

PA-FEP Program Evaluation: Annual Fidelity Report 2019

November 21, 2019

To the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS):

The following is the annual fidelity report of the nine First Episode Psychosis (FEP) Programs in Pennsylvania receiving funding through the federal SAMSHA block grant. The information used to describe the nine FEP programs was gathered from fidelity assessment site visits conducted between August and November 2019. The fidelity data demonstrate a pattern of excellent adherence to the Coordinated Specialty Care (CSC) model for Pennsylvania's FEP programs, in particular:

- **Perfect fidelity scores across all sites in areas of:**
 - **Inclusion/exclusion criteria**
 - **Multidisciplinary Team Meetings**
 - **Crisis and Safety**
 - **Admission**
 - **Ongoing Assessment**
 - **Treatment Planning**
 - **Discharge**
- **Average total fidelity score of 92 out of 100 across all sites**
- **Stability or improvement of fidelity scores from 2018**
- **Substantial improvement in areas of Physical Health and Wellness and Multidisciplinary Team Meetings**
- **Substantial improvements in total fidelity scores for two programs**

As these programs continue to grow and fidelity data collection continues, it is expected that adherence to CSC and reflective scores will only continue to improve. Additionally, limitations to the fidelity scoring tool may be recognized and elicit the need to alter scoring to better represent programs' fidelity to the CSC model. Thank you to all FEP programs and their staff for their contributions to this effort. We look forward to providing more information as it becomes available.

Sincerely,

Megan Westfall, M.Sc.
Monica E. Calkins, Ph.D.
Irene M. Hurford, M.D.

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2019 Program Fidelity

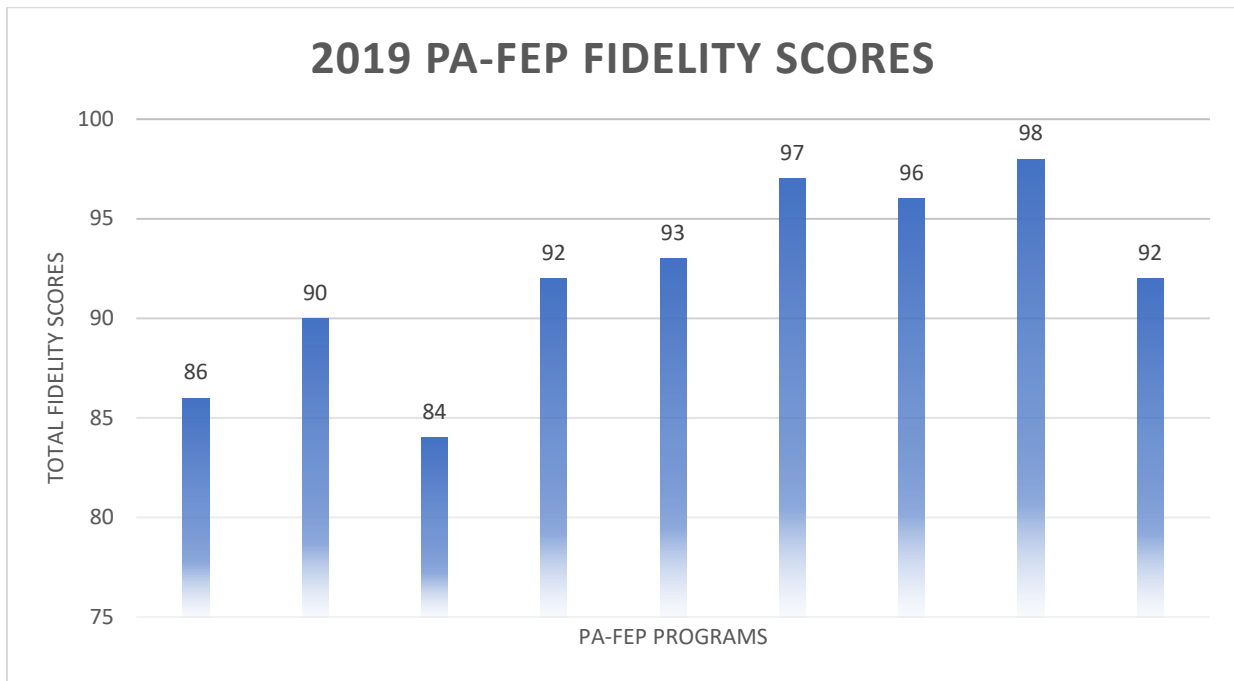


Figure 1. Distribution of scores on PA CSC Fidelity Scale by FEP program. N = 9.

