ONTRACKNY: FIDELITY SCALE

Overview: This Fidelity Scale is designed to guide data collection and scoring. The Scale includes the domain name and domain definitions. Below each definition are a number of program expectations that further define the domain. The first expectation under each domain is a "critical item" that encompasses essential aspects of each domain.

Sources: The scale indicates the information source for each item and a space to record whether the expectation has been met (yes/no). The information sources include the Self-Report Data (Data) and Site Visit.

Scoring: The self-report data, gathered from teams on a regular basis, plus supplemental site visit information, will be used by the rater to determine whether the program expectations have been met (yes/no). At minimum, the critical item must be met for the entire domain to be scored as "Met". Final domain scores will be recorded in the Fidelity Final Scores document.

DOMAIN	DOMAIN DEFINITION PROGRAM EXPE CTATIONS	SOURCE	Met/Unmet
1. Staffing and Roles	**Team is fully staffed with credentialed persons filling all roles (Team Leader, Primary Clinician(s), Outreach and Enrollment Coordinator, Peer Specialist, Prescriber, Nurse).**		
CRITICAL →	1a. **Staffing**: Team is staffed with persons meeting at least the minimum credentialing requirements and fulfilling the following roles: ☐ Team Leader (TL): At minimum, a NYS licensed master's level clinician. ☐ Primary Clinician (PC): At minimum, a NYS licensed master's level clinician ☐ Outreach and Recruitment Coordinator (ORC): At minimum, a master's level clinician ☐ Supported Education and Employment Specialist (SEES): At minimum, Bachelor's level ☐ Prescriber: A Licensed psychiatrist, psychiatric nurse practitioner, or physician assistant ☐ Nurse: A registered nurse (it is possible for this role can be covered by the prescriber) ☐ Peer Specialist (PS): State certified as Peer Specialist within 1 year of hire *for each quarter in the past year.*	Data (Program Components Form)	
	1b. **Staffing**: No less than 4.0 FTE of dedicated time, given careload and program maturity *for each quarter in the past year.* **Role** / **FTE** Team Leader Outreach and Recruitment Coordinator Primary Clinician 2.0	Data (Program Components Form)	

	Supported Employment and Education Specialist	1.0
	Prescriber	0.3
	Nurse	0.2
	Peer	0.5

1c.

	1d.	**Staffing**: Vacancies do not exceed 4 weeks *for each quarter in the past year.*	Data (Program Components Form)
2. Team Integration	**Providers function as a team: providers know and work with all clients and the team leader provides intensive role-specific supervision.**		
CRITICAL →	2a.	**Team-Based Approach**: At least 75% of clients meet with 2 or more team members: PC, Prescriber, SEES, Peer Specialist, and Nurse in a given quarter during the past year *for each quarter in the past year.*	Data (PME)
	2b.	**Supervision**: Team Leader provides clinical supervision to clinicians serving as the ORC *at least bi-weekly or 6 times per each quarter in the past year*. If a team member acts as PC and ORC then they receive separate supervision for each role.	Data (Program Components Form)
	2c.	**Supervision**: Team Leader provides clinical supervision to clinicians serving as the Primary Clinician *at least bi-weekly or 6 times per each quarter in the past year*. If a team member acts as PC and ORC then they receive separate supervision for each role.	Data (Program Components Form)
	2d.	**Supervision**: Team Leader provides intensive, outcome-based supervision with respect to meeting clients' goals for education and employment. Team leader conducts SEES supervision *at least bi-weekly or 6 times per each quarter in the past year.*	Data (Program Components Form)
	2e.	**Supervision**: Team leader provides supervision to the Peer Specialist *at least bi-weekly or 6 times per each quarter in the past year.*	Data (Program Components Form)
	2f.	**Supervision:** TL provides administrative supervision which can include managing staff time on the team, making sure there is seamless communication strategies across team members, finding coverage, and ensuring that program elements are compatible with agency requirements.	Site Visit only
	2g.	**Supervision**: Team leader provides supervision of role-specific responsibilities, issues and strategies: • during PC supervision, each client on the team is reviewed for progress, interventions attempted, and next steps; • during SEES supervision, each client is reviewed with respect to education and employment outcomes to discuss strategies and ideas to help clients in their school and work lives;	Site Visit only

