Served: **10** individuals were assessed and treated for clinical high risk for psychosis ▪ Total Screened: **60** individuals were screened using the PQB questionnaire

- Total Outreach: **88** community members and mental health professionals received psycho-educational presentations and clinical outreach to help better identify individuals at clinical high risk for developing psychosis
- Total Referred: **65** individuals were referred to mental health or related services including coordinated specialty care and/or specialty mental health services

FY 2019-20 – Mid-Year Report (Q1 & Q2) Felton Early Psychosis Program – (re)MIND (FEP)

Goal - Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness:

- Total Served: **35** individuals **(87.5% of program capacity)** were enrolled in first episode psychosis coordinated specialty care.

Goal - Increased ability to manage symptoms and/or achieve desired quality of life goals as set by program participants (during Q1 & Q2):

- **9** of 13 (**69.2%**) program participants enrolled in the program for at least 12 months were engaged in employment and/or education activities as measured by enrollments documented in CIRCE and AVATAR records. An additional **11** program participants enrolled in the program for less than 12 months were engaged in employment and/or education activities, for a total of **57%** of all program participants engaged in meaningful activities.
- As documented in AVATAR and CIRCE records, **6** of 13 program participants enrolled in the program for at least 12 months had at least one acute inpatient episode within 12 months prior to enrollment for a combined total of **87** days. **4** out of these 6 (**67%**) had a decrease in acute inpatient episodes or days hospitalized and/or a reduction in inpatient setting days during this reporting period (60 days combined total).
- As documented in AVATAR and CIRCE records, **7** of 13 program participants enrolled in the program for at least 12 months had no acute inpatient setting episodes within the 12 months prior to their enrollment. Among these 7 clients, **5** (**71.4%**) remained with zero acute inpatient episodes during the 12 month-period following their enrollment in early psychosis services.
- **13** of 35 participants were enrolled for 12 months or more; **12** of these 13 (**92.3%**) participants showed an increase of at least **1** PCI point on staff ratings on the CANS/ANSA in Life Domain Function or Strengths domains **OR** a decrease of at least **1** PCI on Behavioral Health Needs or Risk Behavior domains.

FY 2019-20 – Mid-Year Report (Q1 & Q2) Felton Early Psychosis Program – BEAM UP

- By the middle of the project year, Felton had already exceeded yearly goals for community and provider outreach and was on target to meet its yearly goal for number of potential participants screened during quarter 3.
- Felton continued to expand the breadth of its outreach to include local congregations of faith in addition to schools, primary care providers, mental health providers and crisis intervention providers.
- Based on 2019-2020 mid-year reporting (Q1 &Q2):
  - Total Served: **14** individuals were assessed and treated for clinical high risk for psychosis
  - Total Screened: **60** individuals were screened using the PQB questionnaire

		▪ Total Outreach: **268** community members and mental health professionals received psycho-educational presentations and clinical outreach to help better identify individuals at clinical high risk for developing psychosis ▪ Total Referred: **25** individuals were referred to mental health or related services including coordinated specialty care and/or specialty mental health services

ATTACHMENT 4: APPLICANT PROGRAM ASSESSMENT

PLEASE NOTE: Boxes highlighted in red below represent program areas in which our existing program has either not yet attained a "5" rating or has identified areas for improvement despite a "5" rating

	ASSESSMENT LEVEL				
D.	**1**	**2**	**3**	**4**	**5**
1. Timely contact within 2 weeks of referrals	Target met for in-person appointment for 0-19% patients YES: ☐	Target met for in-person appointment for 20-39% patients YES: ☐	Target met for appointment for 40-59% patients YES: ☐	Target met for appointment for 60-79% patients YES: ☐	Target met in-person appointment for 80+% patients YES: ☒
2. Comprehensive clinical assessment using semi-structured evidence-based approaches	All assessment items found in 0-19 % of patients YES: ☐	All assessment items found in 20-39% of patients YES: ☐	All assessment items found in 40-59% of patients YES: ☐	All assessment items found in 60-79% of patients YES: ☐	All assessment items found in 80+% of patients YES: ☒
3. Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches.	All assessment items found in 0-19 % of patients YES: ☐	All assessment items found in 20-39% of patients YES: ☐	All assessment items found in 40-59% of patients YES: ☐	All assessment items found in 60-79% of patients YES: ☐	All assessment items found in 80+% of patients YES: ☒
4. Antipsychotic medication within dosing recommendations, with access to IM and clozapine	< 1 % patients on Clozapine at 2 years YES: ☐	1-3% patients on Clozapine at 2 years YES: ☒	3-5% patients on Clozapine at 2 years YES: ☐	6-8% patients on Clozapine at 2 years YES: ☐	> 8% patients on Clozapine at 2 years YES: ☐
5. Client psychoeducation provided by trained providers available in individual and group formats.	0-19% patients receive at least 12 sessions of psychoeducation YES: ☐	20-39% patients receive at least 12 sessions of psychoeducation YES: ☐	40-59% patients receive at least 12 sessions of psychoeducation YES: ☐	60-79% patients receive at least 12 sessions of psychoeducation YES: ☐	80+% patients receive at least 12 episodes of psychoeducation YES: ☒
6. CBT intervention provided by trained providers available in individual and group formats.	0-15 % patients participated in at least 10 sessions of CBT YES: ☐	16-20 % patients participated in at least 10 sessions of CBT YES: ☐	21-25% patients participated in at least 10 sessions of CBT YES: ☐	26-30 % patients participated in at least 10 sessions of CBT YES: ☐	> 30% patients participated in at least 10 sessions of CBT YES: ☒
7. Treatment for substance use disorders is provided	7 assessment items found in 20 – 30% of annual assessments	7 assessment items found in 31- 39% of annual assessments	7 assessment items found in 40-59% of annual assessments	7 assessment items found in 60-79% of annual assessments	7 assessment items found in 80+% of annual assessments

	ASSESSMENT LEVEL				
D.	**1**	**2**	**3**	**4**	**5**
	YES: ☒	YES: ☐	YES: ☐	YES: ☐	YES: ☐
8. Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)	0-19% of patients with SUD receive at least three sessions of either ME or CBT YES: ☒	20-39% of patients with SUD receive at least three sessions of either ME or CBT YES: ☐	40-59% of patients with SUD receive at least three sessions of either ME or CBT YES: ☐	60-79% of patients with SUD receive at least three sessions of either ME or CBT YES: ☐	80 + % of patients with SUD receive at least three sessions of either ME or CBT YES: ☐
9. Supported employment using Individual Placement and Support (IPS) and supported education services provided by dedicated staff who is part of the team.	Program staff do not actively assess work interest of patients and do not encourage a return to work YES: ☐	Documented assessment of patient interest in work and encouragement of patients to apply for jobs YES: ☐	Documented referral to an employment program that does not provide high fidelity SE services YES: ☐	Documented assessment of work interest and referral to supported employment program that provides high fidelity SE services YES: ☐	Documented assessment of work interest engagement by ES who is part of FEP team and provides high fidelity SE services YES: ☒
10. Targeted Outreach to community groups	0- Community Outreach events are conducted within a calendar year YES: ☐	1-4 Community Outreach events are conducted within a calendar year YES: ☐	5-8 Community Outreach events are conducted within a calendar year YES: ☒	9-11 Community Outreach events are conducted within a calendar year YES: ☐	>12 Community Outreach events are conducted within a calendar year YES: ☐
11. Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons.	0- 9% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: ☐	10-19% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: ☐	20-29% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: ☒	30-39% of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: ☐	>40 % of all patient and support persons are proactively engaged to reduce the number of missed appointments YES: ☐

	ASSESSMENT LEVEL				
D.	**1**	**2**	**3**	**4**	**5**
12. Active engagement of natural supports in all areas of program	0- 9% of all patient and family visits are out-of- office visit to facilitate engagement YES: ☐	10-19% of all patient and family visits are out-of- office visit to facilitate engagement YES: ☐	20-29% of all patient and family visits are out-of- office visit to facilitate engagement YES: ☒	30-39% of all patient and family visits are out-of- office visit to facilitate engagement YES: ☐	>40 % of all patient and family visits are out-of-office visit to facilitate engagement YES: ☐
13. Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1).	51+ patients/ provider FTE YES: ☐	41-50 patients/ provider FTE YES: ☐	31-40 patients/ provider FTE YES: ☐	21-30 patients/ provider FTE YES: ☐	20 or fewer patients/ provider FTE YES: ☒
14. Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meeting and is accessible.	51+ patients/ provider FTE YES: ☐	41-50 patients/ provider FTE YES: ☐	31-40 patients/ provider FTE YES: ☐	21-30 patients/ provider FTE YES: ☐	**20 or fewer patients/ provider FTE** YES: ☒ **Please note that the proportion of 20 or fewer patients per FTE is the same proportion as for Item 13 immediately above and differs from the requirement listed for Item 14 at left. Our current program well exceeds the target of fewer than 30 patients per .20 prescriber FTE, serving 40 clients per year with a staffing level of .50 FTE.**

	ASSESSMENT LEVEL				
D.	**1**	**2**	**3**	**4**	**5**
15. Team leader provides administrative direction and supervision to all staff	Team leader provides only administrative managerial direction. No responsibility to ensure clinical supervision YES: ☐	Team leader provides administrative direction and ensures clinical supervision by others YES: ☐	Team leader provides administrative direction and supervision to some staff YES: ☐	Team leader provides administrative direction and supervision to all staff YES: ☐	Team leader provides administrative direction and supervision to all staff and some direct clinical service YES: ☒
16. Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements including: 1. Nursing services; 2. Evidence Based Psychotherapy; 3. Addictions services; 4. Supported Employment; 5. Family Education and Support; 6. Social and community living skills; and 7. Case management	Team delivers 3 or fewer of listed elements YES: ☐	Team delivers 4 of the listed elements YES: ☐	Team delivers 5 of the listed elements YES: ☐	Team delivers 6 of the listed elements YES: ☐	Team delivers 7 of the listed elements YES: ☒
17. Length of treatment up to 4 years (if needed) with appropriate discharge planning/linkage	FEP program serves patients for 1 year or less YES: ☐	FEP program serves patients for 1 year to 2 years YES: ☐	FEP program serves patients for 2 years to 3 years YES: ☒	FEP program serves patients for 3 years to 4 years YES: ☐	FEP program serves patients for 4+ years YES: ☐
18. Multidisciplinary team to deliver a range of specific service components. Team meets weekly.	No team meetings held YES: ☐	Monthly team meetings YES: ☐	Team meetings held more often than once a month, but less often than every two weeks YES: ☐	Bi-weekly team meetings YES: ☐	Weekly team meetings YES: ☒
19. Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure	< 60% population served meet admission criteria YES: ☐	60-69% population served meet admission criteria YES: ☐	70-79% population served meet admission criteria YES: ☐	80-89% population served meet admission criteria YES: ☐	> 90% population served meet admission criteria YES: ☒

	ASSESSMENT LEVEL				
D.	**1**	**2**	**3**	**4**	**5**
20. Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)	0-19% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: ☐	20-39% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: ☒	40-59% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: ☐	60-79% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: ☐	80+% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 – 45 YES: ☐
21. Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program.	Target met for 0-19% patients YES: ☐	Target met for 20-39% patients YES: ☐	Target met for 40-59% patients YES: ☐	Target met for 60-79% patients YES: ☐	Target met for 80+% patients YES: ☒
22. Timely follow up after hospital discharge or crisis evaluation (15 days)	Target met for 0-19% patients YES: ☐	Target met for 20-39% patients YES: ☐	Target met for 40-59% patients YES: ☐	Target met for 60-79% patients YES: ☐	Target met for 80+% patients YES: ☒

