

Appendix 6

Fidelity Interview

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 240 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

Fidelity Interview

This interview guide is designed to be used in conjunction with the First Episode Psychosis Fidelity Scale (FEPS-FS) and several documents including:

- the pre-visit preparation guide
- the health record audit guide
- FDA approved antipsychotic dosing guidelines
- the FEPS-FS rating manual

The suggested questions are designed to cover all aspects of the fidelity assessment but should be supplemented by any questions the rater may have based on the information submitted before the telephone interview. All the questions should be asked to the key informant who should be the program person taking the lead for the fidelity review. This person should be prepared to answer all the questions and be knowledgeable about all the information submitted prior to the fidelity interview. The same questions can be used for the start of the more targeted interviews with other individuals but more probing questions need to be asked to explore their perspective and role.

Respondents for the Fidelity Interview:

- The CSC team leader completes the whole interview
- The CSC staff responsible for case management is interviewed on items 4, 10, 11, 12, 13, 16, 17, 19 20, 22
- The CSC staff responsible for supported employment is interviewed on items 14, 18a, 18b
- The CSC staff responsible for prescribing is interviewed on items 3, 5, 6, 7, 8, 9, 14, 15, 24

I. Introduction

Thank you for agreeing to be interviewed for this review. Please tell us about your role in the program, your professional background and how long you have been involved in the program?

II. Component Criteria and Ratings:

1. Timely Contact with Referred Individual

- a. Do you have a policy about how soon you contact a person by telephone after referral? If yes, what is it?
- b. Do you have a policy about how soon a person is seen at the clinic after referral? If yes, what is it?
- c. Who does the initial assessments?
- d. Who determines that they meet clinical criteria for admission to the program?
- e. How do you handle referrals who are not deemed appropriate?

2. Clients and Family Involvement in Initial Assessments

- a. Do you have a policy of family involvement in the initial assessment? If yes, what is it?
- b. How do you communicate the need and benefit of family involvement in the initial assessment prior to the first meeting?

3. Comprehensive Clinical Assessment at Enrollment

- a. Please outline what information is collected at the initial assessment upon enrollment into the FEP Service.
 - Change in functioning and substance abuse
 - Recent changes in behavior
 - Risk assessment/harm to self-Risk or others
 - Mental status exam
 - Psychiatric history
 - Premorbid functioning

- Co-morbid medical illness & substance use
- Family History

- b. Who reviews the initial assessment after completion?
- c. Where would we find it in the chart? (ask for a blank copy if you don't have already)

4. Psychosocial Needs Assessed for Care Plan

- a. Do you develop and document care plans for your consumers?
- b. If yes to #4a, "How often do you update these Care Plans?"
- c. What psychosocial needs are included in the Care Plan?
 - Housing Employment Education Social support Past trauma
 - Basic living skills Family Physician Social skills Legal
 - Finance
- d. Who reviews the care plans after completion?

5. Individualized Clinical Treatment Plan after initial assessment.

- a. Do your consumers have individualized clinical treatment plans?
- b. How do you engage consumers in developing the plans?
- c. How do you document consumer involvement in developing the plans?
 - i. Do the consumers sign off on the plan?
 - ii. Do the consumers receive a copy of the plan?
 - iii. Do family members receive a copy of the plan?
- d. If yes to #5a, what is addressed in the clinical treatment plan?
 - Needs goals preferences pharmacotherapy
 - psychotherapy additions
 - Mood problems suicide prevention weight management

6. Antipsychotic Medication Prescription

- a. What percentage of clients with a first episode psychosis are offered antipsychotic medications?
- b. Do you provide written materials about antipsychotic medications?
- c. How do you assess side effects of medications?

7. Antipsychotic Dosing Within Recommendations:

- a. Do you have dosing guidelines for antipsychotics medications?
- b. Do you have dosing guidelines for clients with a first episode psychosis?
- c. How do you engage clients in decision making about antipsychotic medication?

8. Guided Antipsychotic Dose Reduction:

- a. Do you ever recommend that clients start a medication reduction regime with a view to assessing their need for longer term antipsychotic maintenance pharmacotherapy?
- b. What are your guidelines for selecting individuals for this recommendation?
- c. Are those guidelines shared with consumers and families?
- d. Can we have a copy of those guidelines
- e. What percentage of clients are offered this recommendation?

9. Clozapine for Medication Resistant Symptoms

- a. Does the program use clozapine when indicated?

- b. How many of your clients who have been in the program for two years are on Clozapine?

10. Client Psychoeducation

- a. Are clients provided with information about the schizophrenia spectrum disorders? If yes, how?
- b. Do you provide written materials in various languages?
- c. Do you have a structured psychoeducational curriculum (e.g., Illness management and recovery curriculum, Wellness, Recovery Action Plan (WRAP) training)? If yes, what is it?
- d. Who delivers the curriculum?
- e. Are staff trained in the use of this curriculum? If yes, how are they trained?
- f. How is this curriculum delivered? Are clients engaged in formal group or individual psychoeducational sessions? What is the format of the sessions? How often are they offered? What are the topics of discussion?
- g. Do you document whether a client receives this curriculum? If yes, how do you document this?

