

## MAPNET Coordinated Specialty Care (CSC) Fidelity Scale

Adapted from PA CSC Program Fidelity Scale



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Section 1: Program Structure			
#	Item	Description of Measure	Scoring
1	Program Length	Program offers services for: a) Specified period (as reflected in program policies and promotional materials) b) Specified period (as reflected by 10 most recent discharges)	0 = <6 months 1 = 6 months 2 = 1 year 3 = 2 years or more
2	Inclusion/Exclusion	Evidence based inclusion/exclusion criteria are consistently defined for: a) Onset of psychosis* b) Diagnosis c) Age d) Catchment e) Insurance	1 point each *Critical item: total score = 0 if a is undefined
3	Caseload	Client to therapist target ratio of 20:1 (calculated by the number of full time licensed therapists divided by the total clients enrolled at the time of fidelity rating)	Current caseload per therapist: 0 = 60+ 1 = 51-60 2 = 41-50 3 = 31-40 4 = 21-30 5 = 20 or less
4 (A)	Multidisciplinary Team Meetings	Interdisciplinary team meetings focus on case review, including referrals, admissions & discharges, status updates, complex cases.	Meetings are held: 0 = never 1 = quarterly 2 = monthly 3 = twice/month 4 = weekly 5 = weekly plus case conferences
4 (B)	Team Meeting Attendance	Each team member attends at least 75% of scheduled meetings	0 = no 1 = yes
5	Crisis and Safety	Program does the following to manage crises: a) A 24/7 crisis service is available b) Clients are provided contact details for crisis service c) Incidents are documented d) Structured tools are used to assess risks	1 point each

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Section 2: Program Staff Roles and Responsibilities			
#	Item	Description of Measure	Scoring
6	Team Leader/Program Director	<p>Minimum MA level clinician located on-site* and conducts (or delegates) specified services:</p> <ul style="list-style-type: none"> <li>a) Administrative functions (staff performance goals, budgeting)</li> <li>b) Supervision to therapists &amp; SEE staff at least 2x/month</li> <li>c) Leading team meetings</li> <li>d) Managing program evaluation data</li> <li>e) Management of clinic flow</li> </ul>	<p>1 point each</p> <p>*Critical item: total score = 0 if position filled by non-licensed or off-site staff</p>
7	Pharmacotherapy	<p>Licensed psychiatry or NP* located on-site (or, if satellite, attends team meetings) and provides specified services:</p> <ul style="list-style-type: none"> <li>a) Caseload does not exceed 125 per 1 FTE</li> <li>b) Each client has an assigned prescriber</li> <li>c) Prescriber meets with &gt;80% of clients monthly during 1<sup>st</sup> 6 months of enrollment</li> <li>d) Antipsychotic medication dosing (for at least 80% of clients) is within government approved guidelines for 2<sup>nd</sup>-generation APMs and between 300-600 chlorpromazine equiv. for 1<sup>st</sup>-generation APMs</li> <li>e) Clozapine prescribed if inadequate response to 2 trials of APMs (equivalent to 10 mg Haldol, and over a 3-month period)</li> <li>f) Side effects for &gt;80% of clients assessed at least every 6 months using structured assessment tools</li> </ul>	<p>1 point each</p> <p>*Critical item: total score = 0 if position filled by non-licensed staff or if caseload exceeds 125 per FTE</p>
8	Individual Therapy	<p>Licensed or license-eligible MA or PhD level clinician* located on-site (or, if satellite, attends team meetings) and actively provides evidence-based interventions, including:</p> <ul style="list-style-type: none"> <li>a) Each client has an assigned therapist</li> <li>b) Meets with &gt;80% of clients weekly</li> <li>c) Attends at least 3 days of FEP-specific training annually</li> <li>d) Does work in the community (i.e., off-site meetings with clients)</li> </ul>	<p>1 point each</p> <p>*Critical item: total score = 0 if position filled by non-licensed or license-eligible staff</p>
9	Physical Health & Wellness Promotion	<p>Licensed nurse or other medical professional* located on-site (or, if satellite, attends team meetings) and provides services including:</p> <ul style="list-style-type: none"> <li>a) Provides education on health and wellness to clients and families</li> <li>b) Maintains contact with PCP and other providers as needed</li> <li>c) Administers medications including LAI's</li> <li>d) Monitors lab results and vitals (specifically measures of metabolic syndrome) at least every 6 months for 80% of clients</li> </ul>	<p>1 point each</p> <p>*Critical item: total score = 0 if position filled by non-qualified staff</p>