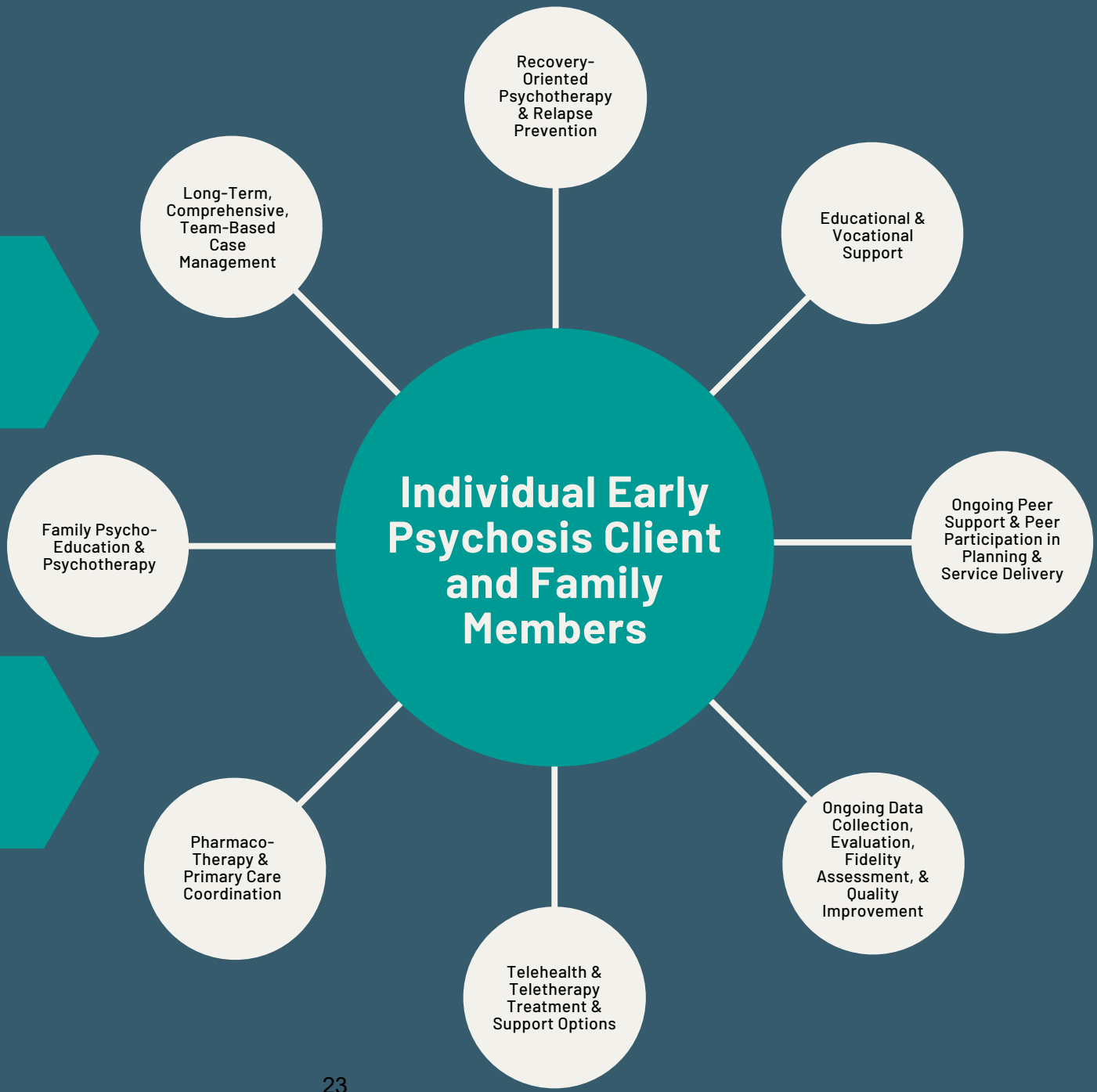
ATTACHMENT 5: FULL FIDELITY PLAN

E. Full Fidelity Plan	
E.1.	Describe how will you spend this grant money? Provide a comprehensive description of the early psychosis and mood disorder detection and intervention services and supports to be established or expanded with this grant **PLEASE NOTE: Throughout the following Fidelity Plan section, the word "patient" is used to refer to persons diagnosed with early psychosis, since this is the term used throughout the Applicant Program Assessment scale above. However, both San Francisco County and Felton Institute generally prefer to use terms such as "client" and "individual" to refer to persons with FEP.** **The overarching goal of the proposed Early Psychosis Intervention Plus program is to reduce the Duration of Untreated Psychosis (DUP) in youth, TAY, and young adults living in San Francisco, California.** Among other outcomes, the proposed reduction will lead to a significant decrease in the severity of early psychosis symptoms, an overall reduction in client suffering, and an increase in the chance for clients to achieve full recovery and remission of symptoms, and to experience a meaningful and happy life. The project will accomplish its goal by attaining full adherence and fidelity to the **Coordinated Specialty Care (CSC) model** which is already employed and utilized by Felton Institute (see program chart on the following page). As noted in the MHSOAC guidance, CSC is a team-based, multi-element approach to treating first episode psychosis (FEP) that has been broadly implemented in Australia, the United Kingdom, Scandinavia, and Canada with component interventions that include assertive case management, individual and/or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents. CSC employs a **collaborative, recovery-oriented approach** involving clients, treatment team members, and family and support group members as active participants, and which emphasizes **shared decision making** as a means for addressing the unique needs, preferences, and recovery goals of individuals. Collaborative treatment planning in CSC is a respectful and effective means for establishing a positive therapeutic alliance and maintaining engagement with clients and their family members over time while CSC services are also highly coordinated with primary medical care, with a focus on optimizing a client's overall mental and physical health. **The San Francisco Early Psychosis Plus program will utilize funding through the MHSOAC Early Psychosis Intervention Plus grant program to enhance, expand, and fill gaps in the quality and capacity of its existing early psychosis system in order to achieve 100% fidelity to the CSC model prior to the conclusion of the four-year grant period, from approximately September 1, 2020 through August 31, 2024.** This includes attaining and ensuring compliance with the following standards as measured in conjunction with the project's contracted Training and Technical Assistance Provider: **1.** Providing timely patient contact through in-person appointments **within 2 weeks** of referrals for at least **80%** of project patients; **2.** Providing comprehensive clinical assessments using semi-structured evidence-based approaches for at least **80%** of project patients; **3.** Providing comprehensive risk assessment and plans for crisis / relapse prevention using evidence-based approaches for at least **80%** of project patients;

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES EARLY PSYCHOSIS INTERVENTION PLUS PROGRAM MODEL

Community-Based Outreach & Education, including Web-Based and Peer Outreach

TAY and Other Youth Service Systems Integration



4. Prescribing and monitoring antipsychotic medications within dosing recommendations, including access to IM and Clozapine, as measured by a proportion of more than **8%** of patients remaining on Clozapine for **2 years or more**;

5. Ensuring that at least **80%** of patients receive at least **12** psychoeducation sessions facilitated by trained providers in individual and/or group formats;

6. Ensuring that more than **30%** of patients participate in at least **10** Cognitive Behavioral Therapy (CBT) sessions facilitated by trained providers in individual and/or group formats;

7. Facilitating access to effective, appropriate treatment for substance use disorders (SUD) as measured by at least **7** SUD assessment items found in at least **80%** of annual patient assessments;

8. Ensuring that at least **80%** of patients with an identified SUD receive at least **3** sessions of effective integrated treatment for substance use disorders using either Motivational Enhancement (ME) or CBT;

9. Providing access to supported employment using the Individual Placement and Support (IPS) model through engagement by an Employment and Education Specialist who is part of the early psychosis team and provides comprehensive, evidence-based supported employment services;

10. Providing targeted outreach to community groups and individuals, including planning and conducting a minimum of **12** community outreach events per calendar year;

11. Using proactive outreach / engagement methods to reduce missed appointments and engage individuals with First Episode Psychosis (FEP) interventions along with their support persons, as measured by at least **40%** of patients and their support group members being proactively engaged to reduce the number of missed appointments;

12. Ensuring active engagement of "natural patient supports" throughout all aspects of the program, as measured by at least **40%** of patient and family visits being conducted out of the office to facilitate engagement;

13. Ensuring a case manager to patient ratio of no more than **20:1**;

14. Assigning a licensed prescriber for each patient who attends team meetings and is highly accessible, with supervision as appropriate, at a ratio of **fewer than 30 patients per 0.2 prescriber FTE**;

15. Ensuring the presence of a team leader who providers administrative direction and supervision to all staff, including providing some direct clinical services to selected patients;

16. Supporting and maintaining a multidisciplinary project team, including professionals qualified to provide both case management and specific service elements, in the following **7** key service areas: 1) Nursing services; 2) Evidence-based psychotherapy; 3) Addiction services; 4) Supported employment; 5) Family education and support; 6) Social and community living skills; and 7) Case management;

17. Providing a potential length of treatment of **up to 4 years or more**, as needed, with appropriate discharge planning and linkages;

18. Ensuring **weekly meetings** of a multidisciplinary team to deliver a range of specific service components;

19. Providing explicit admission criteria, including diagnoses served, Duration of Untreated Psychosis (DUP), and standard screening procedure, while ensuring that at least **90%** of patients meet these criteria;

20. Ensuring that at least **80%** of incident FEP cases in San Francisco are admitted to an early psychosis program based on a projected annual incidence of **20** FED incidents per 100,000 persons ages 15 to 45;

21. Involving **peers** at all levels of program-level decision-making, project outreach, provision of direct individual and group services, and sharing of lived experiences, with a goal of peer participation directly impacting at least **80%** of project patients; and

22. Ensuring timely follow-up **within 15 days** after hospital discharge or crisis evaluation for at least **80%** of program patients.

Key outcomes and activities over the four-year grant period that will allow us to obtain the objectives above - described in greater detail in the sections below - include the following:

- Increasing the annual patient capacity of the Felton early psychosis intervention program from a current maximum of **40** patients per year to **60** patients per year - beginning in the first program year - primarily through the hiring of a new **full-time Bilingual Staff Therapist** to augment the program's existing staff;

- Increasing the availability and effectiveness of supported education and employment components of the program - including services to the project's expanded client population - by adding a new **0.75 Bilingual Employment and Education Specialist**;

- Increasing the already high level of youth and adult peer participation and leadership in the program by hiring a new **full-time Family Peer Specialist**, along with **additional stipend support** for highly involved project peers;

- Expanding the quality and availability of **substance use assessment and treatment** at all levels of the program, including through increased staff training and capacity and through enhanced utilization of established assessment methodologies;

- Planning and implementing an expanded and targeted **early psychosis outreach and education campaign** that includes extensive, multi-lingual education and outreach to both youth-focused providers and to youth and families throughout SF, with the goal of increasing the number of FEP patients who are identified and referred to our program at the earliest possible date following onset of initial symptoms;

- Collaborating with peers and families to create and build **new and innovative telehealth and telepsychology programs** that support patient and family participation in and adherence to the program, both in light of the ongoing COVID-19 pandemic and because of the strong potential of these platforms to better support patient health and well-being; and

- Ensuring timely, accurate, and comprehensive data collection and reporting by investing at least **15%** of program resources into data collection, outcomes data reporting, and fidelity assurance, primarily by hiring a new full-time **Early Psychosis Training and Evaluation Manager** who will work in close conjunction with both SFDPH and the project's assigned Training and Technical Assistance provider to collect and report project process and outcome data, while coordinating ongoing training for project staff and peers in intervention-related approaches, skills, and strategies.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.1) Timely contact within 2 weeks of referrals

E.2.	For each program practice listed "yes" on Attachment 4, provide the following information:			
	(6.D.1) Timely contact within 2 weeks of referrals			
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain While SF's current early psychosis program is at full fidelity in regard to timely contact within 2 weeks of referrals, the proposed grant-funded expansion will enable our program to effectively serve a larger number of patients who are potentially experiencing FEP. The project's total client census will increase from a maximum of **40** patients per year to **60** patients per year, through the inclusion of an additional full-time, bilingual / bicultural Staff Therapist.		
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity, how long will it take to expand the practice The proposed expansion in total client capacity will occur beginning in the **fourth project month**, following the hiring and training of the new Bilingual Staff Therapist.		
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone		
				Qtr End
		1) Milestone: Recruit, identify, hire, and train a new full-time Bilingual Staff Therapist to provide direct case management, counseling, assessment, and supportive services to project patients.		**1**
			1) Activity: Finalize job description, minimum qualifications, and requirements and post position announcements on community and job search websites and throughout Bay Area TAY systems of care	**1**
			2) Activity: Schedule and conduct initial and follow-up interviews with prospective project staff	**1**
			3) Activity: Hire and train project staff member	**1**
		2) Milestone: Continually support, supervise, and include the Bilingual Staff Therapist in team meetings while monitoring fidelity to project elements and collecting project-related data		**16**
			1) Activity: Ensure attendance at weekly team meetings	**16**

			2) Activity: Ensure fidelity to all program models, elements, and supportive interventions	**16**
			3) Activity: Ensure a provider to patient ratio not higher than 1:20	**16**
			4) Activity: Provide continual support, training, and professional development to staff member	**16**
			5) Activity: Ensure ongoing timely and accurate data collection and reporting by staff member	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services There are few risks or barriers to achievement of this project element, as the Bay Area is rich in experienced and diverse professionals who are committed to individual service and community empowerment. The most significant risk is that of unexpected attrition, which could limit the short-term ability of the program to provide all service elements while a replacement staff member is identified.		
			For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	
		1.	The project will reduce the risk of staff attrition through appropriate salary and benefits packages, a supportive work environment that encourages and fosters professional growth and development, and a team-based approach to care that shares work responsibilities among team members as needed to ensure an adequate degree of focus on each project client.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.2) Comprehensive clinical assessment using semi-structured evidence-based approaches

	(6.D.2) Comprehensive clinical assessment using semi-structured evidence-based approaches		
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute currently provides comprehensive clinical patient assessments using semi-structured, evidence-based approaches for **100%** of patients in its early psychosis program. This component will continue to be enhanced throughout the project period as new assessment tools are identified by MHSOAC and the Training and Technical Assistance provider, as applicable.	
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A	
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
			Qtr End
		1) Milestone: Continually conduct comprehensive clinical patient assessments throughout the project period, while adapting or adding new assessment tools as appropriate.	**16**
		1) Activity: Ensure that 100% of project patients receive comprehensive clinical assessments both at the outset of care and through the duration of their stay in the program.	**16**
		2) Activity: Add new assessments tools or modify and refine existing assessment approaches in collaboration with MHSOAC and the Training and TA provider, as appropriate	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services No identified risk or barriers have been identified for this activity, as it has been a continual incorporated activity throughout the duration of the SF early psychosis program.	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.3) Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches

	(6.D.3) Comprehensive risk assessment and plan for crisis/relapse prevention using evidence-based approaches.	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute provides comprehensive patient risk assessment and crisis / relapse prevention services for **100%** of patients in its early psychosis program, including through the development and continual refinement of individualized client care plans in collaboration with each patient and family. This component will continue to be enhanced throughout the project period as new tools and strategies are identified by MHSOAC and the Training and Technical Assistance provider, as applicable.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone
		Qtr End
		1) Milestone: Continually provide comprehensive risk assessments while developing crisis / relapse prevention plans throughout the project period, including adapting or adding assessment tools as appropriate. — **16**
		1) Activity: Ensure that 100% of project patients receive comprehensive risk assessment and crisis / relapse prevention services both at the outset of care and through the duration of their stay in the program. — **16**
		2) Activity: Add new assessments tools or modify and refine existing assessment approaches in collaboration with MHSOAC and the Training and TA provider, as appropriate — **16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services No identified risk or barriers have been identified for this activity, as it has been a continual incorporated activity throughout the duration of the SF early psychosis program.
	1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.4) Antipsychotic medication within dosing recommendations, with access to IM and clozapine

