NEW FUNDING ALERT

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P)

FUNDER: Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Mental Health Services

Link to Funding Opportunity:

https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2023-chr-p-nofo.pdf

DUE DATE > March 14, 2023



PURPOSE

The purpose of this program is to provide trauma-informed, evidence-based interventions to youth and young adults (not more than 25 years of age) who are at clinical high risk for psychosis. Award recipients are expected to use evidence-based intervention to: 1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms. With this program, SAMHSA aims to prevent the onset of psychosis or lessen the severity of psychotic disorders among youth and youth adults.



ELIGIBILITY

Eligible Applicants are statutorily limited to public entities:

- State governments and territories (the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).• State governments, The District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
- Governmental units within political subdivisions of a state, such as a county, city, or town.
- Federally recognized American Indian/Alaska Native tribes and tribal organizations, as defined in Section 5304(b) and Section 5304(c) of the Indian Self-Determination and Education Assistance Act.
- Recipients who received their initial funding in FY 2022 from CHR-P NOFO (SM-22-008) are not eligible to apply



FUNDING LEVEL

- Estimated Number of Awards: 12
- Award Amount: \$400K per year
- Length of Project Period: 4 years
- Match or Cost Sharing Required:
 - For Years 1, 2, and 3, you must provide at least \$1 for each \$3 of federal funds provided by the award;
 - For Year 4, you must provide at least \$1 for each \$1 of federal funds provided by the award;
 - Matching resources may be in cash or in-kind, including facilities, equipment, or services and must be derived from non-federal sources (e.g., state or sub-state non-federal revenues, foundation awards.



PARTICIPANT INCLUSION CRITERIA

Youth and Young Adults Must Be Under the Age of 25 Years to Participate



MANDATORY APPROACH TO SERVICES

All project MUST implement a stepped-care model for early psychosis that features lower intensity/lower risk treatments as first-line interventions, with decisions regarding treatment completion, maintenance therapy, or step-up to more intensive care based on objective measures of treatment response. Interventions included in the stepped-care model are:

- Standardized and evidence based approaches to CHR-P screening, diagnosis, and psychosis risk assessment must be implemented;
- Psychoeducation for youth/young adults and family members;
- Substance use risk reduction;
- Cognitive behavioral therapy for psychosis or other evidence-based approaches that target cognition and/or behavioral change;
- Academic, vocational, peer, and family support; and
- Psychiatric consultation, as part of the treatment team, on the use of pharmacotherapy component of care.



Award recipients must use SAMHSA's funds to support direct services primarily, beginning in the project's 4th month. This includes the following activities:

- If the recipient is not the provider of services, identify an organization or agency with specialized expertise that is clinically qualified and credentialed to provide the required services to implement and manage the CHR-P program.
- Develop and implement training/workforce development activities for providers/staff to provide and implement the stepped-care model.



- Develop and implement primary and secondary outreach strategies to community referral partners.
 - Primary outreach: Connecting with other mental health and health care providers (e.g., community-based mental health clinics, first episode of psychosis (FEP) clinics, psychiatry, primary care, etc.).
 - Secondary outreach: Connecting with local settings that serve youth and young adults (e.g., schools, faith-based organizations, social service agencies, juvenile justice agencies, and other local organizations). Outreach activities should include dissemination of information and training on CHR-P and psychosis, identification of the warning signs of CHR-P, referral processes to CHR-P services. Recipients must designate an individual within the staff positions to plan and execute outreach.

- Develop and implement training/workforce development activities for providers/staff on CHR-P clinical assessment. Recipients should use the Structured Interview for Prodromal Syndromes (SIPS) (Miller, 2004), or the Abbreviated Clinical Structured Interview for DSM-5 Attenuated Psychosis Syndrome (i.e., Mini SIPS2) in place of SIPS where appropriate.
- For youth and young adults that do not meet eligibility for CHR-P: Develop and coordinate referral pathways with CHR-P services and other mental health, health, and other appropriate services in the community, (e.g., community based mental health services, primary care, occupational therapy).
- For youth/young adults that exceed eligibility (older than 25 years of age) for CHR-P but meet eligibility for FEP: Establish bidirectional referral relationships with FEP clinics (e.g., the Coordinated Specialty Care3 (CSC) programs supported through SAMHSA's Community Mental Health Services Block Grant 10 Percent set-aside for evidence-based treatments for early serious mental illness) to allow for a seamless transition from CHR-P services to FEP services.



- Provide, coordinate, or link to the following services:
 - Intensive home-based services for youth/young adults and their families when the youth is at imminent risk of out-of-home placement;
 - Respite care;
 - Therapeutic foster care and services in therapeutic foster family homes, individual therapeutic residential homes, or group homes caring for not more than 10 youth.
- Develop mechanisms to promote and sustain youth and family participation in supports and services related to; peer support, development of youth leadership, mentoring programs family counseling programs that include acceptance of LGBTQI+ youth and support for youth with substance use disorders.



• Develop and implement individualized crisis plans for youth/young adults receiving services. Plans may include de-escalation techniques, natural supports, community supports, and/or community-based crisis services and supports. Crisis plan shall include lethal means education and restriction of lethal means if the youth has suicidal behavior.



STRATEGY

Based on our experience, these are our recommendations.

- We suggest that you carefully review the funding announcement and solidify MOUs with community providers (as applicable) and other stakeholders, including their roles and responsibilities.
- Review current data to determine if disparities exist among youth and young adults with respect to access or outcomes.
- Review your evidence-based practices for effectiveness with the population of focus, including racial and cultural considerations.

NEXT STEPS

Helping you build toward your tomorrow.

SAE is available to collaborate with you to write the proposal, provide a review of your proposal, or to provide technical assistance in developing your program plan.

- Immediately validate that you have accounts in the System for Awards Management (SAM), Grants.gov, and era Commons.
- Create a table to assess your current level of implementation for each of the required activities and what you plan to expand or enhance with grant funding for each year of the funding period.
- Use this table to begin developing your staffing plan and program budget.
- Contact SAE for a free consultation to discuss this funding opportunity and your ideas for your proposal.



WE WELCOME THE OPPORTUNITY TO ASSIST YOU & YOUR TEAM. Reach out today to schedule a no-cost consultation.



CONTACT US SAE Behavioral Health Consulting

WEBSITE www.saebhc.com

EMAIL info@saebhc.com

PHONE (212) 684-4480