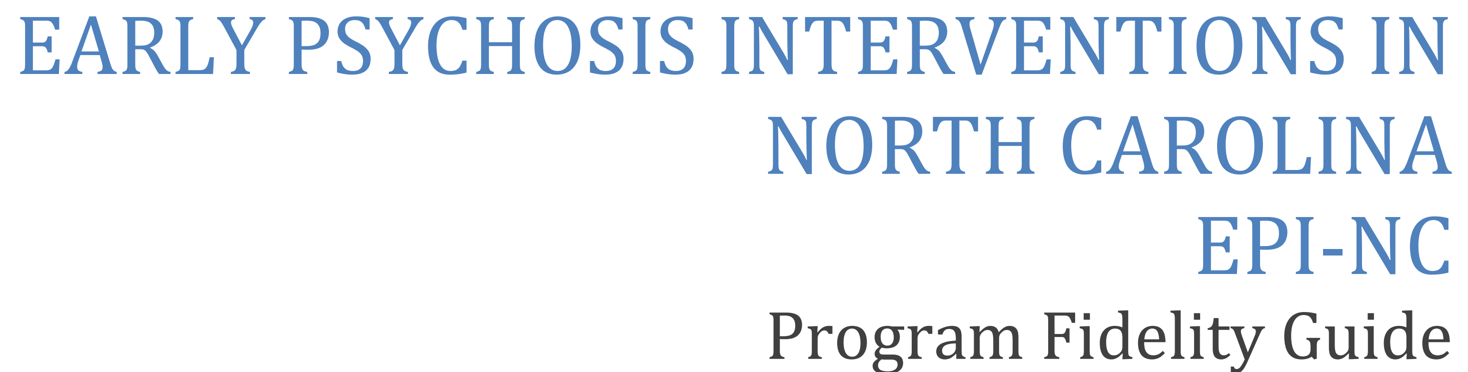

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A. Program Implementation

1. Population Served				
All criteria should be met.				How Measured
Ages 15-30	• *Onset first episode psychosis within three years OR previous program participant appropriate for program readmission OR presence of attenuated psychosis symptoms	• Primary diagnosis of a DSM 5 psychotic disorder: • schizophrenia • schizoaffective • schizophreniform • brief psychotic disorder • unspecified schizophrenia spectrum and other psychotic disorder • bipolar disorder with psychotic feature (where psychosis is prominent feature) • Psychosis high-risk (e.g. attenuated psychosis/“prodromal”)	• No evidence of low IQ	**QI Database:** QI Database: Admission form
*Psychosis is defined as the presence of hallucinations or delusions that the person experiences as fully real (no doubt to veracity) and the symptoms occur weekly to daily. Attenuated psychosis symptoms are similar in quality to full psychosis symptoms and occur at least several times a month however the person has doubts about their veracity				

2. Use of Active Engagement and Relapse Prevention Strategies				
	0- Unacceptable	1- Approaching Standard	2- Meets Standard	How Measured
a. Initial Program Engagement	• Less than half of appropriate referrals attend an initial program assessment.	• Between 50% to 80% of appropriate referrals attend an initial program assessment.	• More than 80% of appropriate referrals attend an initial program assessment.	• QI Database: Referral and Admission forms
b. Engagement While in Program	• Program fails to make reasonable efforts to address barriers to participation for any patients	• *Program makes reasonable efforts to address barriers to participation for less than 75% of patients	• *Program makes reasonable efforts to address barriers to participation for at least 75% of patients	• QI Database: Discharge form • Team Lead report

c. Relapse prevention strategies	• Less than 50% of patients participate in relapse prevention planning annually or when the patient has a major change in treatment plan, life change, or major stressors.	• Between 50% and 75% of patients participate in relapse prevention planning annually or when the patient has a major change in treatment plan, life change, or major stressors.	• At least 75% of patients participate in relapse prevention planning annually or when the patient has a major change in treatment plan, life change, or major stressors.	• QI Database: Relapse prevention form • Team Lead report
*For example, address denial of need for treatment with a collaborative approach, address engagement with appropriate psychotherapy techniques (e.g., motivational interviewing), offer community-based care, identify and addresses practical barriers (e.g., transportation, financial issues), offer family members counseling around engagement even if patient refuses treatment				

3. Service Delivery Frequency

	0- Unacceptable	1- Approaching Standard	2- Meets Standard	How Measured
a. Individual Therapy	• <50% of the clients receive evidenced-based individual psychotherapy: • during their first 6-month period in program less than an average of 2 sessions monthly • after 6-months in program sessions occur less than once every two months and monthly sessions	• 50-75% of the clients receive evidenced-based individual psychotherapy: • during their first 6-month period in program an average of 2 sessions monthly • after their 6-months in program between once every two months and monthly sessions	• 75% of the clients receive evidenced-based individual psychotherapy • during their first 6-month period of program involvement on average 3 sessions monthly • after their 6-month period of program involvement on average once monthly	• QI Database: Service Delivery form
b. Family Therapy	• Family interventions are not offered	• <50% of families receive at least 3 family sessions in the first 6 months of program participation	• ≥50% of families receive at least 3 family sessions in the first 6 months of program participation	• QI Database: Service Delivery form
c. Medical Management	• <50% of patients receive evidenced-based medical management services: • during their first 6-month period in program less than	• 50-75% of patients receive evidenced-based medical management services: • during their first 6-month period in program an	• 75% of patients receive evidenced-based medical management services	• QI Database: Service Delivery form

	an average of 2 sessions monthly • after 6-months in program sessions occur less than once every two months and monthly sessions	average of 2 sessions monthly • after their 6-months in program between once every two months and monthly sessions	• during their first 6-month period in program on average 3 sessions monthly • after their 6-month period of program involvement on average once monthly	
d. Supported Employment & Education	• Services provided to <25% of clients.	• Services provided to 25%-50% of clients.	• Services provided to ≥50% of clients.	• QI database: Service Delivery form
e. Peer Support	• Peer support interventions provided to <25% of clients	• Peer support interventions provided to 25%-50% of clients	• Peer support services provided to ≥50% of clients	• QI Database: Service Delivery form
f. Safety Assessments			• Height and weight are monitored at least quarterly. • Lipid panel and HgA1c at least annually.	• QI Database: Safety Assessment forms
g. Substance Use Counseling	• Substance use disorder counseling is not provided.		• Substance use counseling is routinely provided.	• Team Lead report