	• during ORC supervision activities related to outreach, referrals, evaluations, and intakes are reviewed and strategies are discussed • during Peer supervision, there is a review of engagement strategies for incoming clients and review of work with current clients • team leader collaborates with the team prescriber and nurse regarding implementation of the medical aspects of the model. *at least bi-weekly or 6 times per each quarter in the past year* *Probing questions for staff: Ask if the TL and Peer Specialist use any tools, such as the Peer Supervision Checklist, to help facilitate supervision? Review available documentation, e.g. supervision tracking log.*	
3. Team Communication	**Team meets regularly to discuss each client and has developed an efficient communication system.**	
CRITICAL →	3a. **Team Meeting**: Full team meets at least weekly and each client's status (clinical status and progress toward recovery goals) is reviewed at least briefly at each team meeting *at least 12 times per each quarter in the past year.*	Data (PME) and Site Visit
	3b. **Team Meeting**: Each team member attends at least 80% of team meetings *in each quarter in the past year.*	Data (PME)
	3c. **Staff Meets as Team**: Each client's status (clinical status and recovery goals progress) is reviewed at least briefly at each team meeting *i.e. at least 12 times per each quarter in the past year.*	Data (PME) and Site Visit
	3d. **Team Communication**: Team has developed a system for team communication, as needed, outside of team meetings.	Site Visit only
4. Eligibility	**Eligibility evaluations and decisions meet program criteria (including age, date of onset, diagnosis) and are clearly documented.**	
CRITICAL →	4a. **Eligibility**: OnTrackNY client records indicate that there is a consistent process for screening incoming referrals and enrollment decisions follow explicit OnTrackNY inclusion/exclusion criteria. *Probing questions for staff: Ask for the client records to make sure the clients have been meeting eligibility criteria. If they use the OnTrackNY Evaluation form, this information will be clearly documented. If not, ask the Team Leader or ORC to clarify how eligibility is documented e.g., an intake form and/or referral tracking and review available documentation.*	Site Visit only
	4b. **Eligibility**: Only clients meeting criteria are enrolled i.e. age, diagnosis, date of onset, IQ and location *for each quarter in the past year.*	Data (PME)
5. Community Outreach	**Active and regular outreach to likely settings is conducted to develop referral networks and encourage more appropriate and frequent referrals.**	
CRITICAL →	5a. **Team (led by ORC) conducts outreach**: The team conducted outreach and recruitment activities to mental	Data (PME) and Site Visit

	health settings (including inpatient units, outpatient clinics, mobile crisis teams and emergency rooms) *at least once each quarter in the past year, except for the quarters during which the team was within 90% of capacity or was closed to referrals.*		
	5b. **Team (led by ORC) conducts outreach**: In addition, the ORC conducted outreach and recruitment activities to community settings (including community organizations, schools, colleges, law enforcement setting) *for at least two community settings each quarter in the past year, except for the quarters during which the team was within 90% of capacity or was closed to referrals.*	Data (PME) and Site Visit	
	5c. **Community Education:** Education about early psychosis is routinely provided to referral sources in the community. Education is provided to at least two community settings each quarter.	Site Visit only	
6. Managing Referrals	**Rapid engagement (including families), screening, and evaluation procedures support timely enrollment and increased engagement.**		
CRITICAL →	*6a.* **Admission**: For at least 65% of individuals admitted to the program, the time from eligibility determination to admission is </= 1 week *for each quarter in the past year.*		
	Probing questions for staff: Ask the TL/ORC how long it takes from eligibility determination to admission. Compare the referral-tracking log, if applicable, with the date when they were enrolled.	Data (PME) and Site Visit	
	6b. **Admission**: At least 85% of individuals deemed eligible enter/enroll in the program *for each quarter in the past year.*	Data (PME)	
7. Careload	**Teams maintain an appropriate census, which grows proportionately based on community need, but remains small enough to ensure optimal delivery of services.**		
CRITICAL →	7a. **Careload**: Team's careload is small to ensure optimal delivery of services and does not exceed 35-40 clients per 4.0 FTE staff ratio (10-12.5:1) *on the last day of any given quarter.*	Data (partially calculated by PME; some manual calculation w program components form)	
	7b. Careload: For teams open more than one year: As of the last day of each quarter, team enrolled at least 70% of the expected census.	Data (PME)	
8. Flexibility of Services	**Delivery of services in the community and flexible hours are provided to support engagement and service utilization.**		
CRITICAL →	8a. **Services in the Community**: At least 10% of clients are seen in the community by at least one team member *at least once each quarter in the past year* (excluding services provided by the Supported Education and Employment Specialist).	Data (PME)	
	8b. **Scheduling**: The team is available weekly for routine appointments outside of the regular workday e.g., early morning, evening, or weekend hours (can be regularly scheduled, as-needed, or via phone) *during each quarter in the past year.*	Data (PME)	