	(6.D.4) Antipsychotic medication within dosing recommendations, with access to IM and clozapine	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain As noted in Section C.1.c. above, the Felton Early Psychosis Program currently employs highly trained medical and psychiatric staff to assess, prescribe, and monitor antipsychotic medications for all project patients - an essential component for any FEP program. However, this specific component highlights emerging findings that suggest that the **Clozapine** should be prescribed for patients who have had two adequate trials of antipsychotic medication and continues to suffer from symptoms (antipsychotic treatment-resistant psychosis). Felton Institute will ensure training for its staff Psychiatrist and other appropriate team members to refine algorithm-guided approaches to the selection of antipsychotic medications in order to incorporate best practices for commencement of Clozapine in FEP treatment. This component will be overseen by the new full-time EP Training and Evaluation Manager. Felton will collaborate closely with the Training and Technical Assistance Provider and with other grantees to develop protocols and standards for administering and measuring the impact and effectiveness of standardized antipsychotic dosing recommendations, with access to long-acting injectables (IM) and Clozapine.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice Felton expects the process of staff training and education, and the adoption of standardized protocols and assessment approaches among project grantees, in close collaboration with MHSOAC and the Training and Technical Assistance Provider, to take place between **six months** and **one year** from the project start date, which at this time is expected to be September 1, 2020. The adoption of protocols, standards, and evaluation mechanisms for the identification of antipsychotic treatment-resistant patients and reduced delay in commencement of Clozapine is expected to be assessed through the end of the four-year grant period, through approximately August 31, 2024.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Review standardized Clozapine standards, protocols, and evaluation methodologies across all grant sites in collaboration with MHSOAC and the Training and Technical Assistance Provider.	**4**
1) Activity: Collaborate with other project grantees and the Training and TA Provider to develop Clozapine administration protocols and monitoring and assessment approaches.	**4**

			2) Activity: Provide staff training based on the new protocols for the early identification of antipsychotic treatment-resistant patients and reduced delay in commencement of Clozapine	**4**
		2)	Milestone: Continually implement and evaluate the FEP Clozapine protocol using established protocols and standards, while continually collecting and reporting process and outcome data related to this component.	**16**
			1) Activity: Ensure ongoing collection and reporting of timely, accurate data in regard to the Clozapine component in partnership with the Training and TA Provider.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services Careful consideration is needed to reduce delay in commencing Clozapine, due to rate of discontinuation, as Clozapine carries a risk of creating adverse or non-optimal outcomes for some patients.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? The Clozapine prescription and monitoring protocol will need to be continually tracked and assessed in order to reduce the risk of adverse outcomes for clients, and to quickly respond to negative outcomes through the use of other, more traditional FEP antipsychotics. Felton will continually communicate with MHSOAC, the Training and TA Provider, and other project grantees in relation to this component. Medical and psychiatric staff will serve as key informants in continually monitoring the process and outcomes of this element.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.5) Client psychoeducation provided by trained providers available in individual and group formats

	(6.D.5) Client psychoeducation provided by trained providers available in individual and group formats.	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Because of its central role in addressing FEP, Felton Institute already incorporates far more than the required minimum of **12** psychoeducational sessions for **100%** of its early psychosis patients. However, because these psychoeducation services are **fully integrated** into nearly all levels of the agency's early psychosis methodology, the agency cannot provide an **exact number** of psychoeducation sessions which corresponds to the requirements of the grant fidelity scale. Therefore, Felton will utilize EPI PLUS funding in part to manualize its psychoeducation services in order to accurately quantify psychoeducation sessions according to this methodology.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice Felton anticipates a period of approximately **six months** from the project start date to develop a reliable and user-friendly approach to accurately quantifying psychoeducational services for its project clients. Felton will work in close collaboration with MHSOAC, the Training and TA Provider, and other grantees to develop this component, and will continually refine the approach to ensure data accuracy and comprehensiveness.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Work with project staff, MHSOAC, and the Training and Technical Assistance Provider to develop user-friendly strategies for quantifying the provision of psychoeducation services in the context of the Felton early psychosis program.	**2**
1) Activity: Explore and implement strategies for effectively quantifying psychoeducation services in order to effectively measure fidelity to this CSC component.	**2**
2) Milestone: Implement the new psychoeducation qualification methodology and continually collect and report data on number of psychoeducation sessions provided per client.	**16**
1) Activity: Continually support and monitor project staff in tracking and reporting the number of psychoeducation sessions provided to each client.	**16**

	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services There is a chance that the new psychoeducation session quantification approach will **undercount** the actual number of sessions provided by each client, since these services are incorporated into virtually all client encounters.	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? Felton will continually work with MHSOAC, program staff, and the Training and TA Provider to ensure that as many possible psychoeducation sessions are counted in ongoing data reporting as possible.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.6) CBT intervention provided by trained providers available in individual and group formats

	(6.D.6) CBT intervention provided by trained providers available in individual and group formats	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute currently provides **10 or more** CBT sessions for at least **60%** of its project clients - a level approximately **double** the prescribed level of **30%** of patients receiving 10 CBT sessions to receive a "5" score. Felton will utilize the resources of the EPI PLUS program - particularly through its new full-time EP Training and Evaluation Manager - to ensure ongoing training for early psychosis staff that continually seeks to expand **cultural competency** in relation to CBT services. These training programs will incorporate the participation of project-involved **youth and family peers** to provide education and direction to ensure that CBT strategies incorporate a greater awareness of cultural norms, standards, and beliefs that may affect the quality and outcomes of CBT services.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The process of continually building cultural competency in CBT delivery will extend throughout the four-year grant period and will be continually summarized in project reports and shared with other project grantees through the Training and TA Provider.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: The project-funded EP Training and Evaluation Manager will work with project staff and peers to continually identify and facilitate access to high-quality training and skills-building programs that increase the cultural competency and responsiveness of early psychosis CBT services.	**16**
1) Activity: Continually identify training and skills-building opportunities in conjunction with peers and project staff.	**16**
2) Activity: Present or facilitate training programs and assess staff satisfaction and skills learned through each presentation or session.	**16**

	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services Apart from the possibility that some training or skills-building opportunities may prove less impactful than others, there are few risks or barriers to providing staff with elective opportunities to increase and enhance skills regarding the cultural competence of project-specific CBT services.

			For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?
		1.	The project will seek to ensure that only high-quality training and TA intervention are utilized to help build staff skills in regard to culturally competent CBT provision.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.7) Treatment for substance use disorders is provided

	(6.D.7) Treatment for substance use disorders is provided	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain While Felton Institute has continually incorporated substance use assessment and treatment into its early psychosis model - including in the context of its highly rated Motivational Interviewing services - there is room for **significant improvement** in this area. Among other factors, Felton has not consistently utilized a **stand-alone substance use assessment scale** separate from that included in the patient assessments it currently uses, and has not included an integrated first-episode psychosis and substance use disorder (SUD) component within its core program. Additionally, staff have generally not developed specialized skills to provide integrated FEP / SUD interventions, aside from resources implemented through CBT and MI approaches. To address these issues, the EPI PLUS project's EP Training and Evaluation Manager will collaborate with MHSOAC, the Training and TA Provider, and the project's management team - including the Division Director, Program Manager, and Clinical Supervisor / Team Leader - to identify and develop expanded strategies for assessing, treating, and monitoring co-occurring SUDs or nascent SUDs within its project population. This includes collaborating with MHSOAC to fully implement and adopt a recommended, **standardized SUD assessment scale** that incorporates the 7 items identified in the applicant program assessment section above, along with strategies to assess family substance use issues which may influence or complicate FEP treatment or patient risk factors. Felton will also identify ongoing training and skills-building opportunities that increase staff capacity to better assess substance use and to deliver structured interventions to address co-occurring SUD and early psychosis (incorporating CBT and Motivational Enhancement Therapy). While the precise objective for achieving fidelity in regard to this component involves fully adopting the identified SUD assessment scale, Felton will develop and monitor a much broader capacity-building initiative in relation to this component of the program.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice In terms of adoption of a recommended structured SUD assessment tools that includes the standardized 7 items, Felton expects to achieve this goal by the end of **month six** of the four-year grant period (approximately on or before February 28, 2021). Additional elements of the SUD assessment and treatment expansion initiative - including expanded staff training and implementation of new program components - will last throughout the duration of the grant program, through approximately August 31, 2024.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 3. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 4. Activities are the tasks needed to be accomplished to achieve the Milestone
		Qtr End

		1) Milestone: Collaborate with MHSOAC and the Training and TA Provider to adopt the identified 7-point SUD assessment scale.		**1**
			1) Activity: Incorporate the SUD assessment scale into computerized patient assessment data and provide staff training in scale administration and fidelity.	**1**
		2) Milestone: Continually administer and record findings of the enhanced patient SUD assessment process, including refining and modifying the process as needed in collaboration with MHSOAC.		**16**
			1) Activity: The Program Manager, Clinical Supervisor / Team Leader, and EP Training and Evaluation Manager continually review the accuracy, comprehensiveness, and usability of assessment data, and solicit feedback from staff to improve or enhance the assessment process.	**16**
		3) Milestone: The Felton Division Director, Program Manager, Clinical Supervisor / Team Leader, and EP Training and Evaluation Manager work with project staff and the Training and TA Provider to identify and present relevant, high-quality training and skills-building programs that increase the competency of program staff in delivering SUD treatment services to FEP patients.		**16**
			1) Activity: Felton staff consult with MHSOAC and the Training and TA Provider to identify appropriate SUD trainings used by other early psychosis programs, including trainings related to interactions of illicit substances with antipsychotic medications.	**16**
			2) Activity: Felton collaborates with staff to schedule and present trainings and skills-building sessions related to SUD treatment skills in the context of service to FEP patients.	**16**
			3) Activity: Felton continually tracks and monitors the quality and impact of SUD training programs on the well-being and adherence of project clients and their families.	**16**
		4) Milestone: Felton Institute collaborates with staff, clients, and project-involved peers to both incorporate expanded SUD treatment capacity into existing project services and to create potential new service components to address SUD in the context of early psychosis treatment and management.		**16**
			1) Activity: Through the EP Training and Evaluation Manager, Felton works with the Training and Technical Assistance Provider to identify effective approaches for collecting data and evaluating the new SUD treatment components in relation to a range of factors such as patient satisfaction, staff satisfaction, and patient wellness and treatment adherence outcomes.	**16**
			2) Activity: Felton Institute continually utilizes process and outcome data to modify and enhance its SUD treatment component in order to maximize benefits for patients and families.	**16**

	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services Apart from standard risks related to the provision of substance use treatment - such as the potential for treatment to unearth difficult client issues, a risk identical to that in basic CBT services - there are few risk or barriers involved in expanding the capacity of the Felton program to provide more effective and standardized SUD assessment and treatment.	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? The project will continually assess the degree to which expanded SUD assessment and treatment is positively impacting both patients and staff, and will continually address any negative issues or consequences related to the expanded SUD component.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.8) Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)

	(6.D.8) Treatment for substance use disorders is provided using either Motivational Enhancement (ME) or Cognitive Behavioral Therapy (CBT)	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain As with Item #7 immediately above, Felton Institute will utilize the EPI PLUS grant in part to expand the availability and effectiveness of substance use assessment and treatment services in the context of its early psychosis program. As noted above, this includes adopting more focused, standardized scales to assess SUDs and incorporating a structured intervention to address co-occurring SUD in individuals experiencing early psychosis that includes both Cognitive Behavioral Therapy (CBT) and Motivational Enhancement (ME) Therapy. This component also includes developing effective mechanisms for quantifying, evaluating, and monitoring the quality and outcomes of the project's new SUD components. The process will involve extensive support and collaborative input from both staff and peers, as well as ongoing feedback and suggestions from project-involved patients and families. The process will also include identifying key markers and outcomes to determine what will constitute effectiveness in regard to these new activities.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The process of incorporating a new structured SUD component that includes ME and CBT will last through the duration of the four-year program, although initial training and skills building activities are expected to be completed no later than the end of the ninth program month, or by approximately June 30, 2021. Felton Institute will continually implement, evaluate, and refine the SUD treatment component in the context of ME and CBT through the end of the project on approximately August 31, 2024.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 5. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 6. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Identify and ensure staff participation in appropriate training and skills-building programs related to the provision of SUD treatment in the context of MI and CBT in collaboration with project staff and peers, MHSOAC, and the Training and Technical Assistance Provider.	**3**
1) Activity: Collaborate with MHSOAC and the Training and TA Provider to identify appropriate initial SUD training programs.	**3**
2) Milestone: In collaboration with staff, peers, MHSOAC, and the Training and TA Provider, identify and implement relevant, high-quality, culturally competent	**16**

			models and standards for incorporating SUD treatment for patients with FEP, along with effective data collection and outcome evaluation mechanisms for these approaches.	
			1) Activity: Under the leadership of the EP Evaluation and Training Manager, work in conjunction with project staff and peers, MHSOAC, and the Training and TA Provider to develop new protocols, standards, and systems for incorporating effective SUD treatment approaches into ME and CBT.	**9**
			2) Collaborate with the Training and TA Provider to develop effective data collection and evaluation strategies to assess the process and outcomes of SUD treatment incorporation.	**9**
			3) Activity: Continually provide training, orientation, and TA for staff in the adoption of new SUD treatment components in the context of ME and CBT.	**16**
			4) Activity: Continually collect data and evaluate the impact, effectiveness, and cultural relevance of SUD services in the context of ME and CBT, and utilize data to modify and enhance these services on an ongoing basis.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services As with item # 8 above, there are few risk or barriers involved in expanding the capacity of the Felton program to provide more effective and standardized SUD assessment and treatment. The most important risk of the program is the potential for treatment to unearth difficult client issues, a risk identical to that in basic CBT services.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? As with item #7 above, the project will continually assess the degree to which expanded SUD assessment and treatment is positively impacting both patients and staff, and will continually address any negative issues or consequences related to the expanded SUD component.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.9) Supported employment using IPS and supported education services provided by dedicated staff who is part of the team