11. Family Psychoeducation

- a. How do you deliver information about schizophrenia spectrum disorders to family and caregivers?
- b. Do you provide written materials in various languages?
- c. Are families engaged in individual or group sessions?
- d. If yes to #11c, please describe the format of the sessions, how often they are offered, and the topics of discussion?
 - Information about the illness, its treatment and management

- Recognition and prevention of relapse
 - Strategies to reduce family tensions and stress.
- e. Do you document family and caregiver participation your sessions?
- f. Do the staff who deliver family education and support have formal training? If yes, what is it?
- A Formal part of their professional training
 - Continuing Professional Development with a formal confirmation of proficiency
 - Continuing professional development without confirmation of proficiency.
- g. Do the staff who deliver family education receive supervision?

12a. Evidence-based Psychotherapies based on Cognitive Behavioral Therapy
Principles for Treatment Resistant Positive Symptoms

- a. Do you offer evidence based psychotherapies for treatment resistant positive symptoms such as Cognitive Behavior Therapy (CBT)? If yes, which ones?
1. If yes to #12a, "Please describe the format of the sessions, who they are delivered by, and how often they are delivered?"
 2. How many of your clients receive EBP noted above?

12 b. Evidence-based Psychotherapies based on Cognitive Behavioral Therapy
Principles for Residual Anxiety, Depression, or other problems

- a. Do you offer cognitive behavioral therapy, or cognitive behavioral therapy-based practices, for residual anxiety or depression or other problems?
1. How many of your clients receive CBT?

2. Do the staff who deliver CBT have formal training in CBT? If yes, what is it?

A Formal part of their professional training

Continuing Professional Development with a formal confirmation of proficiency

Continuing professional development without confirmation of proficiency.

13. Individual and / or Group Interventions to Prevent Weight Gain:

a. Do you routinely monitor weight?

b. Do you have guidelines for classifying weight such as the BMI?

c. What Interventions do you offer to prevent weight gain?

Nutritional counseling cognitive behavioral therapy

exercise

medication options

d. If yes to #13a, please describe the programs and format of the sessions.

e. Is this in your documentation?

f. How many of your clients participate in weight reduction programs?

14. Annual Formal Comprehensive Assessment

a. Do you conduct an annual comprehensive assessment?

b. Please outline what information is collected at the annual formal assessment.

Educational/occupational & social functioning symptoms

- psychosocial needs risk assessment of harm to self/others
- substance use extrapyramidal side effects
- metabolic parameters (weight, glucose & lipids)

- c. Who reviews the assessment after completion?
- d. Where would we find it in the chart? (ask for a blank copy if you don't have already)

15. Assigned Psychiatrist

- a. Are clients assigned a psychiatrist/qualified prescriber (excluding family doctor) upon enrollment into the program?
- b. How frequently can clients be seen by the psychiatrist/qualified prescriber (excluding family doctor) for urgent problems or to adjust medications early in treatment?
- c. Can individual clients be seen at least every two weeks if clinically indicated?
- d. What is the case load of the psychiatrist/qualified prescriber (excluding family doctor)?
- e. How many FTE of psychiatrist/qualified prescriber (excluding family doctor) time is available for that case load?

16. Assigned Case Manager

- a. How many of your clients get assigned a staff person who is responsible for delivering case management services or to a case manager upon enrollment in the FEP Service?
- b. What is the average case load of the person who delivers case management services?

- c. Counting the FTE of all non-medical clinical staff what is the client to FTE ratio?

17. Motivational Interviewing (MI) or Cognitive Behavioral Therapy (CT) for Co-occurring Substance Use Disorder (SUD)

- a. How many of your clients have a substance use disorder?
- b. How do you assess for the presence of a substance use disorder?
- c. How do you document the presence of a substance use disorder?
- d. What types of therapeutic services do you provide to individuals with co-occurring substance use disorders?
 - Motivational Interviewing
 - Cognitive behavioral therapy
- e. What types of therapeutic services do you provide to individuals with co-occurring substance use disorders?
- f. Do the staff who deliver MI or CBT for psychosis have formal training in those modalities? If yes, what is it? Was it a formal part of their professional training or have they received
 - A Formal part of their professional training
 - Continuing Professional Development with a formal confirmation of proficiency
 - Continuing professional development without confirmation of proficiency.
- g. What other services are offered to address co-occurring substance use disorders?

