

## Supplemental Table 1: CEPAS FEPS-FS Endorsement Criteria

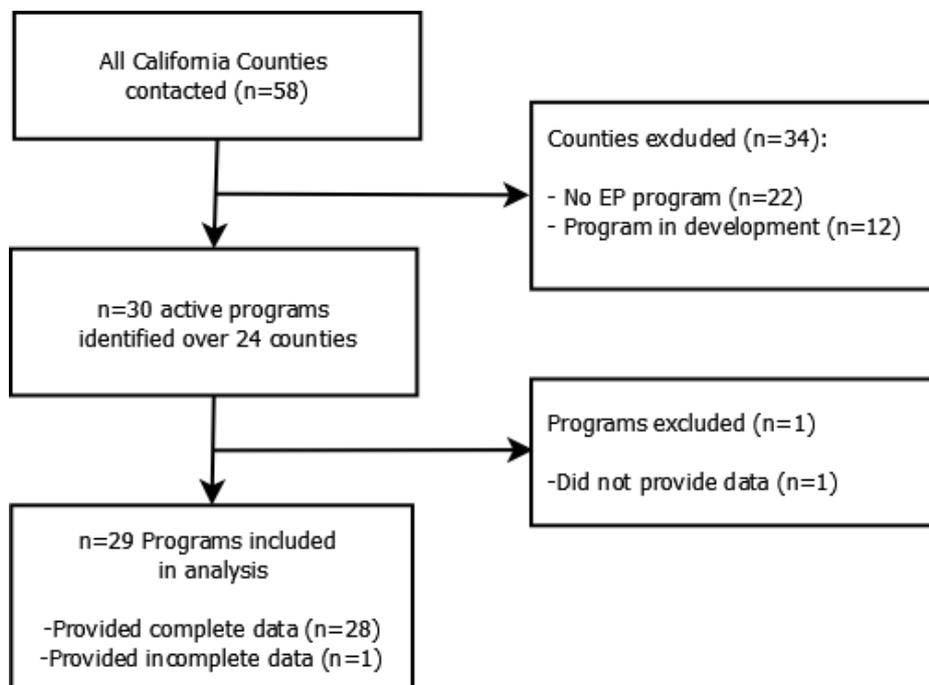
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### Supplemental Methods

#### The First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.0 (15-17))

The FEPS-FS was developed using a Delphi method, followed by reliability testing in six EP programs in the United States and Canada. It is comprised of 31 items across six domains: 1) population-level interventions and access, 2) comprehensive assessment and care plan, 3) individual-level intervention, 4) group-level interventions, 5) service system and models of intervention, and 6) evaluation and quality improvement (15, 17). In the original FEPS-FS, each item is given a rating of 1-5 by an external evaluator based on the information received from the program. In the CEPAS assessment, program staff were asked to identify whether FEPS-FS program components were present or not in their program, and to rate the importance of individual components to FEP care.