9. Assertive Outreach	**Proactive and diversified outreach strategies are designed to reduce missed appointments, engage clients, and minimize drop-outs.**		
CRITICAL →	9a. **Assertive Outreach**: Team has a concrete strategy to promote client engagement when clients miss appointments or show disinterest in services, which includes reaching out to people by various methods (e.g., phone, text, email, and home visits) to promote engagement *in the past year.* *Probing questions for staff: What does the team usually do when dealing with client disengagement and disinterest in services? What methods of communication or strategies are being utilized to increase engagement? Does the team have a policy about what to do if a client has not been heard from in the past month? Ask Primary Clinicians if they go out to the community to meet clients and what creative activities they might offer to increase engagement. Request examples. Review participant records for documentation of assertive outreach.*	Site Visit only	
	9b. Engagement: At least 70% of individuals are still enrolled after 1 year of enrollment.	Site visit (PME programming in progress)	
10. Crisis Services	**24/7 phone service and information on this service is available and clearly communicated so that clients and family members are aware of crisis support services and can access them easily. The crisis services system is adapted to the host agency's specific policies, resources, and organizational linkages (e.g. medical back-up) to manage crises optimally.**		
CRITICAL →	**10a. 24/7 Availability**: At least one team member is available 24/7 to clients and family via phone/pager/other means of coverage *for each quarter in the past year.*	Data (PME)	
	10b. **Crisis Services**: Team is involved in providing live (in-person/phone) crisis support and coordinating linkages to crisis services, including access to medical back-up, to manage crises on a timely basis *for each quarter in the past year.*	Site Visit only	
	10c. **24/7 Availability**: Team provides 24/7 phone access to a licensed mental health professional, to clients and families and the policy is posted at the site in a location visible to clients/family members and distributed to each client and family member (if participant consented to contact with family) *in the past year.*	Site Visit only	
11. Care Processes	**Clinical training and supervision on core care processes are provided throughout treatment planning and delivery to support clients and families in making informed decisions and utilizing services. The team provides person-centered, recovery-oriented, and culturally competent care. Providers and clients use SDM when making decisions regarding medication, family involvement, and other psychosocial interventions (e.g., substance use, trauma, social skills training) and take into account requirements for working with minors.**		
CRITICAL →	11a. **Core Sessions**: Clients receive core sessions on each of the following topics: Introduction to the OnTrackNY Program and Team, Early Intervention and Recovery, Shared Decision Making Around Client Goals, the Impact of Culture, Identifying and Using Personal Strengths and Social Supports (1-5). *At least 35% of clients receive core sessions 1-5 within one year of enrollment.*	Data (PME)	
	11b. **Core Processes**: Clinicians report receiving training on core care processes including recovery, person-	Data (PME)	