	(6.D.9) Supported employment using IPS and supported education services provided by dedicated staff who is part of the team	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute currently provides high-quality supported employment services for all interested or appropriate patients using the Individual Placement and Support (IPS) model, along with supported education services that help patients remain in school and achieve educational goals. These services are currently provided through a full-time Employment and Education Specialist employed by the agency. Felton Institute will utilize EPI PLUS funding to significantly expand and enhance this capacity, both to ensure that supported employment and education services are available to the 20 new annual clients to be served by the program, and to increase the overall quality of these services in the context of FEP interventions and support. The enhancement will be accomplished through the hiring of a new **.75 FTE Bilingual / Bicultural Employment and Education Specialist** who will partner with the existing full-time Specialist and with other members of the multidisciplinary team to ensure a wide-ranging and impactful program that nurtures and supports patients in achieving their employment and education goals for as long as they are involved in the program.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The proposed project expansion will be implemented beginning in the **sixth project month**, following the hiring and training of the new 75%-time Bilingual Education and Employment Specialist.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 7. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 8. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Recruit, identify, hire, and train a new full-time Bilingual / Bicultural Education and Employment Specialist to collaboratively assess and identify client education and employment needs and goals, and to provide ongoing linkage, support, and family services to help patients achieve these goals.	**2**
1) Activity: Finalize job description, minimum qualifications, and requirements and post position announcements on community and job search websites and throughout Bay Area TAY systems of care.	**1**
2) Activity: Schedule and conduct initial and follow-up interviews with prospective project staff.	**1**

			3) Activity: Hire and train project staff member.	**2**
		2) Milestone: Continually support, supervise, and include the Bilingual / Bicultural Education and Employment Specialist in team meetings while monitoring fidelity to project elements and collecting project-related data.		**16**
			1) Activity: Ensure attendance at weekly team meetings	**16**
			2) Activity: Ensure fidelity to all program models, elements, and supportive interventions	**16**
			3) Activity: Provide continual support, training, and professional development to staff member	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services As with program element #1 above, there are few risks or barriers to achievement of this project element, as the Bay Area is rich in experienced and diverse professionals who are committed to individual service and community empowerment. The most significant risk is that of unexpected attrition, which could limit the short-term ability of the program to provide all service elements while a replacement staff member is identified.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? The project will reduce the risk of staff attrition through appropriate salary and benefits packages, a supportive work environment that encourages and fosters professional growth and development, and a team-based approach to care that shares work responsibilities among team members as needed to ensure an adequate degree of focus on each project client.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.10) Targeted Outreach to community groups

		(6.D.10) Targeted Outreach to community groups
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain At the present time, Felton Institute conducts an average of between **6 and 8** community outreach events per year related to its early psychosis program and services, for a score of "3" on the application assessment table. These presentations are generally given to community-based agencies, behavioral health, and social service programs in San Francisco that serve youth and young adults, and describe both the early psychosis program itself and the issues and symptomology involved in FEP, to help providers better recognize early psychosis symptoms. Community outreach presentations are to some degree limited by our program's census capacity, as more often than not, they generate new referrals for FEP services. Aligned with the increase in program capacity described below in Section 6.D.1. above, these presentations will increase to at least **monthly** presentations, or at least **12** presentations per year, to achieve an assessment level of "5" by the end of the first quarter of the second project year, or by approximately November 30, 2021. Additionally, however, Felton will **expand the audience** for these presentations to encompass a broader range of community stakeholders, including presentations for schools and teachers, mental health agencies and providers, youth, young adults, and families, all with the goal of creating greater awareness of FEP and the importance of early intervention. Felton will also expand the **cultural and linguistic scope** of outreach presentations by offering presentations to underserved ethnic groups and agencies, and in languages other than English. While significantly broadening the scope of our project's outreach activities, the multi-cultural outreach component will also take into account **specific cultural factors** that may limit recognition or acknowledgment of FEP symptoms. These outreach efforts will be accompanied by the greatly expanded production and distribution of **project-related outreach and informational materials** informing the community at large of the early psychosis issue and of local services available to address emerging symptoms of FEP, including materials available in both print and online formats. Felton will contract with graphic artists and web development consultants to produce new print and online materials in collaboration with project staff and peers. All project presentations and outreach materials will stress the importance of receiving treatment as early as possible in the early psychosis process, while emphasizing the fact that young people diagnosed with a psychotic disorder or other serious mental illness **can** recover and lead normal, productive, and satisfying lives through ongoing support and intervention, in a way similar to the successful management of other chronic conditions. Additional information on the overall outreach campaign related to the EPI PLUS program is provided in the **Attachment 7: Focused Outreach Plan** section below.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The process of expanding to a minimum of 12 community presentations per year will be completed one year after the initial 3-month project start-up and hiring phase, or by approximately November 30, 2021. The process of expanding community awareness of early psychosis symptoms and services will last throughout the project period, or through approximately August 31, 2024.

	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
			Qtr End
		1) Milestone: Plan and present at least **12** community presentations per year on FEP and the EPI PLUS program to key constituents in San Francisco, with presentations co-conducted by Felton staff and peers.	**16**
		1) Activity: During the first three project months, begin to develop expanded roster of project presentation sites and agencies that serve a diverse range of cultural and linguistic groups, including youth-serving agencies, schools, mental health agencies, and parent groups.	**16**
		2) In collaboration with staff and peers, adapt and modify presentations to incorporate different cultural and linguistic groups and community beliefs, including ensuring that presentations to specific ethnic and linguistic groups are led or co-led by persons who originate from those cultures and who speak the primary language of audience members.	**16**
		3) Activity: Schedule and present community sessions co-facilitated by staff and peers on an ongoing basis, and with an average of at least one session per month throughout the grant period.	**16**
		4) Activity: Continually collect and report information on the specific groups reached through presentations, the number and type of attendees, and the cultural and linguistic characteristics of groups reached, including primary languages spoken.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services There are few risks or barriers associated with the proposed project outreach activities, since they are designed to expand awareness both of FEP and of the Felton early psychosis program among key constituencies such as youth-serving agencies, educational institutions, mental health agencies and providers, and parents and young people. Felton will utilize both existing and new personnel to collaboratively develop and implement outreach activities, with the expanded participation of youth and adult volunteers who are fluent in a range of languages and embody a diverse range of cultural backgrounds.	
		1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.11) Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons

	(6.D.11) Use of proactive outreach/engagement to reduce missed appointments and engage individuals with FEP and their support persons	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain The early psychosis population faces significant, ongoing risks of care attrition, in part as a direct result of early psychosis symptoms, and is one of the most complex patient groups to engage in care on a long-term basis. Felton incorporates a wide range of patient adherence strategies it has developed over time, including regular, ongoing communication with both patients and family by project case managers, employment specialists, and other staff; continual appointment reminders and active follow-up of missed appointments; and home and field-based meetings to help secure continuing client participation. These approaches, however, can be time consuming, and do not always guarantee engagement. At the current time, Felton experiences a relatively high level of disengagement which places the agency at a "3" on the assessment scale, representing less than 30% of patients and support persons who regularly and consistently keep appointments. The advent of the COVID-19 pandemic and its concomitant "lockdowns" have required many business and service sectors to explore web-based approaches to holding meetings and engaging with clients, including video conferencing software which allows persons to view one another and interact while remaining in their homes. Ironically, the necessity of utilizing these web-based approaches has begun to result in somewhat higher levels of patient retention and appointment-keeping than more traditional approaches since patients and family members are more easily able to attend appointments without having to travel to a specific service site or meeting location. Felton anticipates that this initial success has the potential to lead to more broadly-based utilization of web-based meetings following the conclusion of the COVID-19 pandemic and beyond. At the same time, Felton and other similar agencies have been experimenting more and more with smart phone-based health maintenance apps which are capable of more easily transmitting information and updates to clients while facilitating access to updated information and allowing participation in online telehealth and telepsychology sessions and group chats and information-sharing. **To increase the proportion of patients and family members who are actively and regularly engaged in early psychosis care on a long-term basis, Felton will utilize EPI PLUS grant funding in part to pilot and test new approaches to engagement and retention for early psychosis patients that include expanded use of web-based meetings and appointments and the development of a high-quality, tailored smart phone app specific for FEP patients.** Protocols and policies for expanded utilization of web-based meetings will be spearheaded by the project's Program Manager and Clinical Supervisor / Team Leader working in close collaboration with project staff and peers. Felton will explore all possible methods through which web-based meetings and appointments could be effectively integrated into existing client support methodologies, including addressing issues related to confidentiality, data collection, and recordkeeping. Felton will also work with SFDPH to identify and develop a contract with a telehealth firm in the San Francisco Bay Area that will develop a **model phone-based support app for early psychosis patients and their support group members.** Password-based access to the phone app will be offered as a **premium benefit** for early psychosis clients, and will require registration, validation, and individual passwords to gain access. Among many other features, the app is expected to help early psychosis patients and their support group members make assessment and care appointments online; pre-set testing and

		treatment reminders, including medication reminders; provide ready access to updated health and wellness information; receive continually updated information on community engagement events and activities for the early psychosis population; engage in virtual chats and support groups with other project patients and support group members; and share information and ask questions of one another through a moderated portal. The app is also expected to feature **telehealth and telepsychology functions** through which FAP patients can schedule and participate in medical and mental health sessions online, including individual and group sessions and sessions with project-involved peers, and by asking and receiving answers to questions related to FEP symptoms and treatment and local resources and services. The app may also include **embedded incentives** that will, for example, enable users to **accumulate credits or frequent user points** that can automatically be converted to incentives such as gift cards, ride vouchers, store discounts, or even credited cell phone minutes. A key anticipated feature of the app is that it is expected to be fully functional and accessible on **second and third generation** smartphones, which means that clients will not need to upgrade phones to access the app. The phone app will be fully evaluated throughout the four-year grant period, with the goal of producing a confidential, affordable, and nationally replicable telehealth app specifically for patients with early psychosis and their families and care group members.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The process of developing and implementing expanded protocols for web-based meetings - including medication monitoring and mental health sessions - has already begun at Felton as a result of the COVID-19 pandemic, and these activities are expected to be more broadly codified by the conclusion of the third project month, or approximately November 30, 2020. This component will be continually monitored and revisited throughout the grant period. Meanwhile, Felton will begin development of the new FEP phone app at the start of the second project year, or on approximately September 1, 2021. The initial app development, pilot testing, and refinement project is expected to last throughout the second project year, with a fully realized app being launched and testing throughout years three and four of the grant period.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Develop protocols and procedures for the utilization of web-based meetings to support patient and caregiver participation and engagement, and continually refine and/or expand these opportunities throughout the project period.	**16**
1) Activity: Finalize expanded protocols for web-based meetings prior to the end of the initial three-month project start-up period.	**1**
2) Activity: Continually utilize and evaluate expanded web-based telehealth and telepsychology approaches, including ensuring fidelity to evidence-based protocols and evaluating the extent to which these approaches are	**16**

			successful in improving patient mental health and securing expanded adherence and engagement over time.	
		2)	Milestone: Develop, test, evaluate, and refine a new model smart phone-based telehealth / telepsychology app specifically for patients with FEP and their caregivers, with the goal of increasing health and wellness and promoting and supporting long-term engagement in the early psychosis program.	**16**
			1) Activity: Identify and contract with an appropriate subcontracted vendor in the San Francisco Bay Area to develop the new early psychosis phone app using templates and components of successful telehealth apps developed for other health issues and populations.	**5**
			2) Activity: Conduct a collaborative planning process involving the phone app development firm, project staff and peers, project patients and caregivers, MHSOAC, and the Training and Technical Assistance Provider to identify specific elements of the telehealth app, including elements specific to the population of patients living with FEP.	**6**
			3) Activity: Pilot test, evaluate, and refine the phone app with the goal of producing a replicable, finalized version of the app that includes data regarding app effectiveness in terms of patient and caregiver engagement and retention.	**12**
			4) Activity: Continue to refine and expand the telehealth app through the conclusion of the project period, and work in collaboration with MHSOAC to develop a replicable version of the app to be used by other grantees and jurisdictions as appropriate.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services Primary risks and barriers related to the proposed component center around two key areas: 1) the potential for the expanded web-based and telehealth components to unintentionally compromise client confidentiality and privacy; and 2) the potential for delays in the development and implementation of the proposed smart-phone based telehealth app.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? In regard to the risk of loss of confidentiality, the project will make every effort to ensure that telehealth and phone app components fully incorporate HIPPA guidelines and standards and will incorporate confidentiality and privacy protection as an integral component of component planning and implementation. Staff will be fully trained in privacy and confidentiality standards and guidelines, and the implementation process will be continually monitored to ensure adherence to these standards and to promptly address any breaches that may inadvertently occur. Clients may also be required to sign informed consent documents acknowledging the possibility of a loss of confidentiality as a precondition for participating in some or all of these interventions. In regard to possible delays in the development and implementation of the phone-based telehealth app, our project is fortunate to have a four-year project period that will allow for additional time if needed to fully develop and launch this component. It is expected that the	

			structure and individual components of the phone app will change and grow over time based on system capacity, client demand, and potential new ideas suggested by staff, peers, and clients. The window for launching, testing, and finalizing the phone app can be extended as needed to ensure its successful completion and launch prior to the end of the grant period.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.12) Active engagement of natural supports in all areas of program

