

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

October 22, 2014

Fidelity Assessor: _____ **Interviewee:** _____ **Date of Fidelity Assessment:** _____

Ratings/Anchor Points

	1	2	3	4	5
<p>1. Timely Contact with Referred Individual: Patient with FEP is offered an in-person appointment within two weeks of service receiving referral.</p>	Target met for in-person appointment for 0-19% patients	Target met for in-person appointment for 20-39% patients	Target met for appointment for 40-59% patients	Target met for appointment for 60-79% patients	Target met in-person appointment for 80+% patients
<p>2. Patient and Family Involvement in Assessments: Service engages patient and family in initial assessment to improve quality of assessment and to engage both in treatment program</p>	0-19% of families seen during initial assessment	20-39% of families seen during initial assessment	40-59% of families seen during initial assessment	60-79% of families seen during initial assessment	80+% of families seen during initial assessment
<p>3. Comprehensive Clinical Assessment at Enrollment: Initial assessment includes: 1. Time course of symptoms, change in functioning and substance use; 2. Recent changes in behavior; 3. Risk assessment/harm to self; and 4. Risk assessment/harm to others; 5. Mental status exam; 6. Psychiatric history; 7. Premorbid functioning; 8. Co-morbid medical illness; 9. Co-morbid substance use; 10. Family history</p>	All assessment items found in 0 – 19 % of patients	All assessment items found in 20-39% of patients	All assessment items found in 40-59% of patients	All assessment items found in 60-79% of patients	All assessment items found in 80+% of patients

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>4. Psychosocial Needs Assessed for Care Plan: Assess and incorporate into Care Plan needs related to: 1. Housing; 2. Employment; 3. Education; 4. Social support; 5. Finances; 6. Basic living skills; 7. Primary care access; 8. Social skills; 9. Family Support; 10. Past trauma; 11. Legal</p>	All items addressed in 0-19% of Care Plans	All items addressed in 20-39% of Care Plans	All items addressed in 40-59% of Care Plans	All items addressed in 60-79% of Care Plans	All items addressed in 80+% of Care Plans
<p>5. Individualized Clinical Treatment Plan After initial assessment Patients, Family and Staff develop individualized treatment plan using evidence-supported treatments addressing patient needs, goals and preferences (i.e. clinical treatment plan addresses pharmacotherapy, addictions, weight and mood problems)</p>	0-19% patients receive explicit individualized clinical treatment plan	20-39% patients receive explicit individualized clinical treatment plan	40-59% patients receive explicit individualized clinical treatment plan	60-79% patients receive explicit individualized clinical treatment plan	80+% patients receive explicit individualized clinical treatment plan
<p>6. Antipsychotic Medication Prescription: After diagnostic assessment confirms psychosis and the need for pharmacotherapy, antipsychotic medication is prescribed</p>	0-19% patients receive prescription for antipsychotic medication	20-39 % patients receive prescription for antipsychotic medication	40-59% patients receive prescription for antipsychotic medication	60-79% patients receive prescription for antipsychotic medication	80+% patients receive prescription for antipsychotic medication

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>7. Antipsychotic Dosing Within Recommendations: Antipsychotic dosing is within government approved guidelines for second-generation antipsychotic medications and between 300 and 600 Chlorpromazine Equivalents for first-generation antipsychotics at 6 months</p>	0-19% patients receive doses within recommendations	20-39 % patients receive dosing within recommendations	40-59% patients receive dosing within recommendations	60-79% patients receive dosing within recommendations	80+% patients receive dosing within recommendations
<p>8. Guided Reduction: Patients who have symptoms for more than one month and have achieved remission for at least one year are offered guided and carefully monitored reduction of antipsychotic medication possibly to the point of discontinuation</p>	0-19% eligible patients receive guided reduction of antipsychotic medication.	20-39 % eligible patients receive guided reduction of antipsychotic medication.	40-59% eligible patients receive guided reduction of antipsychotic medication.	60-79% of eligible patients receive guided reduction of antipsychotic medication.	80+% of eligible patients receive guided reduction of antipsychotic medication.
<p>9. Clozapine for Medication Resistant Symptoms: Use of Clozapine if individual does not respond adequately after two trials of antipsychotics (equivalent to 10 mg Haloperidol, and over 3 month period), one of which is a second generation antipsychotic</p>	< 2 % patients on Clozapine at 2 years	2-4% patients on Clozapine at 2 years	5-7% patients on Clozapine at 2 years	8-10% patients on Clozapine at 2 years	> 10% patients on Clozapine at 2 years