Summary Statement

Overall, FEP programs received high scores on the PA CSC Fidelity Scale. Due to the nature of the scale, programs scoring below 50 would be out of compliance with county or state regulations required for licensures. Future adjustments to the scale may include modifying items that are common to all programs and expanding items that demonstrate the essential components unique to CSC. Additionally, it may be considered to adjust scoring guidelines to better account for differences in program structures. Many sites have different approaches to CSC while still meeting the criteria of the model. These changes could potentially help to further differentiate programs and create a more robust distribution.

Common Challenges

- Transportation and travel for both participants and program staff
- Demonstrating need for more staff while maintaining low case loads
- Streamlining agency, county and state/program evaluation requirements

Item Discussion

All FEP Program Fidelity Review Scores by Item (N=9)						
Section	#	Item	Mean	Min	Max	SD
Program Structure	1	Program Length	3.22	3	5	0.67
	2	Inclusion/Exclusion	5.00	5	5	0.00
	3	Caseload	4.22	0	5	1.64
	4	Multidisciplinary Team Meetings	5.00	5	5	0.00
	5	Crisis and Safety	5.00	5	5	0.00
Staff Roles and Responsibilities	6	Team Lead	4.89	4	5	0.33
	7	Pharmacotherapy	4.11	3	5	0.60
	8	Individual Therapy	3.67	1	5	1.12
	9	Physical Health and Wellness	4.89	4	5	0.33
	10	Supported Employment/Education	3.89	2	5	1.17
	11	Case Management	4.33	2	5	1.12
Process and Clinic Flow	12	Referrals	5.00	5	5	0.00
	13	Engagement	4.44	3	5	0.73
	14	Family/Caregiver Involvement	4.78	4	5	0.44
	15	Admission	5.00	5	5	0.00
	16	Ongoing Assessment	5.00	5	5	0.00
	17	Treatment Planning	5.00	5	5	0.00
	18	Outreach	4.89	4	5	0.33
	19	Psychoeducation	4.67	4	5	0.50
	20	Discharge	5.00	5	5	0.00

Table 1. Average scores on by item of the PA CSC Fidelity Scale.

1. Program Length

- 8 of 9 programs offer services for 2 years with flexibility to extend past on a case by case basis.
- Of these 8 programs, 4 are able to transfer care to outpatient services within the same agency.
- 1 program offers services for up to 5 years and transfers participants to intensive specialized outpatient services within the same agency.

2. Inclusion/Exclusion Criteria

Program	Catchment Area	Age Range	FEP Occurred within	Insurance Accepted
A	Philadelphia County	15 - 30	18 months	Medicaid
B	Pennsylvania	14 - 34	24 months	As accepted by health system ^a
C	Delaware County	15 - 30	18 months	Medicaid
D	Erie County	15 - 35	24 months	All
E	Luzerne & Wyoming County	15 ^b - 25	12 months	All
F	Dauphin County	16 - 30	24 months	All
G	Allegheny County	15 - 25	18 months	All
H	Pennsylvania	14 - 40	60 months	All
I	Columbia/Montour/Snyder/Union	16 – 30	24 months	All

Table 2. Admission criteria that vary across FEP programs. ^a Insurances accepted are Community Behavioral Health/Medicaid for Philadelphia residents, Medicare Parts A and B, Aetna, Blue Cross/Blue Shield except when Magellan handles claims for the behavioral health plan, Penn Behavioral Health. ^b Program E has enrolled participants under age 15 on a case-by-case basis.

- Differences in admission criteria across FEP programs are mainly a consequence of long-standing criteria required by different provider organizations prior to development of an FEP program.
- While each site has specified admission criteria, a consistent definition for FEP has yet to be determined. Because of this, there is variation in eligibility criteria for length of illness prior to enrollment. Early intervention services have been shown to be most effective within the first 5 years of onset. All programs in PA serve individuals within this range.

3. Caseload

- Participant to therapist ratios range from 9:1 to 79:1.
- Some programs are pushed to increase caseload to demonstrate need for a case rate while team size remains the same. Once case rates are approved, more staff can be hired to return to smaller caseloads. However, this often puts a burden on teams who strive to provide intensive high-level care with growing caseloads, even if only temporarily.

