

Early Psychosis Intervention RFA Feedback Survey

Q1) What factors led to your decision to not apply for the Early Psychosis Intervention Plus RFA?

Responses	
1	The necessity for an already established team.
2	Responding to RFAs requires tremendous resources. The time, energy and staff resources required to comprehensively design an application which will both meet grant requirements and meet our local needs is a major barrier. Although the spirit in which legislative solutions (and attached funding) is certainly appreciated, the real-world application of these solutions is extremely complicated at the local level and fought with challenges.
3	County is already involved in the UC Davis Early Psychosis Learning Health Care Network Project.
4	Trying to manage and provide delivery of services.
5	1. Staff availability; 2. Likelihood of success in competing with other counties, especially given the limited funding available; 3. We already have an Early Psychosis Intervention program, and the demand is not high for those services; 4. Long-term sustainability of the program after the grant period ends given the anticipated reduction in MHSA funds in future years.
6	We understood that a county needed to have an operational EP program in place and we do not.
7	MHSOAC grant applications are very cumbersome and expensive if counties attempt to hire grant writers to help during the COVID pandemic.
8	Not enough capacity within to department to apply.
9	The funding was not enough to fund a full team and the timing in the pandemic was not optimal.
10	San Bernardino was VERY interested in pursuing the grant but in review it was apparent that we almost needed to have an existing robust program in place. While we have programs that address this important population, we really wanted to focus and create a centralized program and utilize this funding to support these efforts. The way the application was written brought us to the conclusion that we would not qualify. We are interested in really developing programming to address the high clinical risk population and focus on quality improvement through fidelity monitoring for our first break folks.

Q2) Did the current COVID-19 pandemic impact your ability to respond?

Responses

1	Yes, while we have pieces of services to address first break, we do not have staff for high clinical risk services and no ability to hire during a hiring freeze. It was clear that you preferred a centralized team and we had no way to build/hire additional staff to build a centralized team.
2	No, we would have been unlikely to respond irrespective of the pandemic; we have numerous competing priorities at the local level and expending the resources required to respond was not a prudent business decision; our planning and program design efforts is currently focused on funding sources that we can reliably count on. Our response to RFAs is extremely limited, based on past experiences. Although we have, on occasion, responded to other RFAs, and we are grateful for opportunities in which we have received funds, in general we are typically quite hesitant to apply for reasons previously stated.
3	Yes, maintaining safety and keeping services available for our community.
4	Yes, we are a small county and our limited staff were pulled into crisis management and were not available to work on the grant application.
5	Yes, absolutely - BHS staff are short staffed and overwhelmed.
6	It added to the workload for sure.
7	No
8	Yes
9	Yes

Q3) Was there a specific requirement that caused a concern or question about being able to meet the requirement?

Responses

1	Page 5 of RFA indicated the funds were to support counties which are currently providing early psychosis intervention services. We only provide a portion of this and deemed that we were ineligible to apply. Additionally, COVID and economic downturn do not allow us to hire. County procurement process is very long (at least one year) making it near impossible to implement. Want to apply for alternative model because we can't fund additional program under PEI – use existing CSS infrastructure for treatment aspect and build on existing stand-alone program that is grant funded to include additional components. \$500K per year is a small amount of funds for a large county Our PEI program was just identified for the HCR folks and we could not articulate how much county investment could be used for match (page 11) – only the very small first break program could be used – no formal HCR services at the moment.
2	No, there was not a single requirement; it is the collective requirements.
3	No, specific requirement.
4	The requirement to have a functioning EP program (we provide services to people with early psychosis but do not have a specific program).
5	We did not even look at the application due to prior experience with MHSOAC grant applications didn't have the staff time, resources and funding to even take this on - despite the importance of funding for this purpose.
6	No - did not even have time to read the RFA.
7	No
8	No
9	No

Q4) Do you have suggestions for how a requirement can be changed in order for you to meet the requirement and submit an application?

Responses

1	Allow counties to apply who are in the beginning process of really developing a comprehensive program in lieu of only building on established programs.
2	I would recommend consideration of an alternative method of allocating funds to counties. The spirit of this particular RFA was great; we want to expand evidence-based and evidence informed practices and we think technical assistance makes great sense. The extensive requirements, in general, of the competitive grant method of determining how to allocate funds is, in my humble opinion, excessively burdensome.
3	No
4	Is there still time to respond and apply. Will there be more opportunities?
5	No
6	I would love to see a category for small counties who want to start a program and who need help figuring out how to afford a program like this with a small volume of clients.
7	Simplify the application process. We have successfully (and gratefully) received competitive funds for Triage and MHSSA) - but the grants were consistently too cumbersome.
8	No
9	No

Q5) Please provide any other feedback

Responses

1	Thank you for asking for our feedback! Truly appreciated.
2	We appreciate the opportunity to provide our perspective. This survey is aligned with our values of including stakeholder input. Big kudos for the willingness to hear feedback. We are grateful for funding, and it is sorely needed. I know it seems counter-intuitive that we would not apply for grant funding when we need funding at the local level. I hope these survey responses provide some context as to the reasons why we did not apply.
3	County is already involved in the UC Davis Early Psychosis Learning Health Care Network Innovations Project.
4	I appreciate the opportunities.
5	None
6	I really hope you open up another cycle - we would love a chance to participate and better serve our residents struggling with early psychosis.
7	Thanks for asking for feedback!