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>10. Patient Psychoeducation: Provision of at least 12 sessions of individual patient psychoeducation, delivered by clinicians, psychiatrist or in specific group psychoeducation sessions. Includes familial, social, biological and pharmacological perspectives on illness. Patients provided with support, information, and management strategies</p>	0-19% patients receive at least 12 sessions of psychoeducation	20-39% patients receive at least 12 sessions of psychoeducation	40-59% patients receive at least 12 sessions of psychoeducation	60-79% patients receive at least 12 sessions of psychoeducation	80+% patients receive at least 12 episodes of psychoeducation
<p>11. Family Psychoeducation Provision of individual or group family psychoeducation to offer illness information and how to recognize signs of relapse, and strategies to decrease tension and stress in family. At least 8 sessions delivered by any clinicians over the first year</p>	0-19% families receive at least 8 sessions of family psychoeducation over 1 year	20-39% families receive at least 8 sessions of psychoeducation over 1 year	40-59% families receive at least 8 sessions of family psychoeducation over 1 year	60-79% families receive at least 8 sessions of psychoeducation over 1 year	80+% families receive at least 8 sessions of psychoeducation over 1 year
<p>12. Individual Cognitive Behaviour Therapy, delivered by an appropriately trained professional, for Treatment Resistant Positive Symptoms or for Residual Anxiety or Depression: CBT is an evidence based treatment that is indicated for treatment resistant positive symptoms or for anxiety or depression after acute treatment of psychosis</p>	0-15 % patients participated in at least 10 sessions of CBT	16-20 % patients participated in at least 10 sessions of CBT	21-25% patients participated in at least 10 sessions of CBT	26-30 % patients participated in at least 10 sessions of CBT	> 30% patients participated in at least 10 sessions of CBT

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>13. Individual and / or Group Interventions to Prevent Weight Gain: At least 10 sessions to provide following evidence-supported programs: nutritional counseling, cognitive behavioral therapy and exercise and medication options.</p>	0-19 % patients participated in at least 10 sessions	20-29 % patients participated in at least 10 sessions	30-49 % patients participated in at least 10 sessions of	50-79 % patients participated in at least 10 sessions of	> 80% patients participated in at least 10 sessions of
<p>14. Annual Formal Comprehensive Assessment Documented in Health Record: Includes assessment of: 1. Educational, occupational and social functioning; 2. Symptoms; 3. Psychosocial needs; 4. Risk assessment of harm to self or others; 5. Substance use; 6. Metabolic parameters (weight, glucose and lipids); and, 7. Extrapyramidal Side Effects.</p>	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
<p>15. Assigned Psychiatrist: Each patient has an assigned psychiatrist who can see patients up to once every two weeks as medications are being adjusted</p>	Psychiatrist works with > 60 patients per 0.2 FTE	Psychiatrist works with 50 - 59 patients per 0.2 FTE	Psychiatrist works with 40 - 49 patients per 0.2FTE	Psychiatrist works with 30 - 39 patients per 0.2 FTE	Psychiatrist works with < 29 patients per 0.2 FTE
<p>16. Assignment of Case Manager : Patient has an assigned a Case Manager (CM) while in the program, who is a professionally qualified clinician in nursing, psychology, social work or occupational therapy</p>	0-19% patients have an assigned case manager	20-39% patients have an assigned case manager	40-59% patients have an assigned case manager	60-79% patients have an assigned case manager	80 + % patients have an assigned case manager