4. Multidisciplinary Team Meetings

- All FEP programs meet at least weekly. However, the style, focus and organization of the meetings differ across programs.

5. Crisis and Safety

- All programs have 24/7 crisis services available. However, the services range from an on-call phone specific for FEP program participants to an agency specific crisis line to a county-wide crisis line.

6. Team Lead

- All programs have a designated team lead. This position varies from a formal, dedicated, full-time position to a delegated responsibility. Programs with small caseloads due to low incidence rates may benefit from delegating the team lead position to a program manager overseeing multiple programs or from splitting part of the team lead's time to another staff role, like therapist. Larger programs, however, benefit from having a full-time dedicated team lead.

7. Pharmacotherapy

- Participant to Psychiatrist ratios range from 1:21 to 1:215.
- All programs have at least one psychiatrist and while no program has a full-time psychiatrist, the part-time psychiatrists are present at team meetings.
- Initial evaluation appointments range from 1 to 2 hours and appointments for medication checks range from 15 to 30 minutes.
- Psychiatrists meet with participants on average 0.95 times per month in the programs (N=9, Min - Max = 0.42 – 1.33, SD=0.28).

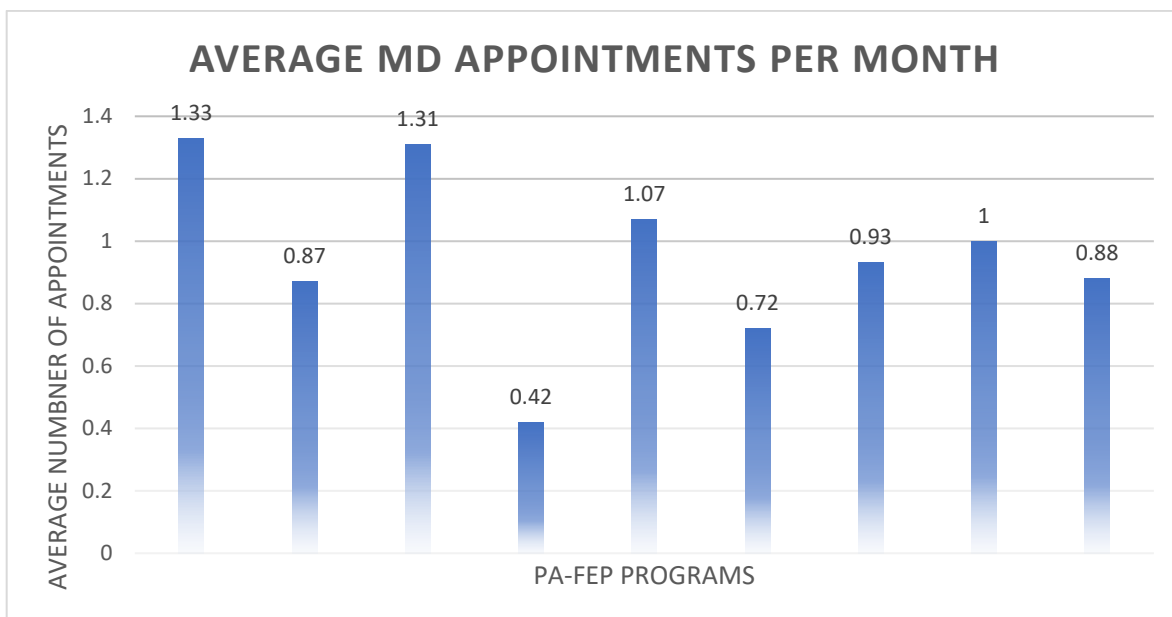


Figure 2. Distribution of average number of psychiatrist appointments per month by FEP program. N = 9.

8. Individual Therapy

- All programs have at least one staff providing individual therapy. While some programs have full time dedicated therapists, others have multiple part-time staff providing therapy.
- Some programs are able to provide therapy in the community while other programs are not. For those programs that are not able to provide therapy in the community, having other community-based team members is essential.
- All staff providing individual therapy have received training in CBT and all but one program has received training specifically for early psychosis (IRT, CT-R, CBTp or a combination).
- Therapists meet with participants an average of 2.66 times per month (N=9, Min – Max = 2.00 - 3.95, SD=0.68).