### Supplemental Figure 1. Determination of counties/EP programs that were eligible for analysis



<b>FEPS 1</b>	Must be seen within 2 weeks or less after referral
<b>FEPS 2</b>	Program must seek to involve family at initial assessment
<b>FEPS 3</b>	Must assess all 8 items (mental status exam not asked) <u>at intake</u> (Section 2, Q1, Items 1b, 1c, 1d, 1g, 1j, 1m, 1q)
<b>FEPS 4</b>	Must assess all 10 items (family support not asked) (Section 5, Q1-1, Items a-j)
<b>FEPS 5</b>	Individualized treatment plan addresses patient needs, goals, and preferences
<b>FEPS 6</b>	Antipsychotic medication prescribed after taking into consideration client preference
<b>FEPS 7</b>	Medication decision based on standardized algorithm (e.g. PORT, RAISE)
<b>FEPS 8</b>	Guided antipsychotic dose reduction after at least one year of remission
<b>FEPS 9</b>	Use of clozapine after two unsuccessful trials of antipsychotics
<b>FEPS 10</b>	Patient psychoeducation or illness management training is provided
<b>FEPS 11</b>	Family education and support is provided
<b>FEPS 12</b>	CBT or CBTp is provided
<b>FEPS 13</b>	Structured intervention to prevent weight gain is provided
<b>FEPS 14</b>	Annual assessment of all 7 items (Section 2, Q1, Items 1c, 1e, 1f, 1i, 1l, 1m, 1q). Monthly, every 3 months, each visit etc. meets criteria for endorsement; as needed (PRN) does not.
<b>FEPS 15</b>	Each patient must have an assigned psychiatrist
<b>FEPS 16</b>	Each patient must have an assigned case manager
<b>FEPS 17</b>	Motivational enhancement or CBT is provided for co-morbid substance use
<b>FEPS 18</b>	Supported employment is provided
<b>FEPS 19</b>	Active outreach is utilized for engagement and retention (community based intake, ongoing community-based visits, etc.)
<b>FEPS 20</b>	Program provides community living and social skills training
<b>FEPS 21</b>	Program must provide crisis intervention services. If not 24/7, they must provide links to services after hours (if they only provide links but no services during working hours they do not meet criteria for endorsement)
<b>FEPS 22</b>	Must have 30 or fewer patients per provider FTE
<b>FEPS 23</b>	Masters level team leader must provide administrative direction and supervision to some staff (does not have to provide direct clinical services)
<b>FEPS 24</b>	Psychiatrist must at least attend team meetings
<b>FEPS 25</b>	5 of the 7 services must be provided (Section 5, Q2, Items 2a and/or 2b, 2c, 2d, 2f, 2g, 2i, 2l)
<b>FEPS 26</b>	Must provide service to patients for 2 or more years
<b>FEPS 27</b>	Team meetings must be weekly and discuss 3 or more of the 4 items (Section 7, Q7-1, Items 7a-d)
<b>FEPS 28</b>	Must target health/social service/community groups to engage first-contact individuals

<b>FEPS 29</b>	FEP patients seen at the hospital are seen at program within 15 days
<b>FEPS 30</b>	Must see people with specific diagnoses

## Appendix 1: California Early Psychosis Assessment Survey (CEPAS)

Although untreated mental illness can be devastating, an individual typically does not qualify for treatment until their symptoms are severe enough to adversely impact their life. In California, funding from the Mental Health Services Act (MHSA) provides a unique opportunity for counties to initiate programs to intervene early in the course of mental health difficulties, thereby preventing symptoms from becoming severe and disabling. Numerous California counties have elected to use MHSA funding to establish specialized early psychosis (EP) programs to attempt to reduce the negative outcomes related to mental illness, such as suicide, incarceration, school failure or dropout, unemployment, and homelessness. Research has found that EP programs are associated with improvements in such outcomes, as well as lower care-related costs. EP programs can target individuals with the recent onset of psychotic illness (e.g. first episode), individuals at high clinical risk (e.g. prodromal), or both. However, research related to the impact of EP programs is not specific to California, and does not take into account potential impacts on the counties where the programs are implemented, or the state overall.

**Purpose of Survey:** To guide the development of a proposal for a statewide evaluation of EP programs, this survey will ask you about various aspects of your program, such as populations served, program components, funding sources, and types of outcomes data collected. If you are currently planning or starting a program, it will ask you about what you are planning to do. This survey has been reviewed and approved by the UC Davis Institutional Review Board (IRB). With this information, California will be another step closer to understanding the contribution of EP programs to the lives of children and young adults living with serious mental illness.

**Please note, if your agency has more than one program providing care for individuals in the early stages of psychosis** (e.g. one program for first episode and another program for clinical high-risk; one program is currently active and another is in development; programs have different inclusion criteria; or programs have separate or different funding streams) **please complete separate surveys for each program.** This will allow us to capture the nuances of each program correctly.

Please remember:

- The survey will **auto-save your progress if you exit** (close your browser/tab) **without completing the full survey**. Therefore, **if you need to save and continue later**, close the survey as needed and click the link again.
- **For individuals filling out multiple surveys, please note that the link included in the email is reusable**. Upon completing the survey for one program, click the link again to reopen a new survey, and then enter the data for your second program.