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>17. Motivational Enhancement or Cognitive Behavioral Therapy for Co-Morbid Substance Use Disorder (SUD): Patient with co-morbid SUD receives 3 or more sessions of Motivational Enhancement (ME) or Cognitive Behaviour Therapy (CBT)</p>	0-19% patients with SUD receive at least three sessions of either ME or CBT	20-39% patients with SUD receive at least three sessions of either ME or CBT	40-59% patients with SUD receive at least three sessions of either ME or CBT	60-79% patients with SUD receive at least three sessions of either ME or CBT	80 + % patients with SUD receive at least three sessions of either ME or CBT
<p>18. Supported Employment (SE): SE is provided to patients interested in participating in competitive paid employment</p>	Program staff do not actively assess work interest of patients and do not encourage a return to work	Documented assessment of patient interest in work and encourage patients to apply for jobs	Documented referral to an employment program that does not provide high fidelity SE services	Documented assessment of patients interest in work and referral to a supported employment program that provides high fidelity SE services	Documented assessment of patients interest in work and engagement of them by supported employment specialist (ES) part of FEP team and provides high fidelity SE services
<p>19. Active Engagement and Retention: Use of proactive outreach with community visits to reduce missed appointments, engage individuals with FEP.</p>	0-19% of patients and families receive at least two out-of-office visit to facilitate engagement	20-39% of patients and families receive at least two out-of-office visit to facilitate engagement	40-59% of patients and families receive at least one out-of-office visit to facilitate engagement	60-79% of patients and families receive at least two out-of-office visit to facilitate engagement	>80 % of patients and families receive at least one out-of-office visit to facilitate engagement

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>20. Community Living Skills: Program works in the community, in addition to the office, to develop community living skills for those in need (i.e. social skills training, community living training, transportation training, budgeting, meal planning)</p>	<p>0-19% of all patients receive community living skills training delivered in community setting</p>	<p>20-39 % of all patients receive community living skills training delivered in community setting</p>	<p>40-59 % of all patients receive community living skills training delivered in community setting</p>	<p>60-79 % of all patients receive community living skills training delivered in community setting</p>	<p>>90 % of all patients receive community living skills training delivered in community setting</p>
<p>21. Crisis Intervention Services: FEP Service delivers, or has links to, crisis response services including crisis lines, mobile response teams, urgent care centres or hospital emergency rooms</p>	<p>Team provides crisis services linkage to crisis services to patient or family up to 8 hours per day 5 days per week</p>	<p>Team provides telephone advice and linkage to crisis services up to 8 hrs per day 5 days per week</p>	<p>Team directly provides crisis outreach 8 hours per day or during office hours 5 days per week</p>	<p>Team provides crisis outreach 8 - 12 hours per day 5 days per week</p>	<p>Team provides 24 hr crisis outreach services per day, 7 days per week</p>

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

TEAM components					
<p>22. Participant/Provider Ratio Target ratio of active patient /provider i.e. team members 20:1</p>	51+ patients/ provider FTE	41-50 patients/ provider FTE	31-40 patients/ provider FTE	21-30 patients/ provider FTE	20 or fewer patients/ provider FTE
<p>23. Practicing Team Leader: Masters Level Team Leader has, administrative, supervisory responsibilities and delivers direct clinical services</p>	Team leader provides only administrative managerial direction	Team leader provides administrative direction and ensures clinical supervision by others	Team leader provides administrative direction and supervision to some staff	Team leader provides administrative direction and supervision to all staff	Team leader provides administrative direction and supervision to all staff and some direct clinical service
<p>24. Psychiatrist Role on Team: Psychiatrists are team members who attend team meetings, see patients with other clinicians and are accessible for consultation by team during the work week. .</p>	Psychiatrist does not attend team meetings, sees patients in a separate location and does not share same team health record as FEP clinicians	Psychiatrist does not attend team meetings but sees patients at team location and shares team health records. Does not see patients with other program clinicians. Is not available for consultations	Psychiatrist attends team meetings, does not see patients with other clinicians. Shares team health record but is not available for consultations with staff	Psychiatrist attends team meetings, sees patients with other clinicians, shares same health record but is not available for consultations with staff	Psychiatrist attends team meetings, sees patients with other clinicians, shares same health record and is available for consultations with staff.