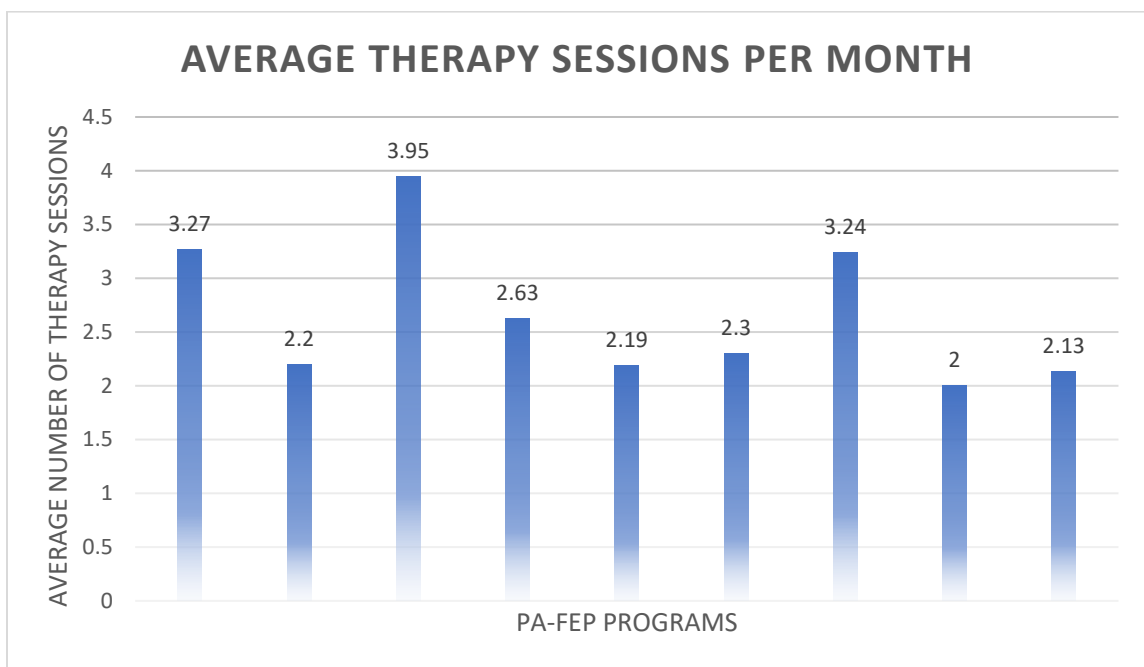


Figure 3. Distribution of average number of therapy sessions per month by FEP program. N = 9.

- Some variation across programs in therapist to participant ratio and in number of individual therapy sessions per month may be due to titration down from high intensity services as participants improve.

9. Physical Health and Wellness

- Not all programs have a team member separate from the psychiatrist to provide physical health and wellness services. For those programs that do, this staff member may be a nurse, a clinical pharmacist, or a medical liaison.
- Some programs have nursing staff dedicated to their program who attend team meetings. Other programs have nursing staff who are part of the larger agency but do not attend team meetings or see all agency participants.

10. Supported Employment and Education

- All programs provide some form of supported education and employment. The role varies from contracted (may or may not attend team meetings), part-time or full-time, community based or site-based, dedicated case management position or delegated to existing team members.

11. Case Management

- All programs provide some form of case management. The role varies from contracted (may or may not attend team meetings), part-time or full-time, community based or site-based and delegated to existing team members.

12. Referrals

- Referrals are tracked by all programs using the referral tracking form in REDCap as well as any agency required documentation.
- Most programs discuss referral eligibility as a team but many programs rely on the psychiatrist or nurse practitioner preliminary diagnosis as a final determining factor.

13. Engagement

- Programs have aimed to engage participants through social groups, events and/or by creating an inviting and warm environment.

14. Family/Caregiver Involvement

- While the approaches and responses vary, all FEP programs have made efforts to involve families/caregivers in services. Some programs offer formal psychoeducation or support groups for families (either with or without participants).
- One FEP program has included a dedicated family therapist on the team.

15. Admission

- The program evaluation admission form is completed by every program for each participant in addition to any agency/organization requirements.

16. Ongoing Assessment

- The program evaluation follow-up form is completed every 6 months by every program for each participant in addition to any agency/organization requirements.

17. Treatment Planning

- The program evaluation admission form is completed by every program in addition to agency/organization requirements. Each program has a procedure for creating and documenting individualized treatment plans after the initial assessment, which are updated at least every 6 months. Formal individual treatment plans fulfill the requirements of CSC criteria, including participant needs and goals, preferences for services, outlining a plan of action, assessing previous plans, and also for some sites, relapse prevention plan (or resilience planning).