## Program Contact Information

Program Name:

County where program is located:

Name of individual completing survey:

Role of individual completing survey:

Phone Number:

Email:

## Introduction

1) What is the status of your early psychosis program? [single answer checkboxes]

- a) We are open and actively enrolling clients
- b) We have not started to enroll clients, but our program is established and we are training staff
- c) We have funding and are working to develop our program
- d) We do not have funding yet, but are in the planning and preparation phase
- e) We are interested in developing a program, but haven't started any planning
- f) Other (please describe)

**For selections of b-d, → SKIP TO “PROGRAMS IN DEVELOPMENT” survey**

**For selections of e & f → SKIP TO “MHSA Directors Interview”**

**For selection a → Continue below**

## Section 1: Program Description

- 1) When did you begin to serve clients in your community (*i.e. actively enroll and provide treatment*)? **Please indicate the month and year in the following format: mm/dd/yyyy. Please use "01" for "dd" if you are unsure of the exact date.** [text box]
  
- 2) Since starting your program, approximately how many clients have you served (*i.e. actively enrolled and provided treatment*) through FY 2015-2016 (June 30, 2016)? [text box]
  
- 3) Is your program a stand-alone program or integrated within other established clinical services? [single answer checkboxes]
  - a) Stand-alone/independent program (*e.g. own site, staff, management, oversight*)
  - b) Stand-alone/independent program (*e.g. own site*) associated with established program/agency (*e.g. provide oversight, support*)
  - c) Integrated within another program (*e.g. shared space, staff, management*)
  - d) Other (please describe) [text box]
  - e) Uncertain
  
- 4) Does your program serve first-episode psychosis (FEP) clients, clinical high-risk (CHR)/prodromal clients, or both? [FEPS Domain 30] [single answer checkboxes]
  - a) FEP clients ONLY (*experience recent onset of psychotic-level hallucinations, delusions, disorganized speech/behavior; meet criteria for DSM Schizophrenia Spectrum Disorders or another DSM disorder with psychotic features; experience positive symptoms at a score of 6 on the SIPS*)
  - b) CHR/prodromal clients ONLY (*experience attenuated/subthreshold hallucinations, delusions, disorganized speech; meet criteria for a CHR diagnosis according to the SIPS or CAARMS*)
  - c) BOTH FEP and CHR/prodromal clients
  - d) Other (please describe) [text box]
  
- 4-1) [If 4a or 4c is selected] What duration of first-episode psychosis onset do you serve (in months)? [text box]
  
- 4-2) [If 4a or 4c is selected] How does your program determine the date of psychosis onset (*e.g. month and year when symptoms reached threshold psychosis level*) for FEP clients? [text box]
  
- 4-3) [If 4b or 4c is selected] Please clarify what types of CHR clients you serve. **Please check all that apply.** [multi-answer checkboxes]

- a) Recent onset but brief psychosis (e.g. fully psychotic symptoms of recent onset and brief duration; BIPS or POPS on the SIPS)
- b) Attenuated/subthreshold symptoms of psychosis (e.g. APS on the SIPS)
- c) Genetic risk (family history and/or schizotypal personality disorder) PLUS deterioration (e.g. GRDS on the SIPS)
- d) Other (please describe) [text box]

**4-3-1)** [If 4-3a is selected] For recent onset but brief psychosis (e.g. BIPS) CHR cases, how many days maximum of full psychosis do you allow for an individual to still be categorized as CHR? [text box]

**5)** What DSM diagnoses does your program serve? **Please check all that apply.** [FEPS Domain 30] [multi-answer checkboxes]

- a) Schizophrenia Spectrum Diagnoses (e.g. Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder)
- b) Other Psychotic Spectrum Disorders (e.g. Psychotic Disorder NOS, Brief Psychotic Disorder, Delusional Disorder)
- c) Mood Disorders (e.g. Major Depressive Disorder, Bipolar Disorder) WITH Psychotic features
- d) Mood Disorders (e.g. Major Depressive Disorder, Bipolar Disorder) WITHOUT Psychotic features
- e) Other (please describe) [text box]

**6)** What age range does your program serve? [FEPS Domain 30] [single answer checkboxes]

- a) Age range accepted: [text box]
- b) All ages served

**7)** What are the exclusion criteria for your program? **Please check all that apply.** [multi-answer checkboxes]

- a) Axis II diagnosis (e.g. personality disorders)
- b) Intellectual disability (i.e. IQ under 70)
- c) Substance use disorder (of any kind)
- d) Substance dependence only
- e) Substance-induced psychotic disorder
- f) Not county resident (where program is located)
- g) No specific exclusion criteria (we serve everyone)
- h) Other (please describe) [text box]

