

Assessing Fidelity to the OnTrackNY Coordinated Specialty Care Model

OnTrackNY Fidelity Scale

- 25 Domains, comprised of 77 sub-items
- One “critical” sub-item per domain that must be met to meet fidelity for that domain
- Data Sources
 - Client- and program-level data only (36 items)
 - Site visit only (27 items)
 - Hybrid: scored based on data and site visit (14 items)

Fidelity Performance Domains

| | | | | |
|--------------------|-------------------------|--------------------------------|-------------------------------|---------------------------------|
| Staffing | Managing Referrals | Care Processes | Metabolic Risk Factors | Working w/ Families |
| Team Integration | Careload | Initial Assessment & Treatment | Psycho-education | Supported Employment/ Education |
| Team Communication | Flexibility of Services | Safety Planning | CBT/ Motivation Enhancement | *Peer Specialist Services |
| Eligibility | Assertive Outreach | Prescribing Practices | Substance Use Rx | *Discharge |
| Community Outreach | Crisis Services | Care Management | Trauma Assessment & Treatment | Time-Limited Services |

OnTrackNY Fidelity Scale: Sample Domains

| | |
|-----------------------------------|---|
| 8. Flexibility of Services | Delivery of services in the community and flexible hours are provided to support engagement and service utilization. |
| CRITICAL → | <p>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).</p> <p style="text-align: right;">Data (PME)</p> |
| | <p>8b. Scheduling: Staff schedule shows availability of office time outside of 9am to 5pm for the scheduling of routine appointments (hours outside of 9-5 can be regularly scheduled, as-needed, or via phone) at least once monthly in the past year.</p> <p style="text-align: right;">Data (Program Components Form)</p> |
| 9. Assertive Outreach | Proactive and diversified outreach strategies are designed to reduce missed appointments, engage clients, and minimize drop-outs. |
| CRITICAL → | <p>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.</p> <div data-bbox="253 848 1483 999" style="border: 1px solid black; padding: 5px;"> <p><i>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.</i></p> </div> <p style="text-align: right;">Site Visit</p> <p>9b. Engagement: At least 70% of individuals are still enrolled after 1 year of enrollment.</p> <p style="text-align: right;">Data</p> |



OTNY Annual Fidelity Assessment Process

- 1. Ongoing Data Collection:** Quarterly client & team-level data collection for fidelity and quality improvement
- 2. Annual Site Visit:** Observe team meeting, conduct participant & staff interviews, conduct chart review
- 3. Scoring and Fidelity Report:** Analyze data, each domain scored as met or unmet, consensus scoring, write summary report
- 4. Fidelity Report Review:** Review with team/ agency leadership, team develops action steps to enhance fidelity, reinforced in TA calls

OTNY Annual Fidelity Assessment Process

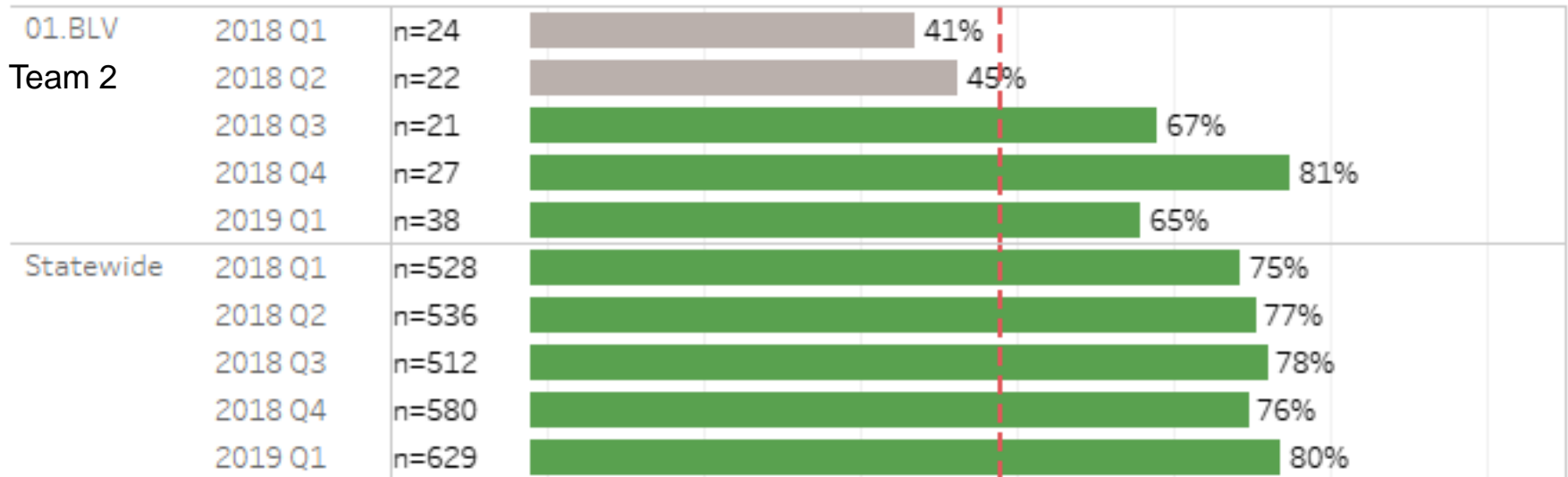
Data sources include:

- Clinician-reported quarterly participant and team-level data
- Interviews with participant & family member
- Team meeting observation
- Interviews with staff: TL and PC
- Random chart review: 10% of careload or minimum of 3 charts

Sample from Quarterly Report: Clients with Family Contact

21a. Family Participation (contact)

Expectation: For at least 50% of clients, at least one team member had contact with at least one member of the client's family.



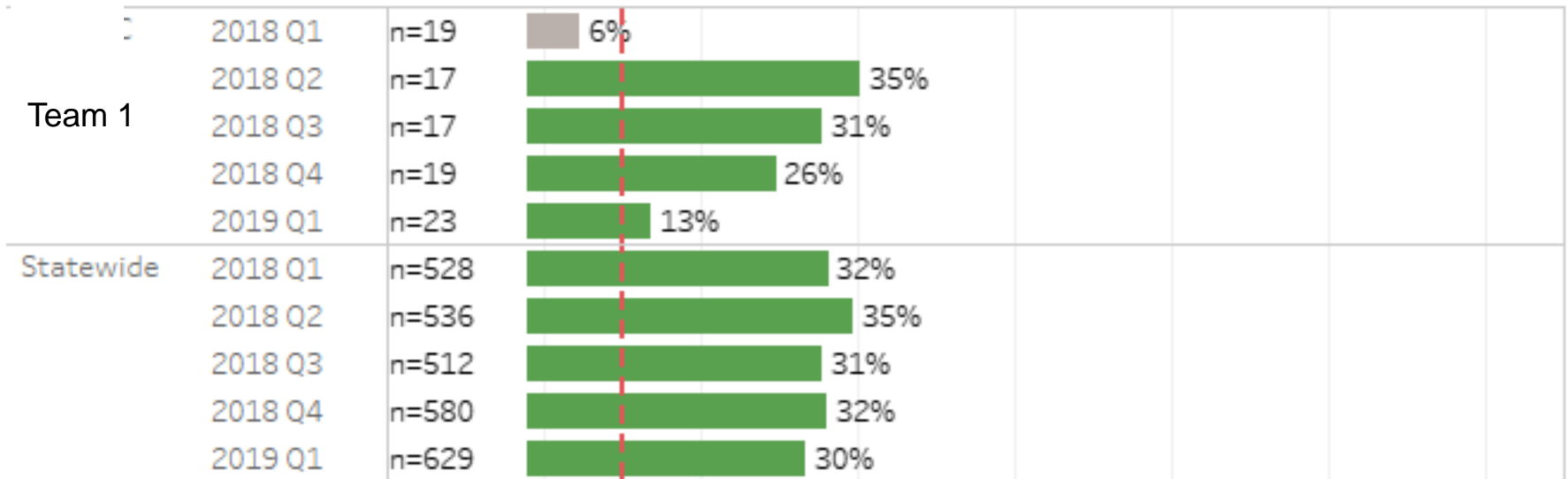
n: number of clients who had follow-ups during the quarter



Sample from Quarterly Report: Clients Seen in the Community

8a. Services in the Community

Expectation: At least 10% of clients are seen in the community by at least one team member (excluding SEES).



n: number of clients who had follow-ups during the quarter

Fidelity Assessment Final Report

| DOMAIN | DEFINITION | FINAL SCORE (Met/Unmet) |
|-------------|--|-------------------------|
| 1. Staffing | Team is fully staffed with credentialed persons filling all roles. | NOT MET |

Findings of note:

- **Staffing:** Team was not staffed with persons meeting at least the minimum credentialing requirements and/or fulfilling the following roles: Nurse (registered nurse), and Peer Specialist (state certified as Peer Specialist within 1 year of hire), per data (see table below).
- **Staffing:** Vacancies exceeded 4 weeks, per data (see table below).