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10	Supported Education and Employment	<p>Minimum bachelor's level* SEE specialist is on-site (or, if satellite, attends team meetings) and provides specific services including:</p> <ul style="list-style-type: none"> <li>a) The SEE Specialist is a vocational generalist, performing all phases of employment/education services, incl. intake, engagement, assessment, placement, ongoing support, and transition-assistance.</li> <li>b) 65% or more of the SEE Specialist's time is spent in the community.</li> <li>c) The program practices Zero Exclusion, such that no client is excluded from SEE Services who expresses an interest in employment or education; service is not contingent on clinical approval nor adherence to eligibility criteria or other treatment plan activities.</li> <li>d) The agency includes a focus on employment and education, such that support for employment and education is evident in the program's promotional materials/website; forms used by a variety of staff; staff job descriptions; and is supported by agency leadership.</li> <li>e) Job/Education search begins quickly (within 30 days of initial meeting)</li> <li>f) Individualized and Time-Unlimited Supports are made available throughout the process (incl. benefits planning)</li> <li>g) The SEE Specialist exclusively seeks competitive Employment (incl. paying internships) and/or mainstream educational placements</li> </ul>	<p>1 point each *Critical item: total score = 0 if position filled by non-qualified staff</p>
11	Case Management	<p>Minimum bachelor's level* case manager is on-site (or, if satellite, attends team meetings) and provides specific services including:</p> <ul style="list-style-type: none"> <li>a) Each client has assigned staff for CM needs</li> <li>b) Sees that appropriate appointments are made with other team members and/or agencies in collaboration with client and with reference to treatment plan</li> <li>c) Assists client with administrative and social needs (housing, finances, legal, primary care, basic living skills, etc.)</li> <li>d) Position is not delegated to another full-time team member</li> </ul>	<p>1 point each *Critical item: total score = 0 if position filled by non-qualified staff</p>
12	Peer Support	<p>Peer Support Specialist located on-site (or, if satellite, attends team meetings*) and provides specific services to assist and support clients' goals including:</p> <ul style="list-style-type: none"> <li>a) Receives regular training and supervision on skills (i.e., daily living, job readiness, communication, and goal setting).</li> <li>b) Offers to meet with clients in the community.</li> <li>c) Makes contact within 30 days of entry to the program.</li> <li>d) Supports clients toward achievement of their short-term and long-term goals (i.e., daily living, job readiness, communication, and healthy living).</li> <li>e) Included in the treatment plan discussion, and Peer Support is included as an intervention in client treatment plans.</li> </ul>	<p>1 point each *Critical item: total score = 0 if position unfilled or not included in team meetings</p>