18. Supported Employment/Education (SE/SEd) [Item 18 - For Supported Employment Staff member only]

Supported Employment:

- a. Do case managers assess and record the work and educational interests of their clients? If yes, when and how often?
- b. Do you use a Career Profile or equivalent? (Ask for a copy of form)
- c. What supported employment model do you follow? (Prompts: IPS, SAMHSA toolkit, RAISE model, On Track)
- d. What training materials/manuals do you use and what training has your SE specialist(s) received? (Prompts: IPS Employment Center online course, IPS practice manual, SAMHSA toolkit, RAISE toolkit, On Track...)
- e. Do your SE specialists receive supervision from an experienced SE supervisor?
- f. How many clients are on each SE specialist's caseload?
- g. Do your SE specialists track in-person employer contacts? If yes, what was the frequency over the last month?
- h. How frequently do your SE specialists attend First Episode Psychosis clinical treatment team meetings?
- i. After entering the SE program, how soon does the job search start?
- j. Does the SE specialist help clients gain volunteer opportunities or non-competitive jobs? How many people currently hold those types of positions?
- k. Does the SE specialist help clients gain internships? If yes, how many clients currently have paid internships? Unpaid internships?

Supported Education:

- a. Who provides supported education services?
- b. What supported education model do you follow? (Prompts: IPS, SAMHSA toolkit, RAISE model, On Track)

- c. How does the SEd specialist find out about schools/curriculum/technical training programs?
- d. Do clients routinely receive educational financial planning? (e.g., loan forgiveness, financial aid, loan repayment, scholarship application)
- e. What kinds of education programs do you help clients apply for? Are educational programs mainstream?

19. Face-face Contact with Client and Family in Community Settings

- a. Do you have a policy about where case managers meet their clients and families? If yes, what is it?

20. Community Living Skills

- a. How do you assess the community living skills of your clients?
- b. Do you provide community based training in community living skills such as budgeting, cooking, travelling and banking?
- c. Where would we find documentation in the health record?

21. Crisis Intervention Services

- a. How does your program manage consumer related crises during and after hours?
 - Formal linkages to out of hours' services
 - Crisis calls during office hours
 - Drop in crisis visits during office hours
 - 24-hour phone and in person crisis services

22. Participant / Provider Ratio

- a. What is the total FTE of all non-medical clinical staff assigned to the program?

- b. How many clients are currently enrolled in the program?

23. Practicing Team Leader

- a. Do you provide clinical services to consumers?
- b. What are your academic and professional credentials?
- c. How much time do you spend providing direct supervision and/or clinical services?
- d. Do you carry a caseload? Do you provide counseling or other direct services?
- e. Do you have other responsibilities at the mental health center outside of this role?

24. Psychiatrist Role on Team

- a. What is the role of the psychiatrist on the team?
 - Attend team meetings See patients with another clinician
 - Accessible for consultation by team during the work week
 - Records medication, symptoms, side effects, etc., in medical record available to who team
 - Referral to primary care when indicated

25. Multidisciplinary Team:

- a. What services are provided to the clients enrolled in your program?
 - Case Management Services
 - Psychiatric services such as, diagnosis, prescribing, monitoring side effects

- Nursing services including medication administration, monitoring weight, and Blood Pressure
- Therapy Services such as client and family psychoeducation, CBT, and therapy for addictions
- Employment services such as Supported Employment.
- Support for community living skills training
- Other, please describe.

26. Duration of First Episode Psychosis (FEP) Program

- a. Is there a time limit on the length-of-time a person can receive services here? What is it?

27. Weekly Multi-Disciplinary Team Meetings

- a. Does your program have clinical team meetings?
- b. How often are team meetings held?
- c. What issues are discussed during team meetings?
 - Case review, admissions, and discharges
 - Assessment and treatment planning and coordination
 - Discussion of complex cases
- d. Who attends those meetings?

28. Targeted Health/Social Service / Community Groups

- a. Do you provide community education?
- b. How often, where and to who?

<input type="checkbox"/> Family physician	<input type="checkbox"/> school & post-secondary
<input type="checkbox"/> counseling services	<input type="checkbox"/> police service
<input type="checkbox"/> emergency rooms	<input type="checkbox"/> Hospital

- youth social services agencies community mental health services

29. Communication Protocol between Inpatient Unit and FEP Service

- a. What is the programs protocol when a consumer is hospitalized?
- b. What is the program's role in the discharge process?
- c. What is the average length of time between discharge from the hospital and being seen by a program team member?

30. Explicit Admission Criteria

- a. Does your program have documented admission criteria?
- b. If yes, what are your admission criteria? (ask for a blank copy if you don't have already)
- c. How do you determine if clients meet criteria?
- d. What % meet criteria?

31. Population Served

- a. Does the program compare the FEP annual admission rate in the population served to the expected incidence in the population served?"
- b. How do you determine the size of the population that you serve?
- c. If yes to #31a, "What is the ratio of annual admission rate to the expected incidence?"