

Attachment 1

Site Survey

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Site Survey

Instructions: This survey focuses on how centers across the U.S. are providing services to individuals with First Episode Psychosis (FEP) in their communities.

One person from each clinical site should complete this survey. The person completing the survey should be knowledgeable about the first episode psychosis (FEP) services provided your clinical site.

The survey will take approximately 10 minutes to complete. Please do not skip questions or leave any of the questions blank, unless the option is provided.

Respondent/Site Contact Information

1. What is your role with the First Episode Psychosis Program *[text]*?
2. In which city is your First Episode Psychosis Program located *[text/option to skip]*?
3. In which state(s) or territory is your First Episode Psychosis Program located *[text/option to skip]*?

Background of First Episode Psychosis Program

4. When did your center start serving people with mental illnesses? *[drop down menu for month; year]*
5. When did your center start focusing on people with first episode psychosis? *[drop down menu for month; year]*
6. What is the age range of FEP participants that are eligible to enroll in your program? *[drop down menu for minimum age; maximum age]*
7. Currently, how many people are served in your FEP program? *[number]*
8. On average, how many people do you serve in your FEP program each month? *[number]*
9. What is the maximum capacity for people you can serve in your FEP program each month? *[number]*

10. If your program has an inclusion/enrollment criteria about the amount of time since the person first experienced their onset of psychosis, what is that amount of time? **[number of months/ program does not have this criteria]**
11. Does your program have an inclusion/enrollment criteria about whether the person has been previous prescribed with an antipsychotic medication? **[yes/no]**
12. Which of the following models did your FEP program receive technical assistance or training from (**select all that apply**)?
- NAVIGATE
 - OnTrack
 - EASA
 - PIER
 - FIRST
 - Other model not listed
 - Don't know
13. Do you assess fidelity to your FEP model?
- Yes (if yes: How often do you assess the fidelity? _____)
(if yes: What fidelity instrument do you use? _____)
 - No
 - Don't know
14. What is the average length of time that clients are enrolled in your FEP program before they graduate?
- Less than 12 months
 - 1-2 Years
 - More than 2 years
 - Don't know
15. Which of the following diagnoses do the individuals who enroll in your FEP program have? (**select all that apply**)
- Schizophrenia
 - Schizoaffective disorder
 - Schizophreniform disorder
 - Delusional disorder
 - Psychotic disorder not otherwise specified
 - Affective disorders (depressive disorders, bipolar disorder) with psychotic features

- Affective disorders (depression, bipolar disorder, anxiety) without psychotic features
- Post-Traumatic Stress Disorder (PTSD)
- Other (specify): _____
- Don't know
- Not applicable

16. Which of the following resources or strategies does your FEP program use to identify potential clients and obtain referrals? (**select all that apply**)

- Program website
- Brochures or flyers
- Centralized phone lines for referrals
- Presentations about the program
- Newsletters
- Social media
- Linkage/communication with psychiatric inpatient facilities
- Linkage/communication with outpatient mental health clinics
- Linkage/communication with emergency departments
- Linkage/communication with primary care
- Linkage/communication with courts/correctional facilities
- Partnerships with colleges, schools, or other educational institutions
- Partnerships with consumer, professional, or family organizations
- Other (specify): _____
- Don't know

17. What types of insurance are accepted by your program for payment for services? (**select all that apply**)

- Medicaid
- Medicare
- Private insurance
- Uninsured
- Don't know
- Not applicable

Services and how services are provided within the FEP program.

18. Does your FEP Program have a designated Team Lead?

- Yes

No

19. Approximately how many full-time equivalent (FTE) staff positions are part of your FEP Service Team? **[number]**

20. What treatment services and supports are involved in your FEP program model? (**select all that apply**)

- Case Management
 - Supported Employment
 - Supported Education
 - Occupational Therapy
 - Cognitive-Behavioral Psychotherapy (individual or group therapy)
 - Family Education or Family Support
 - Evidence-based pharmacotherapy
 - Primary Care Coordination
 - Cognitive Remediation
 - Peer Support Services
 - Neuropsychological Assessment
 - Mobile Outreach
 - Crisis Intervention Services
 - Co-occurring Substance Use Services
 - Smoking Cessation Services
 - Weight Loss Support and Services
 - Housing Support and Services
 - Other services and supports (specify):
-
- Don't know
 - Not currently providing services

21. What types of strategies are used to engage families of FEP clients (**select all that apply**)?

- Family members are invited to participate during the intake process
- Family members are invited to participate during treatment sessions with FEP clients
- Family members are offered educational materials
- Family members are offered structured psychoeducational services
- Family members are offered hopeful messages and communications
- Family members are offered flexibility and extended hours for appointments

- Other strategies (specify): _____
- Don't know
- Not applicable

22. Does your program offer community visits to see clients outside the office/clinic setting?

- Yes
- No
- Don't know

23. Has your program provided FEP training to staff in any of the following areas (**select all that apply**):

- Rationale for early intervention with FEP
- Components and fundamentals of Coordinated Specialty Care
- Recovery for FEP clients
- Developmental issues specific to adolescents or young adults
- Shared decision making and person-centered care
- Client/family engagement
- Client risk for substance use problems
- Client risk for suicide
- This program does not provide FEP training for staff
- Don't know

Client Outcomes

24. Which of the following outcome measures does your FEP Program collect about clients? (**select all that apply**)

- Symptom Severity
- Employment
- School participation
- Homelessness
- Criminal justice involvement
- Independent living
- Social connectedness
- Physical Health
- Program Engagement
- Substance Use
- Suicidality
- Psychiatric Hospitalization

- Use of Emergency Rooms
- Prescription Medication Adherence and Side Effects
- Other (specify): _____
- Don't know
- Not currently providing services to clients
- Not collecting outcome measures

25. Is there a designated person at your site who looks at client outcome data regularly?

- Yes
- No

26. How does your FEP program model measure duration of untreated psychosis? **[open text field]**

Program Financing

27. Was your FEP program started using State Mental Health Block Grant set aside funds for early interventions?

- Yes
- No
- Don't know

28. Does your FEP program receive financial support from sources other than the state mental health block grant funds?

- Yes (if yes: Which sources? _____)
- No
- Don't know