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Process and Clinical Flow			
#	Item	Description of Measure	Scoring
13	Admission	Intake process includes a comprehensive bio-psycho-social assessment of: <ul style="list-style-type: none"> <li>a) Course and onset of psychotic symptoms</li> <li>b) Changes in functioning/behavior</li> <li>c) Individual and family psychiatric history</li> <li>d) Medical history</li> <li>e) Co-morbid disorders</li> <li>f) Risk behaviors (including suicide)</li> <li>g) Strengths</li> </ul>	1 point each
14	Engagement	Service promotes engagement and retention of clients, e.g.: <ul style="list-style-type: none"> <li>a) Services are flexible with times and locations</li> <li>b) Social groups and/or peer support available</li> <li>c) Shared decision making documented for all services</li> <li>d) Inviting, age appropriate environment</li> <li>e) Staff are in contact with other providers/agencies during crises to ensure continuity of care and re-engagement</li> </ul>	1 point each
15	Family/Caregiver Involvement	Inclusion and participation of family/caregiver such that at least 80% of client-identified families: <ul style="list-style-type: none"> <li>a) Are involved in initial assessment</li> <li>b) Have treatment involvement assessed and documented</li> <li>c) Are contacted at least quarterly by one or more team member</li> <li>d) Have family/multi-family therapy participation documented at least quarterly</li> <li>e) ROI for family-team contact is signed and on file</li> </ul>	1 point each
16	Ongoing Assessment	Comprehensive assessment completed at least every six months and includes: <ul style="list-style-type: none"> <li>a) Educational and occupational functioning</li> <li>b) Social functioning</li> <li>c) Symptoms</li> <li>d) Psychosocial needs (housing, financial, etc.)</li> <li>e) Substance use</li> <li>f) Suicide/risk</li> <li>g) Feedback is offered to client (and, if relevant, family)</li> </ul>	1 point each
17	Quality Improvement	The team seeks to monitor and improve the quality of services by: <ul style="list-style-type: none"> <li>a) Soliciting and reviewing feedback from clients and families (e.g., via the "CSQ")</li> <li>b) Setting team-based QI goals at least once per year</li> </ul>	1 point each

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18	Cultural Responsiveness	<p>The team practices Cultural Responsiveness by acknowledging and discussing the client’s cultural environment (e.g., race, ethnicity, religion, sexual orientation, gender identity, SES, etc.) and social environment (e.g., social media, technological exposure/engagement) by:</p> <ul style="list-style-type: none"> <li>a) Inquiring about each client’s cultural background and identity, and considering/discussing the relevance to treatment during intake</li> <li>b) Using non-biased, inclusive language to assess clients’ gender and sexual identity</li> <li>c) Using professional translators to communicate with non-English speaking clients and family members</li> </ul>	1 point each
19	Treatment Planning	<p>Individualized treatment plans are created and documented with the client after initial assessment and:</p> <ul style="list-style-type: none"> <li>a) Are updated at least every 6 months</li> <li>b) Identify needs and goals, including vocational/educational goals</li> <li>c) Identify service preferences (pharmacotherapy, SEE, substance abuse services, weight mgmt. assistance, etc.)</li> <li>d) Outline a plan of action</li> <li>e) Assess previous plans for areas of improvement</li> <li>f) Client is involved in treatment plan creation and review</li> <li>g) Plans receive multidisciplinary input and review (e.g., during team meetings)</li> </ul>	1 point each
20	Outreach	<p>Accurate information about the program is available:</p> <ul style="list-style-type: none"> <li>a) On brochures and/or program website*</li> <li>b) Program information is accurate on FEP-TAC website</li> <li>c) Program responds to outreach requests by sending up to date information, making in-person site visits, or collaborating with FEP-TAC team to ensure community providers receive needed materials/information</li> </ul>	<p>1 point each *Critical item: total score = 0 if (a) = 0</p>
21	Psychoeducation	<p>Psychoeducation is provided:</p> <ul style="list-style-type: none"> <li>a) For clients*</li> <li>b) For families/caregivers</li> <li>c) In groups to encourage support</li> <li>d) Through formal sessions occurring at least 4 times annually</li> <li>e) Covers a range of FEP-related topics</li> </ul>	<p>1 point each *Critical item: total score = 0 if (a) = 0</p>
22	Discharge	<ul style="list-style-type: none"> <li>a) Clients are discharged from the program if (1) they have completed the determined program length; (2) they are no longer eligible (e.g., moved out of area, received disqualifying diagnosis); or (3) client has disengaged or requested other treatment*</li> <li>b) A working protocol is in place for handling discharge</li> <li>c) When possible a referral letter/letter of discharge is provided to client</li> <li>d) A warm handoff (direct clinician-to-clinician communication) is made to appropriate provider</li> <li>e) Staff are aware of discharge protocols</li> </ul>	<p>1 point each *Critical item: total score = 0 if program discharges for other reasons</p>