	centered care, shared-decision making, and cultural competency from OnTrackNY Central or other sources *in the past year.*	
	11c. **Care Processes**: The team is delivering person-centered care, using recovery principles, shared-decision making and cultural competency *in the past year.*	
	Probing questions for staff: Are there particular principles that your team uses in it's provision of care? Are there particular clinical concepts that underline the approach to working with clients? Can you show me how I would be able to see how that's evident in your work (in your charts or some other way)? How do define what to focus on in treatment? How might you approach working with a participant/family/team are on different pages in regard to treatment goal or next steps for goals? How do you introduce antipsychotic medications with clients and discuss side effects? How do you approach making medication decisions with clients? How are client preferences explored/considered? What if someone has religious views that oppose the use of medication or treatment? Is there evidence in the chart? Look at chart review to see if they are individualized to highlight the person's goals and plans. Look for tools such as: decisional balance worksheet, psychiatric medication and me, designated observer, preparing to talk about symptoms, finding personal motivation to use medication, and the medication option grid.	Site Visit only
12. Initial Assessment and Treatment Planning	**Comprehensive assessments are conducted to inform diagnosis (e.g. co-occurring mood problems, substance use, or trauma) and individualized treatment decisions, including care planning and identifying supports (e.g. pharmacotherapy, psychotherapy, care management, substance use treatment, trauma-informed care, suicide prevention, and weight management).**	
CRITICAL →	12a. **Treatment Plan**: Individualized assessments are conducted and clinical treatment plans are created after intake: assessment includes safety screening; clients, family and staff develop individualized treatment plan using evidence-supported treatments addressing client needs, goals and preferences (e.g. pharmacotherapy, psychotherapy, care management, substance use treatment, trauma-informed care, suicide prevention, weight management) *in the past year.*	
	Probing questions for staff: When is the clinical treatment plan usually developed? How do you ensure the treatment plan is individualized for each client? Request examples. Ask the clinician to describe how the team uses evidence-supported treatments to address client needs, goals and preferences (i.e. pharmacotherapy, psychotherapy, addictions, mood problems, suicide prevention, weight management)? If available in the client's chart, please verify. If not available, determine if this information is gathered by asking the clinicians to describe their assessment and treatment planning processes. What are your clinic or agency's requirements for assessment and treatment planning, updating and revision?	Site Visit only
	12b. **Psychosocial Evaluation**: Comprehensive evaluation is conducted (starting from the time of referral through intake/initial meeting), which includes: 1. Time course of symptoms, change in functioning and substance	Site Visit only

	use; 2. Recent changes in behavior; 3. Risk assessment risk to self/others; 4. Mental status exam; 5. Psychiatric history; 6. Premorbid functioning; 7. Co-morbid medical illness; 8. Co-morbid substance use; 9. Family history *in the past year*	
	Probing questions for staff: Does the eligibility evaluation include determining the time course of symptoms, whether there is a change in functioning, and if substance use is present? Does it include determining if there have been any recent changes in behavior and whether they there is a risk to themselves and/or others? Does a mental status exam take place? Is psychiatric history assessed? Do you ask about the client's functioning before they began experiencing symptoms? Do you determine if there is a co-morbid medical condition or co-morbid substance use disorder? Is family history asked about? If available in the client's chart, please verify. If not available, determine if this information is gathered by asking the clinicians to describe their assessment and treatment planning processes..	
	12c. **Needs Assessment**: Psychosocial needs in the following areas are assessed and incorporated into care plan: 1. Housing; 2. Employment; 3. Education; 4. Social support; 5. Finances and insurance; 6. Basic living skills; 7. Primary care access; 8. Social skills; 9. Family support; 10. Past trauma; 11. Legal issues *in the past year.*	
	Probing questions for staff: Ask the TL, how are psychosocial needs are assessed for the care plan? Are the client and family preferences related to housing, employment, education, social support, finances, basic living skills, primary care access, social skills, family support, past trauma, and legal circumstances assessed to be incorporated into the care plans? If available in the client's chart, please verify.	Site Visit only
13. Safety Planning	**Safety assessments using a standardized tool are conducted for all clients: assessments use all resources available to inform an understanding of risks and documentation of the risk assessment should be on record. The safety plan intervention is used for all participants with evidence of increased risk.**	
CRITICAL →	13a. **Safety Planning**: For those who meet or exceed the specified threshold indicating a risk of suicide based on a screening assessment, a safety plan is created, revised, and used during that same assessment period *for each quarter in the past year.*	
	Probing questions for staff: Do you regularly assess for risk of suicidality? If so, what screening tool do you use? Do you (Primary Clinician) develop a safety plan intervention for suicide risk with the client? How do you ensure that clients are using the safety planning intervention? Ask the Primary clinician if they can show you where these activities are documented in the client record.	Data (PME) and Site Visit
	13b. **Safety Assessment**: The CSSR or equivalent structured screening tool is completed with every client at admission *for each quarter in the past year.*	Data (PME)
	13c. **Safety Planning**: The CSSR or equivalent structured screening tool is completed whenever safety concerns are raised, a safety plan is available in the client record for clients who endorse suicidal ideation plan or intent, and there is evidence that the client has been given a copy *in the past year*.	
	Probing questions for staff: Review the client records for a standardized safety assessment (CSSR or equivalent)	Site Visit only