	(6.D.12) Active engagement of natural supports in all areas of program.	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton's extensive effort to promote and support the ongoing participation of so-called 'natural supports' of FEP patients - including family members, guardians, caregivers, friends, teachers, and other individuals identified as partners in the patient's recovery process - parallels its ongoing efforts to consistently involve patients themselves in project services on a long-term basis. Felton incorporates many efforts to engage and retain natural supports in the patient care process, including providing family psychoeducation, evidence-based multifamily psychoeducational groups (MGF), scheduling individual meetings with family members and caregivers, providing FEP education and FEP program family orientation sessions, and linking natural supports to essential community resources and support programs. However, these efforts are not always successful, and Felton currently scores a "3" on the assessment scale for this item, as many of these activities are limited due to workforce capacity and a need for greater flexibility to consistently engage natural supports at times and locations that are most convenient for them. In Felton's view, a key strategy that could prove highly effective in expanding family participation and involvement in the program is to increase the direct program participation of persons with **lived experience** of FEP in a family member or loved one. Such an approach could significantly impact levels of program participation by natural supports, while offering critical input and support to the multidisciplinary team from the perspective of an individual who knows what it is like to have a child or loved one impacted by early psychosis or serious mental illness. **For this reason, Felton Institute is proposing to hire a new full-time Family Peer Specialist who will become part of the agency's multidisciplinary team, and who will work with the program to significantly expand the participation and involvement of natural supports on a long-term basis.** The Family Peer Specialist will be an individual drawn directly from the community who has direct lived experience of serious mental illness in a family member - preferably FEP - and whose loved one has achieved stability in controlling early psychosis symptoms. The Family Peer Specialist will be a **true peer staff member**, without a requirement for any specific prior experience or behavioral health training but who has exceptional communication skills, the ability to work with diverse populations in an empathetic and caring manner, and a strong personal commitment to helping families affected by FEP deal with, address, and sustain a long-term dedication to the health and stability of their affected child or loved one. Working under the supervision of the Program Manager, the Family Peer Specialist will be extensively trained in basic early psychosis treatment and support methodologies, and will work as a **full member of the multidisciplinary early psychosis team**, attending regular meetings and continually offering peer-based advice and input on issues related to program design, planning, implementation, and monitoring. The Specialist will serve as a vital member of the Felton program, working to expand family awareness and involvement in the program on a broad range of levels that include the following: ▪ Helping plan, design, publicize, and present community outreach events and activities, including speaking at these events as a person with lived experience of family FEP; ▪ Providing input and support in the design, development, and dissemination of project outreach and education materials geared to a range of audiences and cultural backgrounds, including family members affected by FEP;

		▪ Participating in the design and implementation of new strategies for patient and family engagement, including expanded web-based meetings and the new early psychosis telehealth app; ▪ Providing ongoing informal support to family members and loved ones of patients in the early psychosis program, including through in-person or web-based conversations and talking sessions that support family engagement in the program; ▪ Supporting the multidisciplinary team by following up with patients and family members who have missed appointments or who may be showing signs of lessened involvement in the program, and by providing encouragement from the perspective of a person with lived experience of family FEP; ▪ Serving as a voice and advocate for family needs in the context of weekly multidisciplinary team meetings and project planning and development activities; and ▪ Collaborating with other peers and volunteers involved in the program. Felton Institute will provide extensive training and ongoing support for the new Family Peer Specialist, and will work with the Training and TA Provider to develop effective measures for assessing the impact of the Specialist's work on patient and family satisfaction, retention, and long-term engagement.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice As with other proposed new project staff, Felton expects to identify, hire, and activate the new proposed Family Peer Specialist by the end of the third project month.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Recruit, identify, hire, and train a new full-time Family Peer Specialist to provide direct case management, counseling, assessment, and supportive services to project patients.	**1**
1) Activity: Finalize job description, minimum qualifications, and requirements and conduct outreach and begin recruiting candidates from among Felton's existing pool of family members with prior successful involvement in the early psychosis program.	**1**
2) Activity: Schedule and conduct initial and follow-up interviews with prospective project staff.	**1**
3) Activity: Hire and train staff member.	**1**

		2) Milestone: Under the supervision of the Program Manager, the Family Peer Specialist provides a range of outreach and support services related to the early psychosis program with the goal of increasing the engagement, involvement, and long term participation of family members and loved ones of patients with FEP in the program.		**16**
			1) Activity: Participate in weekly multidisciplinary team meetings and offer ongoing input from the perspective of a family member with lived experience of a loved one with FEP.	**16**
			2) Activity: Provide support for the development of project-related outreach and information sessions, including serving as a co-presenter along with Felton early psychosis staff.	**16**
			3) Activity: Participate in the development and distribution of project outreach and education materials, and in the design of new electronic engagement and retention approaches.	**16**
			4) Activity: Collaborate with other project peers and volunteers in conducting education, outreach, and retention support services related to the program.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services As with any new staff position, there is a potential that the position will not achieve the results desired by the program, or that unforeseen issues may arise. However, the potential for such issues is believed to be slight. There is also the potential for staff attrition, resulting in a loss of support for some project-involved family members.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? Felton will closely support the new Family Peer Specialist, and will track the process and outcomes of the Specialist's work to ensure that it is supporting identified outcomes, revising staff duties and responsibilities if needed. Felton will also seek to reduce the risk of staff attrition through appropriate salary and benefits packages, a supportive work environment, and a team-based approach to care that shares work responsibilities among team members as needed to ensure an adequate degree of focus on each project client.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.13) Assignment of case manager or primary clinician (Ratio of active patient/provider is 20:1)

	(6.D.13) Assignment of case manager or primary clinician (Ratio of active client/provider is 20:1)		
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute currently provides direct client case management services for a maximum of **20** patients for each full-time case manager, or a level of "5" on the application assessment scale. Given Felton's current staffing level of **two** full-time Case Managers, Felton is able to provide services to a maximum total of **40** clients at any one time. As noted in Item 6.D.1. above, Felton will utilize EPI PLUS funds to employ an additional new Bilingual Staff Therapist which will bring the agency's total client capacity to **60** FEP clients at any one time, preserving the 20:1 maximum patient to staff ratio while increasing the agency's total service capacity by **50%.**	
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice The proposed expansion in total client capacity will occur beginning in the **fourth project month**, following the hiring and training of the new Bilingual Staff Therapist.	
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
			Qtr End
		1) Milestone: Recruit, identify, hire, and train a new full-time Bilingual Staff Therapist to provide direct case management, counseling, assessment, and supportive services to project patients.	**1**
		1) Activity: Finalize job description, minimum qualifications, and requirements and post position announcements on community and job search web sites and throughout Bay Area TAY systems of care	**1**
		2) Activity: Schedule and conduct initial and follow-up interviews with prospective project staff	**1**
		3) Activity: Hire and train project staff member	**1**
		2) Milestone: Continually support, supervise, and include the Bilingual Staff Therapist in team meetings while monitoring fidelity to project elements and collecting project-related data	**16**
		1) Activity: Ensure attendance at weekly team meetings	**16**

			2) Activity: Ensure fidelity to all program models, elements, and supportive interventions	**16**
			3) Activity: Ensure a provider to patient ratio not higher than 1:20	**16**
			4) Activity: Provide continual support, training, and professional development to staff member	**16**
			5) Activity: Ensure ongoing timely and accurate data collection and reporting by staff member	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services As noted above, there are few risks or barriers to achievement of this project element as the Bay Area is rich in experienced and diverse professionals who are committed to individual service and community empowerment. The most significant risk is that of unexpected attrition, which could limit the short-term ability of the program to provide all service elements while a replacement staff member is identified.		
			For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier?	
		1.	The project will reduce the risk of staff attrition through appropriate salary and benefits packages, a supportive work environment that encourages and fosters professional growth and development, and a team-based approach to care that shares work responsibilities among team members as needed to ensure an adequate degree of focus on each project client.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.14) Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meetings and is accessible.

	(6.D.14) Assigned prescriber for each patient (< 29 patients per 0.2 FTE with supervision as appropriate) that attends team meetings and is accessible.	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute ensures the presence of an assigned, highly trained prescriber for each of its early psychosis patients. The agency currently employs a **half-time Bilingual Nurse Practitioner** who prescribes and monitors patient medications under the supervision of the staff Psychiatrist. The Nurse Practitioner attends team meetings and participates as a full member of the patient's multidisciplinary team. The Practitioner remains up to date on emerging antipsychotic protocols and approaches, and will carry out all enhancements or changes related to medications that take place during the grant period. Even with the proposed increase to **60** FEP patients at any one time, the presence of this **0.50 FTE** prescriber will result in a level of **24 patients per 0.20 FTE**, below the maximum level of **29** patients per 0.20 FTE required to achieve a "5" on the application assessment scale.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Continually support, train, and collaborate with the Bilingual Nurse Practitioner throughout the grant period, and incorporate the Practitioner as a full multidisciplinary team member, including participation in all team meetings.	**16**
1) Activity: Ensure attendance at weekly team meetings	**16**
2) Activity: Ensure fidelity to all program models, elements, and supportive interventions	**16**
3) Activity: Ensure a provider to patient ratio not higher than 1:20	**16**
4) Activity: Provide continual support, training, and professional development to staff member	**16**
5) Activity: Ensure ongoing timely and accurate data collection and reporting by staff member	**16**

	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.15) Team leader provides administrative direction and supervision to all staff

(6.D.15) Team leader provides administrative direction and supervision to all staff		
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain The Felton early psychosis program includes a highly qualified, full time **Clinical Supervisor / Team Leader** who ensures full fidelity to all aspects of the Felton model, and who will also ensure fidelity to the expanded aspects of the CSC model being adopted through the proposed grant program. Working in collaboration with the Felton Division Director and Program Manager, the Clinical Supervisor / Team Leader provides administrative direction and coordination for the program and provides clinical supervision to project staff, while working with staff and peers to review project outcome data and continually enhance the intervention model based on project findings and outcomes. For the proposed EPI PLUS program, Felton is requesting support for **0.20 FTE** of the Clinical Supervisor / Team Leader, both to support activities related to adoption of the full CSC model and to supervise and support the new full-time Bilingual Staff Therapist to be hired through the program.
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A
c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Utilize the ongoing services of a highly trained and experienced Clinical Supervisor / Team Leader to oversee, support, and clinically supervise project staff while tracking and ensuring full fidelity to all aspects of the CSC FEP model.	**16**
1) Activity: Convene and lead weekly team meetings	**16**
2) Activity: Ensure fidelity to all program models, elements, and supportive interventions	**16**
3) Activity: Provide clinical supervision to case management and other staff as appropriate	**16**
4) Activity: Ensure continual support, training, and professional development for supervised staff members	**16**

			5) Activity: Ensure ongoing timely and accurate data collection and reporting	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.16) Multidisciplinary team to deliver a range of specific services Including qualified professionals to provide both case management and specific service elements

	(6.D.16) Multidisciplinary team to deliver a range of specific services including qualified professionals to provide both case management and specific service elements	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Since its inception, the Felton early psychosis model has incorporated **all seven** elements listed for requirement #16 through a highly skilled multidisciplinary team, including: 1) nursing services; 2) evidence-based psychotherapy; 3) addiction services; 4) supported employment; 5) family education and support; 6) social and community living skills; and 7) case management. While there are areas for expansion and improvement throughout this list, as described throughout the present application, the fundamental aspects of the model are solidly in place, putting Felton at a level of "5" on the application assessment scale.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone
		1) Milestone: Continue to ensure CSC service provision through a highly trained multidisciplinary team that incorporates all seven of the central elements listed above. — **Qtr End: 16**
		1) Activity: Continually track and document the provision of CSC services incorporating the 7 key program elements, including reporting on ongoing program enhancements and expansions. — **Qtr End: 16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A
		1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.17) Length of treatment up to 4 years (if needed) with appropriate discharge planning/link