18. Outreach

- Outreach efforts vary across programs. All programs have some form of paper outreach materials (brochures/flyers) but not all programs have designated outreach coordinators. Most programs are conducting regular presentations to a variety of organizations.

19. Psychoeducation

- Basic psychoeducation is provided to all participants at all programs upon admission. Some programs provide additional formal psychoeducation groups. Programs that received NAVIGATE training use the IRT session modules, which cover specific topics during therapy.

20. Discharge

- All FEP programs follow standard discharge procedures. Philosophies around discharging prior to program completion if a participant is doing well vary across programs.

Comparison to 2018 Scores

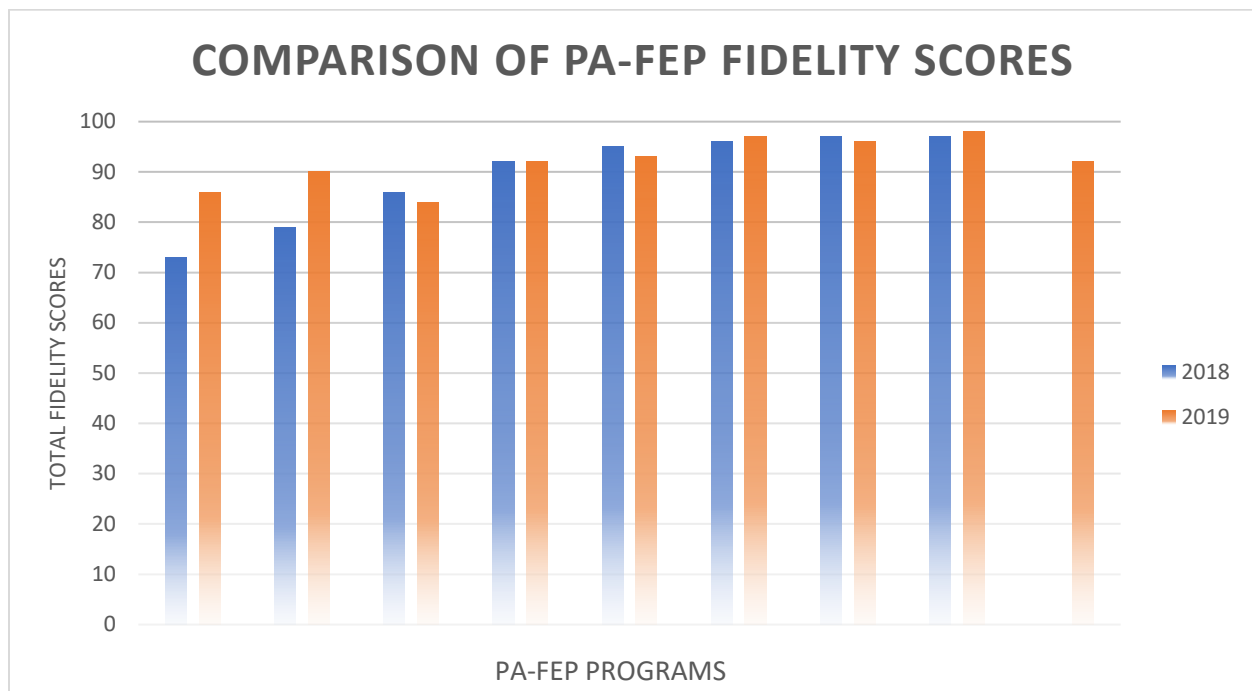


Figure 4. Distribution of scores on PA CSC Fidelity Scale by FEP program for 2018 and 2019. N = 9. 1 program did not complete a formal fidelity review in 2018.

- Fidelity scores have remained relatively stable from 2018 to 2019.
- Two programs did see substantial improvements in fidelity scores, with increases of 11 and 13 points.