**8)** On average, how many new clients are evaluated for eligibility (e.g. intake evaluations) by your program each month? [text box]

**9)** On average, how many clients are engaged in ongoing treatment (e.g. therapy, groups, med management) with your program each month (i.e. monthly "census" of clients active in treatment)? [text box]

**9-1)** On average, what percentage of your program census (i.e. individuals deemed eligible at intake and then engaged in ongoing treatment) is FEP versus CHR? **If a percentage of your clients meet criteria under another category, please define it below.**

- a) % FEP: [text box]
- b) % CHR: [text box]
- c) % other (define): [text box]

**10)** On average, what is the target amount of time your program serves each client? [FEPS Domain 26] [single answer checkboxes]

- a) 1 year or less
- b) Up to 2 years
- c) Up to 3 years
- d) Up to 4 years
- e) More than 4 years (e.g. no limit)
- f) Other (please describe) [text box]

**11)** Is your program able to offer services to the following types of clients? We will ask you later how services for these clients are covered/funded. **Please check all that apply.** [multi-answer checkboxes]

- a) Uninsured clients
- b) Undocumented clients
- c) Private insurance clients
- d) We do not serve any of these types of clients

**12)** Does your program use a particular treatment model? [single answer checkboxes]

- a) PREP
- b) PIER
- c) EDAPT
- d) EASA
- e) RAISE
- f) Other (please describe) [text box]
- g) Uncertain

## Section 2: Data Collection & Medical Record System

**1)** Does your program collect information on the following domains as part of your standard assessment battery? If so, please indicate how often this data is collected (e.g. intake and every 6 months after). For some items, you may assess the domain more often (e.g. risk for suicide after a hospitalization); however we are interested in the data you collect at regular intervals as part of a standardized intake or outcomes assessment. **Please check all that apply.** [FEPS Domain 3 for items noted in intake assessment, FEPS Domain 14 for items completed annually] [matrix table for domains and time points]

- a) Client characteristics (e.g. sex, gender, age, race/ethnicity, zip code, etc.)
- b) Diagnosis (e.g. via SIPS, SCID, MINI, etc.)
- c) Symptom severity scores (e.g. SANS, SAPS, BPRS, CGI)
- d) Physical health (e.g. comorbid medical diagnosis/Axis III)
- e) Metabolic parameters (e.g. labs with glucose, lipids)
- f) Vitals (e.g. blood pressure, weight, height)
- g) Family history of mental health conditions
- h) Cognitive measures (e.g. IQ scores)
- i) Psychosocial data (e.g. CANS/ANSA, GAF, Global Functioning Scales: Social and Role)
- j) Premorbid functioning (e.g. PAS)
- k) Medication data (e.g. medications prescribed, dosage, duration of supply)
- l) Medication side effects (e.g. AIMS, Barnes)
- m) Substance use data (e.g. substances used, frequency, impact)
- n) Hospitalizations (dates, duration, reason)
- o) ER or crisis utilization (dates, duration, reason)
- p) Legal involvement (e.g. arrests, incarcerations)
- q) Risk assessment (e.g. suicidal ideation/attempts, danger to others, etc.)
- r) Self-report of impact of care received (e.g. DHCS MHSIP Consumer Survey, etc.)
- s) Satisfaction with treatment (e.g. CSQ)