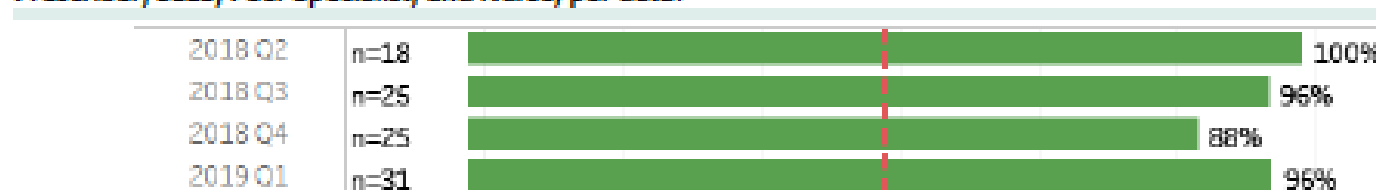
| | |
|---------------------|---|
| Q2 (Apr-June 2018) | Nurse and PS roles were vacant |
| Q3 (July-Sept 2018) | Nurse employed 4/12 weeks; PS role was vacant |
| Q4 (Oct-Dec 2018) | PS role was vacant |
| Q1 (Jan-Mar 2019) | PS role was vacant |

Action Plan: No action needed – the team has since hired a PS and a nurse.

| | | |
|---------------------|--|-----|
| 2. Team Integration | Providers function as team: providers know and work with all clients and the team leader provides intensive role-specific supervision. | MET |
|---------------------|--|-----|

Strengths:

- **Team-Based Approach:** At least 50% of clients met with 2 or more team members representing at least 2 of the following roles: PC, Prescriber, SEES, Peer Specialist, and Nurse, per data:



n: number of clients who had follow-ups during the quarter

— bonding best practices with you.

Performance Domains

1. Staffing

Roles filled, credentials, vacancies.

2. Team Integration

Team-based approach; supervision

3. Team Communication

Team meeting; system for team communication

4. Eligibility

Consistent screening process; admitting diagnostically appropriate participants



Performance Domains

5. Community Outreach

Outreach to mental health and community settings

6. Managing Referrals

Enrollment rates and timely enrollment

7. Careload

Small careload and enrollment to expected census

8. Flexibility of Services

Community visits, availability outside 9am-5pm

Performance Domains

9. Assertive Outreach

Assertive engagement and maintaining engagement

10. Crisis Services

24/7 availability and crisis support/ linkages

11. Care Processes, Client Preferences & SDM

Core sessions; person-centered, recovery-oriented, culturally competent approaches; SDM

12. Initial Assessment and Treatment

Treatment planning, psychosocial evaluation and needs assessment

Performance Domains

13. Safety Planning

Structured safety assessment and safety planning

14. Prescribing Practices

Antipsychotic medication, FEP dosing, side effect monitoring and use of clozapine

15. Care Management

Assess concrete needs and provide care management

16. Metabolic Risk Factors

Weight assessment; glucose/HbA1c and lipids; medical staff sessions to promote wellness



Performance Domains

17. Psychoeducation

Core session

18. CBT/Motivation Enhancement Based Interventions

Skills building and CBT- based interventions

19. Substance Abuse Treatment

Goals assessment and treatment

20. Trauma Assessment and Treatment

Trauma and PTSD screenings and interventions

Performance Domains

21. Working with Families

Assessing preferences for family involvement; flexible services; contact with families

22. Supported Employment and Education Services

SEE services; assessment of vocational goals; services in the community; rates of work/school

23. Peer Specialist Services*

Provide support, use recovery story; participant contact; involvement in outreach, engagement and linkage



Performance Domains

24. Discharge*

Post-discharge services; appropriate linkage

25. Time-Limited Services

LOS avg is 2 years (with flexibility based on clinical circumstances) and does not exceed 42 months; communication to clients and families about time-limited services

*Peer Specialist and Discharge domains pending finalization