	and, if suicide risk was positive, look for a safety plan.	
14. Prescribing Practices	**Antipsychotic medication and other psychotropic medication are prescribed following recommended guidelines based on empirical support and side effects are regularly monitored.**	
CRITICAL →	14a. **Antipsychotic Medications**: At least 75% of clients have at least one trial of an antipsychotic medication prescribed for at least 4 continuous weeks within the recommended dosage range i.e., within the lower half of the FDA-approved dosage range for each respective medication *for each quarter in the past year.* *Probing questions for staff: Review client records to determine if clients have had at least one trial of antipsychotic medication for at least 4 continuous weeks within the recommended dosage range.*	Data (PME)
	14b. **Antipsychotic Medications**: At least 1 antipsychotic medication is prescribed for at least 75% of clients *on the last day of the reporting period in the past quarter.*	Data (PME)
	14c. **Antipsychotic Medications**: Psychiatrist, nurse practitioner, or nurse records extrapyramidal and other side effects for each client prescribed psychotropic medication using standardized assessment instrument (SAS, AIMS, ESRS, BARS) for at least 80% of clients *for each quarter in the past year.* *Probing questions for staff: Review client records to determine if there are any assessments used to assess medication side effects. How do you (prescriber or nurse) assess for side effects and what methods do you use?*	Data (PME) and Site Visit
	14d. **Antipsychotic Medications**: For programs that have been open for one year or more: At least one client is on clozapine *in the past year.*	Data (PME)
15. Care Management	**Comprehensive assessments are conducted to assess for concrete needs and care planning and management, including identifying supports, is done on an individualized basis.**	
CRITICAL →	15a. **Care Management**: Interviews (with Primary Clinicians, clients and families) and review of clients' records indicate that Primary Clinicians routinely assess clients' and families' concrete needs *in the past year.* *Probing questions for staff: How often do you (the Primary Clinicians) assess the clients' and families' concrete needs? Ask primary clinicians to describe their assessment processes and to give examples of how they have done this. Ask clients how the team has helped them with concrete needs or whether the team has connected them to community resources. Determine if there is any documentation of this in the client record. If not, determine if this information is gathered by asking the clinicians to describe their care management activities.*	Site Visit only
	15b. **Care Management**: Primary Clinicians provide care management services to help clients and families with concrete needs *in the past year.* *Probing questions for staff: Ask the Primary Clinicians for examples of how they provide care management services to help clients and families with concrete needs and to show you where these activities are documented in the client record.*	Site Visit only