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>25. Multidisciplinary Team: Includes 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.</p>	Team delivers 3 or fewer of listed elements	Team delivers 4 of the listed elements	Team delivers 5 of the listed elements	Team delivers 6 of the listed elements	Team delivers 7 of the listed elements
<p>26. Duration of FEP Program: Mandate of FEP Program is to provides service to patients for specified period</p>	FEP program serves patients for 1 year or less	FEP program serves patients for ≥ 1 year to ≤ 2 years	FEP program serves patients for ≥ 2 years to ≤ 3 years	FEP program serves patients for ≥ 3 years to ≤ 4 years	FEP program serves patients for 4+ years
<p>27. Weekly Multi-Disciplinary Team Meetings: Team meetings on a weekly basis with focus on: 1. Case review (new admissions and discharges); 2. Assessment and treatment planning; 3. Discussion of complex cases; & 4. Termination of services</p>	No team meetings held	Monthly team meetings	Team meetings held more often than once a month, but less often than every two weeks	Bi-weekly team meetings	Weekly team meetings
<p>28. Targeted Public Health Education: Provision of education to public, including youth, parents, families, teachers, and employers to facilitate recognition of psychosis and accessing of services. Information delivered via brochures, the internet or by staff or individuals with 'lived experience</p>	No provision of public education	Annual mental health awareness campaigns without specific media components	Annual single media campaign on Early Psychosis	Biannual multimedia campaigns on Early Psychosis	Continuous multimedia campaigns on Early Psychosis

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>29. Targeted Health / Social Service Provider Education: Provision of information to first-contact professionals, including family physicians, school and University counseling services, Colleges and Technical schools, youth social service agencies, community mental health services, police services, and hospital emergency rooms, and crisis teams.</p>	No targeted education	Annual conference for Professionals	Annual single sector professional and/or consumer provided education	Annual sector professional and consumer provided education	Continuous multi-sector professional and consumer provided education
<p>30. Communication Between FEP and Inpatient services: If there is hospitalization of individual currently enrolled in FEP Service, FEP Service staff contact inpatient staff to be involved in discharge planning and arranging outpatient follow up</p>	0-19% of FEP patients who are admitted to hospital are seen at FEP Service within 15 days of hospital discharge	20-39% of FEP patients who are admitted to hospital are seen at FEP Service within 15 days of hospital discharge	40-59% of FEP patients who are admitted to hospital are seen at FEP Service within 15 days of hospital discharge	60-79% of FEP patients who are admitted to hospital are seen at FEP Service within 15 days of hospital discharge	80+% of FEP patients who are admitted to hospital are seen at FEP Service within 15 days of hospital discharge
<p>31. Explicit Admission Criteria: Program has clearly identified mission to serve specific diagnostic groups and uses measurable and operationally defined criteria to select appropriate referrals. There exists a consistent process of screening and documenting of uncertain cases and those with co-morbid substance use.</p>	< 60% population served meet admission criteria	60-69% population served meet admission criteria	70-79% population served meet admission criteria	80-89% population served meet admission criteria	> 90% population served meet admission criteria

Calgary First Episode Psychosis Services, Team Fidelity Scale: (CFEPS-TFS 1.0) ©

	1	2	3	4	5
<p>32. Population Served: Program has a clearly identified mission to serve a specific geographic population and uses comparison of annual incidence and accepted cases to assess success in reaching all new incidence cases.</p>	<p>0-19% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 - 45</p>	<p>20-39% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 - 45</p>	<p>40-59% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 - 45</p>	<p>60-79% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 - 45</p>	<p>80+% of incident cases are admitted to FEP service based on annual incidence of 20 per 100,000 aged 15 - 45</p>