	(6.D.17) Length of treatment up to 4 years (if needed) with appropriate discharge planning/link.	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute has always supported and encouraged the long-term participation of patients and families in its early psychosis program, and makes services available for as long as patients and their family members with to receive them. At the present time, the maximum length that patients and families have chosen to remain in the program has been **3 years**, which puts the agency at a "3" level on the application assessment scale. Attainment of a level of participation of **more than 4 years**, which would give the agency a "5" ranking, has not been achieved **not** because the agency is unwilling to provide services for that length of time, but because the normal duration of care following stabilization has simply not created that level of demand. Under normal circumstances, patients who achieve long-term stability tend to move on to a less intensive level of maintenance care and support using other community resources and programs, usually as part of the local TAY System of Care. However, Felton is also aware that tangible benefits could accrue to patients and families if they maintained a relationship to our program for a longer period of time. **To achieve a length of program participation of more than 4 years, Felton proposes to develop and implement a new Continuation of Care Program for early psychosis patients and their support group members.** This new program will begin at a specified period after the patient has achieved documented long-term stability, and will offer a condensed version of project services that allows patients and their families to continue their supportive relationships with program staff and peers. The Continuation of Care Program will **not** provide a new layer or level of service, but will instead allow the patient and caregivers to continue to access those components of the Felton FEP program that the client finds most conducive to supporting long-term stability. For example, patients and their family members could choose to continue to receive medication monitoring through the program, along with reminders regarding appointments or medication-taking. Clients could also opt to continue receiving psychotherapy services through Felton staff, or to continue participating in psychoeducation groups with families with which they have developed close relationships. An even likelier possibility is that patients and families would opt to continue to participate in the new **smart phone-based early psychosis telehealth app** through which they can continue to receive news and updates, participate in online chats and message boards with other clients, and make online telehealth or telepsychology appointments as needed. While such options exist today, Felton would codify and publicize these services to clients in a way which clarifies the options and promotes participation in project services for periods of service that could potentially stretch far beyond four years.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice Felton Institute will collaborate with MHSOAC and the Training and TA Provider during the **first 18 months** of the grant program to develop the parameters of the Continuation of Care Program, aligned with national efforts to identify emerging practices and development of clear guidelines for the CSC program. This includes identifying which services are most likely to be used or desired by long-term patients and their caregivers, and developing methodologies for codifying and publicizing these services throughout the remainder of the grant period. Felton will also work with the Training

		and TA Provider to develop appropriate outcome indicators and data collection methodologies to track the success of this component in engaging patients and families on a long-term basis.	
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
			Qtr End
		1) Milestone: Felton will collaborate with the Training and TA Center to identify the components of the new Continuation of Care program, to "package" and publicize the program, and to develop evaluation measures and data collection methods.	**6**
		1) Activity: Informally survey clients and peers to identify elements of the Felton early psychosis program most likely to be used following the achievement of long-term patient stability.	**6**
		2) Activity: Develop the elements of the Continuation of Care Program and develop materials and outreach sessions that publicize the program and its components.	**6**
		3) Activity: Develop data collection indicators and methodologies to measure the success of the program in retaining clients beyond four years.	**6**
		2) Milestone: Implement and publicize the Continuation of Care program to both former and existing patients and families who have achieved long-term stability as a result of the program.	**16**
		1) Activity: Package and publicize the Continuation of Care program to stable existing and previous patients and families.	**16**
		2) Activity: Deliver Continuation of Care elements that are complementary to existing FEP program elements.	**16**
		3) Activity: Continually evaluate and refine the program based on data findings and participant feedback.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services The proposed Continuation of Care component carries few, if any risks, as it proposes to simply continue already-existing elements of the CSC model that patients and caregivers have found to be most conducive to long-term retention and stability.	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.18) Multidisciplinary team to deliver a range of specific service components. Team meets weekly

	(6.D.18) Multidisciplinary team to deliver a range of specific service components. Team meets weekly	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain The presence of a highly trained and diverse **multidisciplinary team** has been a hallmark of the Felton early intervention program since its inception. As evidenced by the Felton staff listed in Section C.1.3. above, the agency employs a workforce with complementary skills and backgrounds who participate in weekly clinical team meetings and participate as a **single unit** in providing a high level of patient care and support. Felton has adopted the **Assertive Community Treatment (ACT)** model in regard to the multidisciplinary team, and applies the principles and methodologies of ACT as a highly effective approach for providing interdisciplinary care for individuals experiencing severe mental illness. The quality and effectiveness of this multidisciplinary team will be significantly enhanced by the new grant-funded staff proposed in this application. The Felton team will continue to hold structured clinical meetings a weekly basis throughout the four-year grant period, while activities to identify the positive outcomes of the team's work also expand through collaboration with MHSOAC and the Training and TA Provider.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone
		Qtr End
		1) Milestone: A highly skilled, experienced, and diverse multidisciplinary team will continue to meet on a weekly basis to discuss patient issues, plan appropriate patient and family interventions and services, refine and enhance the existing early psychosis model, and monitor and support full fidelity to all aspects of the CSC model. — **16**
		1) Activity: The multidisciplinary team will meet weekly to discuss patient and family needs and the process of overall CSC implementation. — **16**
		2) Activity: The team will continually review project data to improve and enhance the program while ensuring fidelity to all aspects of the CSC model. — **16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A

		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.19) Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure

	(6.D.19) Explicit admission criteria (e.g. diagnoses served, DUP, age range) and standard screening procedure		
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain As noted in Section C.1.d. above, the Felton early psychosis program utilizes explicit admission criteria to ensure that early psychosis services are provided to patients who live in the City and County of San Francisco and who are specifically experiencing FEP and who have one or more identified early psychoses diagnoses. While these criteria are not a pre-condition for individual screening, they represent criteria for formal admission into the early psychosis program. These diagnostic criteria can be modified and adjusted during the grant program to correspond to statewide standards identified or required during the four-year grant period.	
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A	
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
			Qtr End
		1) Milestone: Continue to utilize explicit admission as a condition for admission to the early psychosis program, and modify these criteria as needed in partnership with MHSOAC throughout the grant period.	**16**
		1) Activity: Utilize screening using explicit admission criteria for all clients referred to the program, and as a precondition for formal enrollment in the program.	**16**
		2) Activity: Revise admission criteria as needed or requested by MHSOAC and the Training and TA Provider throughout the four-year grant period.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A	
		1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.20) Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)

	(6.D.20) Population served (specific geographic population, use of annual incidence to assess success in reaching all new incidence cases)	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton's proposal to expand the number of San Francisco FEP patients to be served through its early psychosis program from its current **40** patients to **60** patients at any one time is expected to allow the program to reach the required threshold of **80% or more** of incident cases admitted to FEP services based on a projected annual incidence of **20 per 100,000** among persons ages 15 - 45 living in San Francisco. Felton Institute will collaborate with MHSOAC and the Training and TA Provider to identify a projected annual incidence number for FEP in the city, which is expected to allow the agency to reach the 80% target prior to the end of the four-year grant period. Planned outreach and education activities funded through the EPI PLUS grant program will make a significant contribution to attaining this goal.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice Because of unknown variables related to the actual number of projected local FEP cases in a given year, it is not known when in the four-year grant period Felton will achieve the projected goal of 80% of FEP cases having access to early psychosis program services. However, the agency is confident of its ability to reach this threshold working in close collaboration with the Training and TA Provider.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Work with Training and TA Provider to define a reliable projection of the incidence of new local FEP cases in a given year, and ensure that the project is able to serve 80% of this projected population.	**16**
1) Activity: During approximately the first program year, utilize research conducted by the Training and TA Provider in collaboration with other grantee agencies to define a projection of local annual FEP incidence.	**4**
2) Activity: Compare projected incidence throughout the grant period to assess Felton's success in reaching the threshold 80% target.	**16**

	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services

		Despite our expectations for success, because the precise numerical target for achieving the projected 80% threshold is not known at this time, there is a possibility that Felton may not achieve the threshold prior to the end of the grant period.	
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? Felton will collaborate with MHSOAC and the Training and TA Provider to both assess the agency's success in reaching the threshold and developing new or modified approaches to reach the target percentage as needed.

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.21) Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program

	(6.D.21) Inclusion of peers in program level decision-making, providing direct services (individual and group), and sharing lived experience across all levels of the program	
	a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain Felton Institute has long been committed to the involvement of both youth and adult peers at all levels of project planning, decision-making, and service delivery. This involvement is particularly critical in the case of early psychosis services, which present exceptional challenges and barriers to consistent, long-term client involvement, and which benefit greatly from the participation of patients and caregivers who have lived experience of FEP, particularly those who have achieved long-term stability and who can inspire others to achieve and sustain satisfying life goals. As noted in Section above 6.D.12. above, Felton is proposing to significant enhance peer involvement in its early psychosis program using EPI PLUS funding by hiring a new full-time **Family Peer Specialist** who will become part of the agency's multidisciplinary team, and who will work with the program to significantly expand the participation and involvement of natural supports on a long-term basis. A further expansion in peer involvement through the grant program will involve the expansion of the role of **youth and family peer volunteers** in the planning, implementation, and operation of project services. Felton already involves volunteer peer interns in all weekly multidisciplinary team meetings, and incorporates peer representatives in program planning activities and in program-specific outreach and educational activities. This includes active peer participation in an annual **(re)MIND Open House Event,** which gives community members a glimpse into Felton's first episode programs and overall agency services. Volunteer Peer Interns plan and present their own booth to publicize the role of individuals with lived experience in Felton's CSC model and describe their program-level activities and peer involvement opportunities at the agency, and this is always the most well-attended feature of the event. Felton Institute also partners with **Richmond Area Multi-Services, Inc. (RAMS)**, a highly regarded non-profit mental health services agency which, among other programs, has developed nationally replicated models for increasing peer and volunteer involvement in the planning and provision of mental health services. RAMS operates a highly successful **12-week Peer Mental Health Specialist Certificate Program** which prepares individuals and family members with lived experience in behavioral health services for entry-level peer provider roles. Felton's early psychosis programs serve as a training / practicum site for the Certificate program, and hosts **two interns per quarter** who work with early psychosis staff to learn firsthand about FEP services, while actively participating in weekly clinical team meetings, program planning and monitoring, and project-related outreach and education. Among other outcomes, these interns ensure that Felton has an ongoing pool of qualified and committed volunteers with lived behavioral health experience who give active, practical advice and support to the FEP program. **For the present application, Felton is requesting support for a new pool of funds to encourage more intensive participation in the program by committed patient and family volunteers who have lived experience of either FEP or other mental health issues.** The new fund will offer monthly honoraria in the form of gift cards or other vouchers valued at **$150 per person per month** for an average of **4 volunteers per month** who commit to playing a more involved role in the early psychosis program, although the actual amount of vouchers as well as the number of monthly

		volunteers may vary from month to month based on varying participation levels and emerging volunteer roles over the course of the grant program. Honoraria could be used to reward volunteers who play a leading role in helping develop the new telehealth app, participate in community outreach events, participate in Steering Committee meetings, or produce high-quality content for the telehealth app. Volunteers may also work in concert with the new Family Peer Specialist, under the direction of the Program Manager, to provide support to youth or family clients who reflect their own cultural or linguistic background. For example, an adult volunteer fluent in Cantonese could be paired with a Cantonese-speaking client family to provide augmentative bilingual / bicultural support that promotes engagement and retention in early psychosis services. As with all new elements of the Felton program, this component will be carefully monitored and evaluated to assess its effectiveness in both ensuring a broad peer voice throughout the program and in engaging and retaining more patients and families in the CSC program.
	b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice Felton anticipates implementing the expanded peer volunteer component during the **second project quarter**. Peers involved in this component will receive appropriate training and support, and may work together in peer teams, possibly in collaboration with RAMS interns. The work of peers will be continually monitored and evaluated to assess the effectiveness of this component in engaging and retaining patients and families affected by FEP in the EPI PLUS program.
	c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone

	Qtr End
1) Milestone: Develop the parameters of the new expanded peer component and pilot test and evaluate the component in project months four through six.	**2**
1) Activity: Define the parameters of the new expanded peer participation component, including identifying the number of hours or level of contribution that will be required to receive vouchers; the number of peers to be provided with vouchers at any given time; and how more intensive peers will be trained, assigned work, and monitored.	**2**
2) Activity: Develop simple-to-use data collection and monitoring tools to record peer activities and assess peer effectiveness.	**2**
2) Milestone: Continue to identify, train, and assign peers to appropriate and effective support roles while evaluating the impact of their work.	**16**
1) Activity: Assign and track peer activities while providing ongoing training and support as needed.	**16**

			2) Activity: Continually evaluate the effectiveness of the new component, modifying tasks and assignments based on where peer activities are having the greatest impact on client engagement and involvement.	**16**
	d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services As has been stated previously, any new initiative carries the potential to underachieve its aims, and the proposed expanded peer component is no exception. Risks related to the component include: a) difficulties in identifying and retaining a large enough number of peer volunteers who can be assigned to meaningful roles in the program; b) difficulties placing volunteers in roles that they find personally rewarding or that apply their individual interests and expertise; c) difficulties in monitoring or collecting data related to volunteer activities and impacts; d) finding that undue burdens have been placed on existing staff through the program which interfere with their ability to provide adequate support to patients and families; and e) issues of ongoing attrition which result in burdensome recruitment and training of new volunteers. While all of these are possible, Felton believes through its extensive prior experience in recruiting, supervising, and supporting volunteers that the program will prove successful, particularly because of the number of diverse opportunities volunteers will have to make a meaningful contribution to the program.		
		1.	For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? During the second project quarter, Felton will develop clear parameters for the recruitment, training, and support of intensive volunteers that seek to mitigate any potential barriers to project success. Mechanisms to track volunteer activities and impacts will be designed to create minimal burdens on volunteers, and to minimize reporting burdens on staff as well.	