16. Metabolic Risk Factors	**Metabolic risk factors (weight and HbA1c) are assessed for and monitored regularly; clients are provided with information to inform decisions around wellness.**		
CRITICAL →	16a. **Weight Assessment**: For at least 80% of clients prescribed an antipsychotic medication, weight is assessed *for each quarter in the past year.*		
	Probing questions for staff: Review client records to determine whether the team is regularly performing weight assessments and obtaining glucose and lipid levels from the clients. What type of wellness topics do you work on with clients and what strategies do you use?	Data (PME) and Site Visit	
	16b. **Monitoring of fasting glucose/HbA1c and lipids**: For at least 75% of clients prescribed an antipsychotic, assessment of fasting glucose/HbA1c and lipids is conducted *at least once in the past year.*	Data (PME)	
	16c. **Medical or other staff work with clients to promote wellness**: At least 50% of clients meet individually (i.e., not as part of a group) with medical or other staff for the purpose of medication education or support, health care coordination, nutrition/ exercise, smoking cessation, substance abuse, or sexual health or resources *at least once within 12 months of their admission.*	Data (PME) and Site Visit	
	16d. **Medical staff work with clients to promote wellness**: At least 35% of clients have completed a Core Session with the medical staff about health and wellness services available via OnTrackNY within the first two quarters following admission *in the past year.*	Data (PME)	
17. Psychoeducation	**Psychoeducation that includes biological, pharmacological, social, cultural, and familial perspectives is provided to support engagement, self-efficacy, recovery and to inform treatment decisions.**		
CRITICAL →	17a. **Core Sessions**: At least 50% of clients who have been enrolled in the program for at least 1 year participate in Core Session 2 (for psychoeducation) with the Primary Clinician.	Data (PME)	
	17b. **Psychoeducation**: The Primary Clinicians are providing psychoeducation routinely in care *in the past year.*		
	Probing questions for staff: Review client records to determine whether the Primary Clinicians are using psychoeducation regularly in care. What are some examples of psychoeducation you (Primary Clinicians) use with your clients? Ask Primary Clinicians how often they use psychoeducation with their clients? Ask clients if their primary clinicians offer sessions focused on psychoeducation (information about psychosis).	Site Visit only	
18. Cognitive Behavioral Therapy/Motivational Enhancement-Based Intervention	**CBT and MI are provided to reduce symptoms, increase readiness to change, target individual needs (e.g., substance use) and develop and strengthen coping and social skills.**		

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CRITICAL →	18a. **Primary Clinician provides flexible, motivational interventions**: At least 70 % of clients participate in at least one of the following skills building interventions with the Primary Clinician: coping skills, social skills, substance use treatment, behavioral activation *for each quarter in the past year.*	Data (PME)	
	18b. **CBT Interventions**: Primary Clinicians are using empirically-validated CBT-based interventions to match client problems based on client preferences *in the past year.*		
	Probing questions for staff: Have you received training in CBT? Please describe the training. What strategies do you use for helping clients manage persistent positive psychotic symptoms, depression or anxiety? Do you use behavioral experiments with your clients? Do you perform any community-based approaches like behavioral experiments? If groups that deliver CBT or ME-Based interventions are being held, how is this done? Ask the clients how their primary clinicians help them come up with ways to manage and cope with symptoms. Ask for example. Review client records.	Site Visit only	
19. Substance Abuse Treatment	**Motivational interviewing is used to increase readiness to change and reduce substance abuse.**		
CRITICAL →	19a. **Substance Use Treatment**: Of clients using substances, at least 50% of such clients are provided substance use treatment (includes skill-building or other interventions, such as motivational interviewing) by at least one clinician *at any time during each quarter in the past year.*	Data (PME) and Site Visit	
	19b. **Substance Use Treatment**: If substance use reduction is a treatment goal, it is documented in the treatment plan and the client record reflects that this is being worked on collaboratively with clients and the team using interventions like motivational interventions, shared decision making, and harm reduction strategies *in the past year.*		
	Probing questions for staff: Review client records to determine if substance abuse treatment is offered to clients and whether this treatment is being delivered.	Site Visit only	
20. Trauma Assessment and Treatment	**Providers assess for PTSD and deliver trauma-informed care and trauma specific interventions based on client preferences.**		