t) Other (please describe) *[text box]*

- 2) Does your program collect data via any of these specific measures? **Please check all that apply.** *[multi-answer checkboxes]*
- a) ANSA
  - b) CANS
  - c) DHCS Adult MHSIP Consumer Survey – Adult Version
  - d) DHCS Adult MHSIP Consumer Survey – Youth Version
  - e) We do not collect any of these measures
- 3) Does your program seek involvement from family members or significant collateral informants (e.g. *significant other, extended family, roommates*) during the initial assessment, if the client with FEP consents? *[FEPS Domain 2]* *[single answer checkboxes]*
- a) Yes
  - b) No
  - c) Uncertain
- 4) Do you keep paper or electronic client records? *[single answer checkboxes]*
- a) Paper only
  - b) Electronic only
  - c) Both
- 4-1) *[If 4b or 4c is selected]* When did you implement your electronic medical record? **Please indicate the month and year in the following format: mm/dd/yyyy.** Please use "01" for "dd" if you are unsure of the exact date. *[text box]*
- 4-2) *[If 4b or 4c is selected]* Is your electronic medical record system part of the county-wide system, or is it a program-specific (internal) system? *[single answer checkboxes]*
- a) County system
  - b) Program (internal) system
  - c) Uncertain
- 4-3) *[If 4b or 4c is selected]* Based on your previous responses regarding information your program collects, which of the following are recorded within your electronic medical record (or other electronic database)? **Please check all that apply.** *[multi-answer checkboxes]*
- a) Client characteristics (e.g. sex, gender, age, race/ethnicity, zip code, etc.)
  - b) Diagnosis (via SIPS, SCID, MINI, etc.)
  - c) Symptom severity scores (e.g., SANS, SAPS, BPRS, CGI)
  - d) Physical health (e.g. comorbid medical diagnosis/Axis III)
  - e) Metabolic parameters (weight, labs with glucose, lipids)
  - f) Vitals (e.g. blood pressure, weight, height)
  - g) Family history of mental health conditions
  - h) Cognitive measures (e.g. IQ scores)
  - i) Psychosocial data (e.g. CANS/ANSA, GAF, Global Functioning Scales: Social and Role)
  - j) Premorbid functioning (e.g. PAS)
  - k) Medication data (e.g. medications prescribed, dosage, duration of supply)
  - l) Medication side effects (e.g. AIMS, Barnes)
  - m) Substance use data (e.g. substances used, frequency, impact)
  - n) Hospitalization (dates, duration, reason)

- o) ER or Crisis utilization (dates, duration, reason)
- p) Legal involvement (e.g. arrests, incarcerations)
- q) Risk assessment (e.g. suicidal ideation/attempts, danger to others, etc.)
- r) Self-report of impact of care received (e.g. DHCS Adult MHSIP Consumer Survey – Adult/Youth Version, etc.)
- s) Satisfaction with treatment (e.g. CSQ)
- t) Other (please describe) *[text box]*

**4-4)** *[If 4b or 4c is selected]* Are you able to generate reports on the data you have collected? *[single answer checkboxes]*

- a) Yes, we can extract data from our electronic medical record
- b) Yes, we collect data within a database or other electronic format (e.g. Microsoft Access, Excel)
- c) No, we do not systematically collect our data in an electronic format
- d) Uncertain

**4-4-1)** *[If 4-4a is selected]* Who is able to generate summary data reports? *[single answer checkboxes]*

- a) County staff only
- a) County staff and clinic staff
- a) County staff only, but clinic staff can request special reports

**4-5)** Does your program regularly check your data (in your EMR or in your database) for completeness? *[single answer checkboxes]*

- a) Yes, regularly
- b) Yes, but irregularly
- c) No, we have not checked it
- d) Uncertain

**5)** Is your program/county planning or considering any changes to your data collection methods in the next year (e.g. starting or stopping the use of a particular measure, implementing an electronic health record)? *[single answer checkboxes]*

- a) No changes planned currently – we will continue to use our current methods
- b) Yes, we are planning changes to our measures (please describe) *[text box]*
- c) Yes, we are planning changes to our data collection system (please describe) *[text box]*
- d) Uncertain

### Section 3: Funding Sources

**1)** What percentage of your annual funding comes from the following sources? **Please check all sources that apply and indicate the percentage for each (e.g. 25% MHSA, 25% Medi-Cal/EPSDT, etc.).** *[multi-answer checkboxes with associated text boxes]*

- a) MHSA
- b) Medi-Cal/EPSDT
- c) SAMHSA Mental Health Block Grant (MHBG)
- d) 26.5 funds
- e) Private insurance, including Kaiser
- f) Self-pay or sliding scale
- g) Research grants
- h) Donors
- i) Other (please describe)

**1-1)** *[If 1a is selected]* Which MHSA funding stream(s) is/are used to support your program? **Please check all that apply.** *[multi-answer checkboxes]*