E.2. For each program practice listed on Attachment 4, provide the following information:

(6.D.22) Timely follow up after hospital discharge or crisis evaluation (15 days)

	(6.D.22) Timely follow up after hospital discharge or crisis evaluation (15 days)	
a.	The plan to bring the practice to full fidelity (i.e. level 5 assessment); or if at full fidelity, the plan to expand the practice; or if there are no plans to do anything, explain The Felton early psychosis program has strong protocols in place for following-up project patients well within 15 days or their discharge from a hospital or following a crisis incident. Case managers track client crisis incidents and hospitalizations closely, and utilize reminder systems to directly contact patients and/or families within this timeframe. These protocols relate to established program objectives for preventing new psychiatric hospitalizations within 30 days of discharge, creating an additional incentive for the program to provide prompt and pro-active follow-up in a timely manner.	
b.	Explain how long it will take to achieve full fidelity for each practice, or if at full fidelity how long will it take to expand the practice N/A	
c.	Provide a project timeline (milestones and activities) covering all four grant years outlining the activities to be completed in each quarter to bring the current early psychosis intervention program to full fidelity and/or expansion of services 1. Milestones include, but are not be limited to when you plan on reaching of full fidelity and/or expansion of the service 2. Activities are the tasks needed to be accomplished to achieve the Milestone	
		Qtr End
	1) Milestone: Continue to ensure follow-up with patients and/or families within 15 days following a crisis incident or a hospitalization.	16
	1) Activity: Track hospitalized or crisis patients and set reminders for timely follow-up.	16
	2) Activity: Link follow-up to goals of preventing re-hospitalization within 30 days of a patient hospitalization.	
d.	The risks/barriers that exist which may create challenges to reaching full fidelity or expanding full fidelity services N/A	
	1. For each risk/barrier listed, what is the mitigation strategy to address the risk/barrier? N/A	

E.3.	Describe the need within the county which will be addressed by a Coordinated Specialty Care Clinic operating in full fidelity to the model.	
	a.	How will the stated need(s) be met through the implementation of the CSC program? **The proposed early psychosis expansion grant program will enable the City and County of San Francisco, through its partnership with Felton Institute, to fully implement and achieve maximum compliance with all aspects of the Coordinated Specialty Care model, with the goal of reducing the duration of untreated psychosis (DUP) in youth, TAY, and young adults living in San Francisco, California.** The program will lead to a significant decrease in the severity of early psychosis symptoms, an overall reduction in client suffering, and an increase in the chance for clients to achieve full recovery and remission of symptoms, and to experience a meaningful and happy life. The program will also allow the Felton program to reach a goal of serving at least **80%** of persons in the city who experience FEP in a given year. Through EPI PLUS funding, Felton will significantly expand and enhance its existing model program, while developing and evaluating several new innovative project components that hold the promise of further enhancing FEP service engagement and retention within the context of the CSC system. All project expansions and enhancements will be fully tracked and evaluated through a strong collaboration with MHSOAC and the identified Training and TA Provider for the program, and, where effective, will be shared with other grantees and jurisdictions to encourage replication of successful program elements.
	b.	What is the target population of the early psychosis intervention program? As noted above, the project provides integrated, specialized, and evidence-based services to a population of persons generally between the ages of 14 and 35 who are residents of the City and County of San Francisco, who are within two years of initial onset of psychotic symptoms, and who have an identified qualifying diagnosis of either schizophrenia, schizoaffective disorder, schizophreniform disorder, severe mood disorder with psychotic symptoms, and/or other specified psychotic disorders. The program is designed to assess and aggressively treat psychotic symptoms as early as possible in the course of development of the schizophrenia spectrum or the appearance of severe mood disorders with psychotic features.
	c.	How will the stated needs be addressed through linkage with other public systems of health and mental health care? The San Francisco TAY System of Care is a large and growing collaborative initiative to provide integrated, comprehensive, and culturally competent mental health service and support to **all** San Francisco youth and young adults affected by mental health issues. Planning for the TAY system began in early 2017 through a broadly based community planning process convened by SF Behavioral Health Services that involved nearly **50** public and private agencies in San Francisco, and which currently provides a model system of cooperative support which maximizes the skills and expertise of each provider while minimizing the degree to which public agencies whose primary charge is not mental health are compelled to spend undue resources serving as de facto mental health providers. Key public entities involved in the TAY system of care who will also play a supportive role in the EPI PLUS initiative include San Francisco Jail Behavioral Health Services, the San Francisco Adult Probation Department TAY Unit, the Juvenile Justice Coordinating Council, the Mayor's Office Our Children Our Families Program, San Francisco Community Health Programs for Youth, the San Francisco Proposition 47 Reentry Council, and the Youth Programs Division of the San Francisco Department of Homelessness and Supportive Housing.
	d.	How will the stated needs be addressed through linkage with schools and community social services, and related assistance?

		The proposed San Francisco EPI PLUS grant application embodies and builds upon a close working partnership between a public mental health agency - San Francisco Behavioral Health Services - and a highly respected and experienced non-profit community-based mental health agency, Felton Institute. This collaboration reflects the overall orientation of the San Francisco public health system to rely upon the skills, sensitivity, and expertise of community providers in offering care that has the best potential to reach and engage diverse community members and to produce positive and lasting results through the trust and communication they are able to establish with local residents. The proposed program will utilize these longstanding relationships to ensure access to all needed ancillary support services for patients and families involved in the EPI PLUS program, including services for referred patients who do not meet diagnostic criteria and for clients in recovery transitioning to longer-term support services in the city.
	e.	Describe how your CSC program will operate within the county's continuum of mental health and behavioral health care for youth and adults. List all programs and/or services that will interact and/or link to the CSC program. This includes, but is not limited to, mental health services, schools, CBOs, primary care services, etc. The San Francisco TAY system of care involves a highly diverse collaboration of public and private providers reflecting a broad range of disciplines and cultural experience who work together with the goal of creating a seamless and comprehensive system to address the urgent mental health needs that exist in our region. Collaboration with the TAY system continues to evolve, but at the present time includes the following agencies and programs: ▪ Third Street Youth Center and Clinic ▪ Harm Reduction Therapy Center ▪ Jail Behavioral Health Services ▪ The AIIM Higher Partnership ▪ LYRIC LGBT Youth Services ▪ San Francisco Foster Youth Services ▪ Larkin Street Youth Services ▪ TIS/T2 ▪ AB12 Work Group (HSA, juvenile / criminal justice) ▪ Adult Probation TAY Unit ▪ Juvenile Justice Coordinating Council ▪ Mayor's Office Our Children Our Families Program ▪ SF Community Health Programs for Youth (CHPY) ▪ Youth Justice Center Multidisciplinary Team ▪ TAY Connect Collaborative ▪ Huckleberry Programs for Youth ▪ Instituto Familiar de la Raza ▪ Safer Together ▪ African American Healing Alliance ▪ Western Addition Wellness Coalition ▪ Reentry Council / Prop 47 ▪ Safe & Sound – CSEC program ▪ Homeless Youth Alliance ▪ 3rd Street Youth Center ▪ Horizons ▪ San Francisco SF LGBT Center ▪ Felton Institute / FSA

	▪ Department of Homelessness & Supportive Housing – Youth Programs
E.4.	For each provider or collaborative partner in which there is a contractual relationship and/or MOU or similar, provide the following information (*Add lines as needed*)
	Provider: ☒ Collaborative Partner: ☐ **Entity/Individual name:** Felton Institute **Contact name, title, email address:** Adriana Furuzawa, LMFT, CPRP Division Director, Early Psychosis Division 1005 Atlantic Avenue Alameda, CA 94501 afuruzawa@felton.org **Role/Responsibility:** On a subcontracted basis, Felton Institute will provide **all** programmatic, coordinating, and direct client services proposed through the current application, including overseeing project-specific evaluation, data collection, fidelity assurance, and reporting. **Service or support provided:** Felton Institute will hire, train, oversee, and support all subcontracted personnel identified in the current application, while coordinating all data collection, reporting, and fidelity management activities funded through the program. **Is there an existing contract or relationship at the time of the grant application submission? Explain.** Felton Institute currently oversees many early psychosis and other mental health programs in collaboration with San Francisco Behavioral Health Services, including relationships that mirror those in the current application. For example, Felton Institute serves as the sole contractor and provider for **two** SAMHSA-funded grant programs related to early psychosis for which SFDPH is the funded agency, including a SAMHSA Adult System of Care grant (CFDA 93.958) and a grant through SAMHSA's Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CFDA 93.243). Felton also serves as the sole services subcontractor for San Francisco's existing MHSOAC Children's Mental Health Triage Personnel grant program (RFA SB82_Triage_003). Felton is a trusted member of the overall SF mental health provider community, and serves on a number of advisory boards, commissions, and panels convened by SFDPH and other entities that are focused on both the TAY system of care and other key mental health and mental health system issues in our region.

ATTACHMENT 6: SUSTAINABILITY PLAN

F. Sustainability Plan				
	The purpose of requiring Applicants to write a Sustainability Plan is to ensure that any system improvements created by the grants are sustainable after the grant ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity.			
F.1.	The Sustainability Plan shall include the following:			
	a.	Describe, in detail, the plan to ensure the continuation of the early psychosis intervention program <u>after</u> the grant ends. The current climate of uncertainly surrounding the COVID-19 pandemic and the unprecedented fiscal pressure it is putting on states and local jurisdictions makes it extremely difficult to project future funding trends at the present time. While SF Behavioral Health Services will make every effort to secure continuation funding for the program following the four-year grant period, there is no guarantee that such funding can be found, although the County has had strong success in securing General Fund support for programs in the past that have proven to be effective in promoting public health, especially if those initiatives save future dollars to the system through outcomes such as avoidance of future hospital stays, avoidance of future crises, or avoidance of involvement in the criminal justice system or homelessness. . One of the most important ways our program will work to secure continuation funding following the conclusion of the grant period is through the ongoing collection of **project-specific data** which identifies the extent to which the program is being effective in achieving both short and long-term stabilization for persons experiencing FEP. The grant-funded EP Training and Evaluation Manager will work in close collaboration with the grant program's Training and TA Provider to continually compile, review, and analyze project data and to share positive data findings with the local TAY system of care. Felton Institute will utilize data reports to identify project gaps, issues, disparities, and opportunities and to continually refine the program to make it more responsive to patients and their families and to improve longer-term stability outcomes. The Training and Evaluation Manager will also analyze project data in relation to **cost savings to the system** through the program, such as reduced psychiatric admissions, reduced hospitalizations, reduced use of residential services, and reduced drug treatment costs. These findings will be used to construct a rationale for the ongoing continuation of funding based both on the positive impact on FEP patients and their families and on overall cost savings to the TAY system of care.		
	b.	Describe, in detail, the plan to maintain current funding and/or acquire additional/new funding to sustain the program <u>after</u> the grant ends. 1. Identify the target sources of funding: The sole known source of continuation funding for the program will be **expanded Medi-Cal reimbursements** realized through the increase in overall client census from 40 to 60 clients. However, these funds will also be available during the course of program implementation, and, while they have the potential to support some share of grant-funded staff, they will not necessarily ensure continuation of all project elements following the four-year grant period.		
	c.	Contribution of funds committed <u>during</u> the grant term. For purposes of this requirement, break out the contribution into the following categories:		
		1.	Medi-Cal reimbursements	
			a.	Amount committed for Grant Year 1, 2, 3, and 4 (contract term):

Grant Year 1: $130,000
Grant Year 2: $130,000
Grant Year 3: $130,000
Grant Year 4: $130,000

2. Local Funds (Does not include Medi-Cal or Other/Private funds)

a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term):

Grant Year 1: $518,956
Grant Year 2: $518,956
Grant Year 3: $518,956
Grant Year 4: $518,956

b. Identify the source of the funding:

Funding Source	Year 1: 9/1/20 - 8/31/21	Year 2: 9/1/21 - 8/31/22	Year 3: 9/1/22 - 8/31/23	Year 4: 9/1/23 - 8/31/24
MH MHSA TAY Program Funding	$ 388,956	$ 388,956	$ 388,956	$ 388,956
MH MHSA TAY Program Matching Funds	$ 130,000	$ 130,000	$ 130,000	$ 130,000
TOTALS	**$ 518,956**	**$ 518,956**	**$ 518,956**	**$ 518,956**

3. Other/Private Funds

a. Amount committed for Grant Year 1, 2, 3, and 4 (contract term):

Grant Year 1: $693,830
Grant Year 2: $461,365
Grant Year 3: $295,318
Grant Year 4: $295,318

b. Identify the source of the funding:

Funding Source	Year 1: 9/1/20 - 8/31/21	Year 2: 9/1/21 - 8/31/22	Year 3: 9/1/22 - 8/31/23	Year 4: 9/1/23 - 8/31/24
(re)MIND CR - SAMHSA Adult SOC Grant, CFDA 93.958	$ 295,318	$ 295,318	$ 295,318	$ 295,318
(re)MIND FFS - SAMHSA BEAM UP Grant, CFDA 93.243	$ 398,512	$ 166,047	-	-
TOTALS	**$ 693,830**	**$ 461,365**	**$ 295,318**	**$ 295,318**

ATTACHMENT 7: FOCUSED OUTREACH PLAN

G. Focused Outreach Plan	
G.1.	Describe, in detail, your outreach plan which will increase awareness of and increase participation in the early psychosis intervention program in the community or region where it exists. The plan must outline how individuals in clinically high-risk categories, including foster youth and justice involved youth will be engaged and made aware of the early psychosis intervention services provided in the county. As described in Sections 6.D.10. and 6.D.11. above, Felton Institute will implement a wide-ranging **education and outreach campaign** for the EPI PLUS program that seeks to significantly broaden the number of agencies, service providers, and families in San Francisco who become aware of the risks of early psychosis, who understand the importance of early intervention for patients affected by FEP, and who know who to contact in the event an FEP episode is suspected. This program will particularly seek to increase knowledge and awareness within San Francisco's **diverse ethnic and linguistic communities**, including making materials and presentations available in languages other than English, developing **cultural adaptations** to outreach and programs to better engage and communicate with diverse communities, and utilizing diverse peers to help develop outreach materials, make presentations, and provide informal one-on-one support to patients and their families from a range of cultural and language backgrounds. Felton will significantly expand the number of community-based presentations it makes to at least **12 per year**, although this number may be larger when taking into account more informal or small-scale education and outreach presentations. Felton will also broaden the populations it targets through outreach and education to include **all** stakeholders involved with serving or caring for young people, including schools and teachers, mental health agencies and providers, parents and families, and young people. Felton will also expand the production and distribution of project-related outreach and informational materials informing the community of the early psychosis issue and of local services available to address emerging symptoms of FEP, including materials available in both print and online formats. This could include, for example, printing informational / contact brochures for distribution in doctors' offices, mental health provider offices, school-based clinics, at parent / teacher gatherings, etc. Felton will also contract with graphic artists and web development consultants to produce new print and online materials in collaboration with project staff and peers, including expanding the scope and reach of its website components related to early psychosis. Felton will also expand the level of participation of both youth and family volunteers in its program, in part through introduction of a new honorarium voucher system that rewards and incentivizes volunteers who are making an especially large contribution to the program. These peers will work in collaboration with Felton staff, including our new proposed Family Peer Specialist, to help design outreach materials and programs, and to ensure that these materials are responsive to and effective in reaching and educating communities of color and families who speak a language other than English at home. All outreach activities will be monitored to determine their relative success in increasing the number of prompt referrals of persons who may be experiencing FEP symptoms, with evaluation data being used throughout the grant period to continually enhance and better target outreach efforts.