CRITICAL →	20a. **Trauma Assessment**: Routine assessments of trauma are performed for all clients at the time of intake, and for those who indicate a trauma history, a structured PTSD assessment tool is completed *in the past year.* *Probing questions for staff: Ask clinicians how they assess for trauma- is there a tool that is used? How often are they assessing for trauma, e.g. at the beginning of treatment and then throughout treatment? When would a client be assessed for PTSD? How is PTSD assessed- is there a tool that is used? Review client records to determine which assessment(s) are being used, if any.*	Site Visit only	
	20b. **Trauma Intervention**: Interventions for PTSD such as the Brief PTSD intervention are delivered based on client preferences *in the past year.* *Probing questions for staff: Ask primary clinicians if they are familiar with the Brief PTSD intervention and whether they have used it with any clients. Are there other PTSD interventions that are used?*	Site Visit only	
21. Working with Families	**Team assesses family needs and meets regularly, individually and in groups, to provide psychoeducation and discuss family involvement strategies. The team discusses options for family involvement with clients and family members and delivers services flexibly.**		
CRITICAL →	21a. **Family Participation**: The PC reviews options for family involvement with the client, client preferences are discussed (at admission and follow-ups), the PC offers meetings reflecting preferred frequency/content, and services are delivered flexibly, in the past year. *Probing questions for staff: Review client records to determine if the Primary Clinicians is offering meetings for families and whether these are happening. Review Family Needs Assessment if available. The tools from the family resources manual are utilized. Ask the Primary clinician to describe how they determine clients' and families' preferences and the various ways in which family meetings are arranged. Ask clients whether their preferences were respected regarding how the team is working with their family. Ask family members whether the team has offered to meet with them and has assessed their preferences.*	Site Visit only	
	21b. **Family Participation**: For at least 50% of clients, at least one team member has contact with at least one member of the client's family *in the past year.*	Data (PME)	
	21c. **Family Participation**: The team discusses the client's preferences for family involvement as part of the admission process *for all clients enrolled in the past year.*	Data (PME)	
	21d. **Family Participation**: At least 15% of family members attended any groups offered by OnTrackNY staff *for each quarter in the past year*.	Data (PME)	
22. Supported Employment and	**The SEES assesses client goals for competitive paid employment or education and spends time in the field providing services and creating employment and education networks.**		

Education Services			
CRITICAL →	22a. **SEES Services**: SEES primarily provides employment and education services. At least 90% of the SEES' meetings with clients are devoted to assisting clients with working on employment or education goals (including providing follow-along supports) for each quarter in the past year. *Probing questions for staff: How much time do you (SEES/TL) spend assisting the clients in finding competitive jobs or returning to obtain an education? How much time is spent providing follow-along supports? Review client records that contain the activity of the SEES and the services provided to each client to see if there is documentation that reflects how SEES spends time working with the client.*	Data (PME) and Site Visit	
	22b. **SEES Services**: At least 50% of SEES' time is spent in community settings (outside the mental health center), devoted to engagement, employer and educational institution contacts, providing follow-along support, etc. *for each quarter in the past year.*	Data (PME)	
	22c. **SEES Services**: SEES helps clients find competitive jobs and mainstream education: At least 65% of enrolled clients are competitively employed, in a competitive internship, or attend school as part of a degree-granting program *on the last day of each quarter in the past year*.	Data (PME)	
	22d. **SEES Team Integration**: At least 40% of clients meet with the SEES during each quarter in the past year for the purpose of school or employment.	Data (PME)	
	22e. **SEES Services**: At least 40% of clients who meet with the SEES have the Career Profile Form completed *during the assessment period when the goal was first expressed.*	Site visit (PME programming in progress)	
	22f. **Work and School Goals**: Client records reflect work and school goals in the treatment plan and indicate whether clients are enrolled in school or have jobs *in the past year.* *Probing questions for staff: Review client records to determine if work and school goals are included in the treatment plan. Determine if school enrollment or employment status is being documented in the client records.*	Site Visit only	
	22g. **SEES Team Integration**: At least 40% of clients meet with the SEES each quarter in each year for purpose of school or employment.	Site visit (PME programming in progress)	
23. Peer	**Peer Specialist works with clients using recovery stories and providing supports.**		