All FEP Program Fidelity Review Scores by Item (N=9)				
Section	#	Item	Mean 2018	Mean 2019
Program Structure	1	Program Length	3.25	3.22
	2	Inclusion/Exclusion	5.00	5.00
	3	Caseload	4.00	4.22
	4	Multidisciplinary Team Meetings	4.38	5.00
	5	Crisis and Safety	5.00	5.00
Staff Roles and Responsibilities	6	Team Lead	5.00	4.89
	7	Pharmacotherapy	4.50	4.11
	8	Individual Therapy	3.63	3.67
	9	Physical Health and Wellness	4.00	4.89
	10	Supported Employment/Education	4.00	3.89
	11	Case Management	4.00	4.33
Process and Clinic Flow	12	Referrals	4.88	5.00
	13	Engagement	4.25	4.44
	14	Family/Caregiver Involvement	4.88	4.78
	15	Admission	5.00	5.00
	16	Ongoing Assessment	5.00	5.00
	17	Treatment Planning	5.00	5.00
	18	Outreach	4.38	4.89
	19	Psychoeducation	4.38	4.67
	20	Discharge	4.88	5.00
Total Score			89.38	92.00

Table 3. Average scores on by item of the PA CSC Fidelity Scale for 2018 and 2019.

- Scores by item show a relative stability from year to year with only minor fluctuations.
- Items that saw the largest aggregated improvement from 2018 are Physical Health and Wellness (increased by 0.89 points on average) and Multidisciplinary Team Meetings (increased by 0.62 points on average).
- The average fidelity score across all sites improved from 2018 to 2019, increasing from 89.38 to 92.00 points.

Limitations and suggestions for the future:

The item of Program Length may not accurately represent the time frame for which sites offer services. Seven of the 9 sites offer Step-Down programs--- where participants can continue treatment with reduced intensity and frequency beyond their 2-year intensive CSC program. The Step-Down programs are designed to allow for titrated but sustained treatment as participants begin to gain independence and integrate back into school, work, social functioning and/or transition care to other non-CSC mental health services, as needed. The fidelity measure of program length is not designed to account for Step-Down components at this time. Program length refers to the length of time services are offered for full intensity. Almost all sites lost points in this area, as almost all sites are set up for a 2-year program with the offering of a Step-Down program following. It may be necessary to re-evaluate this measure next year to provide scores that more accurately represent the expected time frame (i.e., 2 years) for which sites offer services.

Another limitation of the 2019 fidelity assessments is in the method used to assess appointment frequency. The sample of participants selected for evaluation of Individual Therapy, Pharmacotherapy, and SEES appointments included any and all participants ever to be enrolled in each FEP program. Consequently, improvements in these domains within the past year would not necessarily be reflected in this assessment. Discharged, disengaged, and/or Step-Down program participants were included in sampling frame and canceled/no-show appointments were not counted in appointment frequency in fairness to all sites (some sites were unable to present canceled/no-show appointments). As such, the selected sample of participants may not accurately reflect appointments for participants who are currently actively engaged in the programs. This sampling methodology will likely be adjusted for 2020 Fidelity reviews.

Finally, high-intensity community-based services are critical and unique to CSC. However, the ability to provide community-based services is not standard across sites. Difficulties with travel and coverage of large catchment areas, as well as lack of compensation for work done in the community are just a few of the struggles that programs face. Community-based services do not currently account for telehealth services, which could be an option for programs to overcome barriers to reaching participants in their homes or neighborhoods. As telehealth technology advances across all medical fields, there may be evidence-based support for this option in PA-FEP programs. There is a possibility for telehealth services to be considered as a component for community-based services within fidelity scoring in the future, dependent on the accumulation of research-based findings.

With the success of the PA-FEP Programs in adherence to the CSC model, there is not a great amount of spread in fidelity scores. To increase spread of scores and differentiate programs, we could consider adding a measure of innovation. The innovation measure would include components of programs that are additive to the CSC model, that improve the services of the program, and are not available at all sites. Potential examples could include telehealth services, occupational therapy, community-based groups, and on-site residences for participants in crisis. The design of the innovation measure would require more consideration but could help separate programs in fidelity scoring in the future. Additionally, the innovation measure could eventually expand to other CSC model-based organizations nationally, especially as we gain more information on how additive services affect participant outcomes.

Concluding Summary

Consistent with our 2018 fidelity review, there is a clear commitment across all of Pennsylvania's FEP programs to provide intensive specialized services to young adults experiencing psychosis for the first time. The approaches taken by each program to implement Coordinated Specialty Care are dependent on the existing systems and procedures of the overarching agencies/organizations. To some extent, both the exceptional features and challenges faced by FEP programs are reflective of the priorities and investments of the presiding county.

It is anticipated as programs continue to implement the CSC model, programs and reflective fidelity scores will continue to improve. We intend to evaluate current fidelity measurements and ensure they accurately reflect PA-FEP Programs adherence to Coordinated Specialty Care.