*Evidenced based individual psychotherapy is tailored to the client's needs and includes any psychotherapy with evidence that the psychotherapy addressed the client needs.

4. Duration of Program Services				
	0- Unacceptable	**1- Approaching Standard**	**2- Meets Standard**	**How Measured**
a. Duration of Services Individualized	• Services limited to stabilization of acute episode	• Services strictly time limited without consideration of individual status.	• Duration of services is based on need for FEP services. Discharge occurs when the patient has achieved his/her individual recovery/illness management goals, such as: • Understands their risk for relapse. • Acknowledges their personal risk factors for relapse, such as: • substance use • social, psychological, and physical (e.g. lack of sleep) stressors • discontinuation of medications that reduce relapse risk • The patient has made thoughtful decisions regarding strategies that mitigate relapse risk and has adopted these strategies. • The follow-up treatment plan is developed collaboratively with patient, family (if appropriate), and treatment team.	• QI Database: Admission and Discharge forms • Team Lead report

B. Organizational Resources

1. Program Facilities			
Unacceptable: **Less than two criteria are met**	**Approaching Standard:** **Two criteria met**	**Meets Standard:** **All criteria**	**How Measured**
Criteria			
• Private offices available for individual psychotherapy, family psychotherapy, and medical management services • Office-based services provided in a centralized location. • Administrative infrastructure provides adequate support for scheduling, reminders, medical record documentation and patient billing • Facilities and staff for routine assessment of height, weight, and blood pressure • Access to phlebotomy and laboratory services (safety labs, urine drug testing) • Access to facilities to administer of long-acting injectable medications • 24/7 crisis coverage (If another entity provides services an agreement is in place that describes procedures for communication between the entity and the program.) • Youth friendly treatment environment			• Team Lead report

2. Multidisciplinary Team Approach				
	0- Unacceptable	**1- Approaching Standard**	**2- Meets Standard**	**How Measured**
a. Staffing	• Program doesn't have staff who can provide the core CSS services.	• Program has staff members who can provide core CSS services but not enhanced services: • Medical management • Individual therapy • Family therapy	• Program has staff members who can provide the full array of CSS services: • Medical management • Individual therapy • Family therapy • Peer support services • Supported education & employment services	• Team Lead report
b. Team Meetings	• Team does not formerly meet – discusses by email, phone, individual encounters	• Team includes all providers, meets less than once a week	• Team includes all providers and meets weekly	• Team Lead report

3. Staff Training and Certification				
	0- Unacceptable	**1- Approaching Standard**	**2- Meets Standard**	**How Measured**
a. Individual Therapist	• No therapist trained in early psychosis therapy approaches	• At least one therapist trained and certified to deliver Individual Resiliency Training (IRT)*.	• All therapists trained on and certified to deliver Individual Resiliency Training (IRT)*. • Therapists participate in ongoing continuing education relevant to early psychosis	• Team Lead report
b. Family Therapist	• No therapist trained in NAVIGATE model of family therapy	• At least one therapist trained on NAVIGATE family therapy model.	• All family therapists trained on NAVIGATE family therapy model • Therapists participate in ongoing continuing education related early psychosis	• Team Lead report
c. Substance Use Counseling	• No clinician has training for co-occurring substance and alcohol use treatment.	• One clinician trained and designated for providing co-occurring substance and alcohol use issues.	• All clinicians have received training on the principles of the treatment of co-occurring substance and alcohol use.	• Team Lead report
d. Medical Provider	• Has not reviewed NAVIGATE treatment guidelines and is not certified to prescribe clozapine.	• Reviewed and understands treatment guidelines (NAVIGATE) for early psychosis. • Certified in use of clozapine.	• Reviewed and understands treatment guidelines (NAVIGATE) for early psychosis. • Certified in use of clozapine. • Ongoing continuing education relevant to early psychosis	• Team Lead report
e. Supported Employment and Education Provider	• Not trained to deliver Supported Education and Vocational Support services	• Trained in Individualized Placement and Support (IPS) services, but no training specific for early psychosis.	• Trained in Individualized Placement and Support (IPS) services, • Ongoing training relevant to early psychosis.	• Team Lead report
f. Peer Support	• No certification for Peer Support Specialist.		• Certification	• Team Lead report
*Certified on standard and individualized IRT modules - ratings of 4 or higher on overall quality of sessions on at least 6 recorded IRT sessions - 3 standard and 3 individualized modules				

4. Commitment to Measurement-Based Care				
	0- Unacceptable	**1- Approaching Standard**	**2- Meets Standard**	**How Measured**
Routine Collection of Key Outcomes	• Irregular • Less than 60% of baseline forms collected. • Less than 50% of follow-up visit forms collected	• Inconsistent • Between 60%-80% of baseline forms collected • Between 50%-70% of follow-up visit forms collected.	• Consistent • At least 80% of baseline forms collected • At least 70% of follow-up forms collected	• QI Database: missing data report