Specialist Services			
CRITICAL →	23a. **Peer Specialist Services**: The Peer Specialist works with clients using their own recovery story and providing support and uses OnTrack Maps individually and in groups *in the past year*.	Site Visit only	
	Probing questions for staff: How is the PS using their recovery story and providing support to participants? Are they using a tool, such as OTNY Maps to help facilitate this? If so, how is the tool being used? Review client records to determine if and how PS services are delivered.		
	23b. **Peer Specialist Services**: At least 50% of participants meet with the peer specialist *for each quarter in the past year.*		
	Probing questions for staff: Does the team have conversations with clients about their preferences for working with the Peer Specialist? Are clients and families being offered opportunities to meet with the peer specialist? How often does the Peer Specialist meet with clients or families? (Review client records to determine if meetings with Peer Specialist are being offered. Ask clients if they are able to meet with the Peer Specialist if this is something they want to do.)	Data (PME) and Site Visit	
	23c. **Peer Specialist Services**: Peer Specialist is engaged with team outreach activities, initial and continued client engagement, discharge and linkage to resources *in the past year.*	Data (PME) –and Site Visit	
24. Discharge	**Discharge plans are created with clients and families to ensure that follow-up services are identified, in place, and occur as planned.**		PENDING REFINEMENT
CRITICAL →	24a. **Discharge Follow-up**: At least 80% percent of discharged clients attend their first pre- or post-discharge appointment with a mental health or substance use treatment provider within 30 days of discharge *in the past year.*	Data (PME)	PENDING REFINEMENT
	24b. **Discharge Follow-up**: At least 90% of discharged clients who are prescribed an antipsychotic medication at the time of discharge keep a follow up appointment with a psychiatrist or psychiatric nurse practitioner within 30 days of discharge.	Data (PME)	PENDING REFINEMENT
	24c. **Discharge**: There is a protocol for outreaching participants who are non-responsive (e.g. team is unable to contact client) and steps are taken to refer non-responsive participants to appropriate treatment providers and appropriate follow up (e.g., sending a letter with referral information).	Site Visit only	PENDING REFINEMENT
	24d. **Discharge**: Interviews with Primary Clinicians, clients and a review of client records (when possible) indicate that Primary Clinicians identify and provide linkages to community supports that clients and families may need for a successful transition (e.g., NAMI, social-groups/activities, school support) *in the past year.*		
	Probing questions for staff: Review client records to determine if steps are being taken to help with setting up a successful discharge. Is there any documentation supporting that Primary Clinicians are connecting clients and	Site Visit only	PENDING REFINEMENT

	families to community resources? Ask the primary clinician to describe what are some of the most popular links in the community that are being identified and provided to support the clients and families when transitioning from the program? Ask the client, families and primary clinicians to describe transition-planning processes.		
	24e. **Discharge**: Interviews with Primary Clinicians, clients and review of client records indicate that discharges are planned and documented: teams use SDM to plan and perform discharges and have a system for following-up to make sure clients attend initial appointments with new provider *in the past year.*		
	Probing questions for staff: Ask the primary clinician: Do you have a discharge protocol that is being carried out regularly at this site? What methods or strategies do you use to make sure clients attend their initial appointments with new providers? Are you using the transition planning tool and how are you using that tool? Can you describe the most recent transition planning with an individual? Review discharge plans in the client records.	Data (PME) and Site Visit	PENDING REFINEMENT
25. Time-Limited Services	**The team communicates to clients that the program is a critical time intervention (CTI), and the team provides service to clients for specified time period (an average of 2 years).**		
CRITICAL →	25a. **Time Limited Services**: The average length of program enrollment is 2 years, with flexibility, based on clinical circumstances. For at least 90% of clients, individual length of stay for enrolled clients does not exceed 42 months.	Data (PME)	
	25b. **Time-Limited Services:** Providers communicate to clients and family members that this is a time-limited service, beginning at the time of enrollment *in the past year.*	Site Visit only	