ATTACHMENT 8
BUDGET WORKSHEET - EPI PLUS

(Whole Dollars)

Applicant: City and County of San Francisco Behavioral Health Services

EPI PLUS GRANT

(1) Hire Staff	(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs
SFDPH Transition Age Youth (TAY) System of Care Clinical Coordinator	1	28,876	30,181	31,086	32,019	122,162
Subtotal - (8) Personnel Services Salaries		28,876	30,181	31,086	32,019	122,162
Add: (9) Personnel Services Benefits		13,098	13,316	13,715	14,127	54,256
(10) Total Personnel Services		41,974	43,497	44,801	46,146	176,418

(11) Hire Contractors or other non-staff	(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(16) GY 4	(17) Total All GYs
Felton Institute Subcontract						
Division Director	1	7,500	7,500	7,500	7,500	30,000
Program Manager	1	9,300	9,300	9,300	9,300	37,200
Clinical Supervisor / Team Leader	1	17,000	17,000	17,000	17,000	68,000
Bilingual Staff Therapist	4	60,000	80,000	80,000	80,000	300,000
Bilingual Employment and Education Specialist	4	33,750	45,000	45,000	45,000	168,750
Family Peer Specialist	4	41,250	55,000	55,000	55,000	206,250
EP Training and Evaluation Manager	4	52,500	70,000	70,000	70,000	262,500
Subtotal - Contracted Services Salaries		221,300	283,800	283,800	283,800	1,072,700
Contracted Services Benefits		66,390	85,140	85,140	85,140	321,810
(18) Total Contracted Services		287,690	368,940	368,940	368,940	1,394,510
(19) Total Personnel/Contracted Services		329,664	412,437	413,741	415,086	1,570,928

(20) Other Costs (non-staff and non-contracted services)	(21) Exp Month	(22) GY 1	(23) GY 2	(24) GY 3	(25) GY 4	(26) Total All GYs
Peer Participation Honoraria	48	5,400	7,200	7,200	7,200	27,000
Community Outreach & Education Events	48	1,350	1,800	1,800	1,800	6,750
Outreach Materials Production & Printing	42	450	600	600	600	2,250
Graphic Art & Web Development Consultant Services	48	5,400	5,400	5,400	2,700	18,900
Phone App-Based Telehealth & Teletherapy Services Development, Implementation, & Subscription Costs	48	-	26,923	15,000	7,500	49,423
Telehealth-Related Participant Incentives	48		4,500	9,000	9,000	22,500
Local Transportation	48	450	600	600	600	2,250
(27) Total Other Costs		13,050	47,023	39,600	29,400	129,073
(28) Total Grant Program Costs before Administration		342,714	459,460	453,341	444,486	1,700,001

ATTACHMENT 8
BUDGET WORKSHEET - EPI PLUS

(Whole Dollars)

Applicant: City and County of San Francisco Behavioral Health Services

EPI PLUS GRANT					
(29) Administration (includes indirect costs and overhead, limited to 15%) *	60,479	81,081	80,001	78,438	299,999
(30) Total Proposed Grant Program Costs/Grant Request (*Cannot exceed $2,000,000*)	403,193	540,541	533,342	522,924	2,000,000
(31) Other Contribution of Funds	(32) GY 1	(33) GY 2	(34) GY 3	(35) GY 4	(36) Total All GYs
(37) Medi-Cal Reimbursements	130,000	130,000	130,000	130,000	520,000
(38) Local Funding	518,956	518,956	518,956	518,956	2,075,824
(39) Other/Private Funds	693,830	461,365	295,318	295,318	1,745,831
(40) Total Other Contribution of Funds	1,342,786	1,110,321	944,274	944,274	4,341,655
(41) Total Proposed Grant Program Costs	1,745,979	1,650,862	1,477,616	1,467,198	6,341,655

ATTACHMENT 9: BUDGET NARRATIVE

I. Budget Narrative		
The Budget Narrative (ATTACHMENT 8) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 7).		
I.1.	Hire Staff	
	a.	For each "Hire Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification The salary request for the SFDPH Transition Age Youth (TAY) System of Care Clinical Coordinator is based on the Coordinator's actual current salary of **$115,504** per year, with **25%** of the Coordinator's time charged to the EPI PLUS grant to support monitoring, oversight, and systems integration activities related to the program. The budget request includes an annual cost of living increase based on current SFDPH personnel requirements.
	b.	Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4. **San Francisco Department of Public Health:** ▪ **Transition Age Youth (TAY) System of Care Clinical Coordinator**: **25%** for GY 1, GY 2, GY 3, and GY 4
I.2.	Personnel Services Benefits	
	a.	Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc. The personnel services benefits rate at SFDPH is **44.12%**, although the percentage is slightly higher in year 1 of the program due to anticipated additional expenditures related to the COVID-19 pandemic. The personnel services benefits rate for the **7** employees based at Felton Institute is **30%.** The breakdown of this percentage is as follows: ▪ **Health care - 12.5%** ▪ **Vacation - 6.6%** ▪ **FICA - 6.2%** ▪ **SUI - 1%** ▪ **WC - 2.25%** ▪ **Medicare - 1.45%**
I.3.	Hire Contractors or other non-staff	

	a.	For each "Hire Contractors or other non-staff" listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year. The salaries for program staff based at Felton Institute - who will deliver all direct program services and who are listed on the Budget Worksheet in the "Contractor" section - are based on current salary rates at Felton, including slightly increased salaries for bilingual / bicultural staff members. The Division Director, Program Manager, and Clinical Supervisor / Team Leader are **existing** Felton staff, while the Bilingual Staff Therapist, Bilingual Employment and Education Specialist, Family Peer Specialist, and EP Training and Evaluation Manager are **new** staff who will be specifically hired for the program.
	b.	Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4. **Felton Institute:** ▪ **Division Director:** **5%** for GY 1, GY 2, GY 3, and GY 4 ▪ **Program Manager:** **10%** for GY 1, GY 2, GY 3, and GY 4 ▪ **Clinical Supervisor / Team Leader:** **20%** for GY 1, GY 2, GY 3, and GY 4 ▪ **Bilingual Staff Therapist:** **100%** for GY 1, GY 2, GY 3, and GY 4 ▪ **Bilingual Employment and Education Specialist:** **75%** for GY 1, GY 2, GY 3, and GY 4 ▪ **Family Peer Specialist:** **100%** for GY 1, GY 2, GY 3, and GY 4 ▪ **EP Training and Evaluation Manager**: **100%** for GY 1, GY 2, GY 3, and GY 4
I.4.	Other Costs (non-staff and non-contracted services)	
	a.	For each "Other Costs (non-staff and non-contracted services)" listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates. All project expenditures in the Other Costs section will be made by Felton Institute and will be included in the Felton Institute subcontract, which will include a maximum annual 15% Administrative Cost allocation based on the actual amount of the subcontract. These Other Costs are as follows:

- **Peer Participation Honoraria:** Avg. **$150** Per Monthly Honoraria Voucher x Avg. **4** Volunteers Per Month x **45** Months (Beginning in Grant Month 4) = **$27,000**

  This line item supports a program to reward and incentivize highly involved project volunteers with a small monthly honorarium in the form of a grocery or other voucher. Criteria for awarding vouchers will be determined during the 3-month project start-up period. The actual number of vouchers distributed and the number of volunteers receiving vouchers is expected to vary from month to month.

- **Community Outreach and Education Events:** Avg. **$150** Per Event x **9** Events in Year 1 and **12** Events Per Year in Years 2 - 4 (**45** Events Total) = **$6,750**

  This line item supports the cost of expanded community-based outreach and education presentations to a wide range of audiences, with an average of **12** community outreach events per year beginning in program month 4.

- **Outreach Materials Production & Printing:** Avg. **$50** Per Month x **45** Months (Beginning in Grant Month 4) = **$2,250**

  This line item supports the cost of producing and printing hard copy materials related to program education and outreach, including brochures, palm cards, flyers, and educational materials for distribution at community events.

- **Graphic Art & Web Development Consultant Services:** Avg. **$75** Per Hour x Avg. **6** Hours Per Month x **42** Months (Grant Months 1 - 42) = **$18,900**

  Graphic Art and Web Development Consultants will develop project identity elements, project outreach materials and publications, and expand the program's web-based outreach and education elements. Consultant services are averaged across the 4-year grant period through the 6th month of the final project year.

- **Phone App-Based Telehealth & Telehealth Services:** Estimated Development, Implementation, and User Subscription Costs of **$26,923** in Year 1, **$15,000** in Year 2, and **$7,500** in Year 3 = **$49,423**

  This line item includes total estimated costs for developing, implementing, launching, testing, and refining a proposed new telehealth phone app specifically for early psychosis patients and their families and caregivers. The telehealth app development process is expected to begin in grant year 2, with the bulk of costs are allocated for this initial development period. Costs in grant years 3 and 4 are expected to decline following initial development and piloting. The cost estimate is based on consultation with local non-profit agencies who have developed comparable telehealth apps for specific client sub-populations.

- **Telehealth-Related Participant Incentives:** Avg. **$15** Per Incentive x Avg. **50** Incentives Per Month x **30** Months (Beginning in Grant Month 19) = **$22,500**

  One element of the new early psychosis telehealth app will involve providing **embedded incentives** in the app which reward patients for remaining engaged in the program and adherent to care. Such embedded incentives are becoming increasing common in both telehealth and teletherapy applications. While the precise value of incentives and number of incentives per month may change, at the time of this application Felton is projecting an average of **50** incentives per month beginning in approximately the 6th month of the second grant year.

		▪ **Local Transportation:** Avg. **$50** Per Month x **45** Months (Beginning in Grant Month 4) = **$2,250** The Local Transportation line item supports the costs of grant-funded Felton Institute staff traveling throughout San Francisco to conduct home visits, attend outreach events, make presentations at agencies, etc. The cost item is activated beginning in month 4, following the hiring of new proposed project staff.

ATTACHMENT 10: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or "X" next to each item that you are submitting to the MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
X	Attachment 1: Application Cover Sheet
X	Attachment 2: Minimum Qualifications
X	Attachment 2A: Demonstrated Knowledge and Experience
X	Attachment 3: Applicant Background
X	Attachment 4: Applicant Program Assessment
X	Attachment 5: Full Fidelity Plan
X	Attachment 6: Sustainability Plan
X	Attachment 7: Focused Outreach Plan
X	Attachment 8: Budget Worksheet
X	Attachment 9: Budget Narrative
X	Attachment 10: Final Submission Checklist
X	Attachment 11: Payee Data Record (Std 204)

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 10/2019)

1

INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this **fully completed** form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.

NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.

2

BUSINESS NAME *(As shown on your income tax return)*
City and County of San Francisco

SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL *(Name as shown on SSN or ITIN) Last, First, MI*	E-MAIL ADDRESS
Public Health Department	Elisa.sullivan@sfgov.org

MAILING ADDRESS	CITY	STATE	ZIP CODE
1 Dr. Carlton B. Goodlett Place, Room 316	San Francisco	CA	94012

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
1 Dr. Carlton B. Goodlett Place, Room 316	San Francisco	CA	94102

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 94-6000417

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:

◯ **MEDICAL** *(e.g., dentistry, psychotherapy, chiropractic, etc.)*

◯ **LEGAL** *(e.g., attorney services)*

◯ **EXEMPT** *(nonprofit)*

◉ **ALL OTHERS**

☐ **SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC** *(Disregarded Entity)*

ENTER SSN OR ITIN: ___-___-____

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661)

NOTE: Payment will not be processed without an accompanying taxpayer identification number.

4

PAYEE RESIDENCY STATUS

☒ **CALIFORNIA RESIDENT** - Qualified to do business in California or maintains a permanent place of business in California.

☐ **CALIFORNIA NON RESIDENT** *(see next page for more information)* - Payments to nonresidents for services may be subject to state income tax withholding.

◯ No services performed in California.

◯ Copy of Franchise Tax Board waiver of state withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME *(Type or Print)*	TITLE	TELEPHONE *(include area code)*
Elisa Sullivan	Controller	415-554-7654

SIGNATURE	DATE	E-MAIL ADDRESS
		Elisa.sullivan@sfgov.org

6

Please return completed form to:

DEPARTMENT/OFFICE	UNIT/SECTION

MAILING ADDRESS	TELEPHONE *(include area code)*	FAX

CITY	STATE	ZIP CODE	E-MAIL ADDRESS