- a) Prevention and Early Intervention (PEI)
- b) Community Supports and Services (CSS)
- c) Innovation Programs (INN)
- d) Capital Facilities and Technology (CFT)
- e) Workforce Education & Training (WET)
- f) Uncertain

**2)** What percentage of your clients pay for (or have their services covered) by the following sources? **Please check all sources that apply and indicate the percentage for each (e.g. 25% MHSA, 25% Medi-Cal/EPSDT, etc.).** *[multi-answer checkboxes with associated text boxes]*

- a) MHSA only (no other funding)
- b) Medi-Cal/EPSDT
- c) SAMHSA MHBG
- d) 26.5 funds
- e) Private insurance (including Kaiser)
- f) Self-pay or sliding scale
- g) Other (please describe) *[text box]*
- h) Uncertain

**3)** In general, how are you reimbursed for the services you provide as part of your contract? *[single answer checkboxes]*

- a) Rate per unit of service (e.g. \$1.21 per unit of case management), established by contract
- b) Flat rate per client served across all service types (e.g. \$1000 per client served per year – services are “bundled”)
- c) Hourly rate based on service type provided (e.g. \$60 per 50 min therapy session)
- d) Other (please describe) *[text box]*

**4)** Has your program received training, technical assistance or support from an outside organization(s) or university? *[single answer checkboxes]*

- a) Yes, we are currently working with an outside organization(s) for training (e.g. regular trainings and/or supervision are provided)
- b) Yes, we have worked with an organization(s) in the past, but are no longer engaged in formal training relationship (e.g. may have brief calls to check in as needed)
- c) No, we are not currently collaborating with an outside organization, BUT we would like to in the future
- d) No, we are not current collaborating with an outside organization and we do not plan to
- e) Uncertain

**4-1)** *[If 4a or 4b is selected]* What are the name(s) of the organization(s) or university that provided you with training? What type of training did they provide? *[text box]*

**4-2)** *[If 4c is selected]* What type of training are you interested in? *[text box]*

**5)** Approximately how many NEW staff have you needed to train each year? *[text box]*

**6)** Are there any particular staff positions that you consistently have difficulty filling? *[text box]*

7) What percent of your annual budget is allocated to training NEW staff? [text box]

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Now that we have collected some general data on your program, we would like to ask you some more specific questions about components of your program. **For the following questions, please focus on the services provided by your program to individuals who have experienced the onset of full psychosis (FEP), even if your program also serves CHR clients.**

#### Section 4: Program Components - Outreach, Referrals & Engagement

1) Does your program provide outreach and information on how to identify psychosis and refer to first-contact individuals in the community? **Please check all that apply.** [FEPS Domain 28] [multi-answer checkboxes]

- a) Yes, to health/medical agencies
- b) Yes, to education agencies or schools
- c) Yes, to social services agencies
- d) Yes, to community mental health organizations
- e) Yes, to jails and prisons
- f) Yes, to police departments
- g) Yes, to other community organizations
- h) Yes, via social media
- i) No
- j) Uncertain

1-1) [If any of 1a through 1h are selected] How often is community education/outreach occurring? [single answer checkboxes]

- a) Less than 6 times per year
- b) 6-9 times per year
- c) 9-12 times per year
- d) >12 times per year
- e) Uncertain

2) After a client with FEP is referred to your clinic and you determine they are eligible for an intake, what is the average timeframe (in weeks) within which you are able to offer them a first face-to-face (e.g. intake) appointment? [FEPS Domain 1] [text box]

3) Does your program offer proactive outreach and engagement for clients with FEP, such as community based intake appointments or ongoing community-based visits, to reduce missed appointments? [FEPS Domain 19] [single answer checkboxes]

- a) Yes
- b) No
- c) Uncertain

#### Section 5: Program Components – Education, Therapy and Services

1) Does your program staff develop an individualized treatment plan with the client and family, addressing their needs, goals, and preferences? [FEPS Domain 5] [single answer checkboxes]

- a) Yes, at the start of treatment
- b) Yes, at the start of treatment and annually thereafter

- c) No
- d) Other (please describe) [text box]
- e) Uncertain

**1-1)** What information about the psychosocial needs of the FEP client are incorporated into your treatment plan? **Please check all that apply.** [FEPS Domain 4] [multiple answer checkboxes]

- a) Housing
- b) Employment
- c) Education
- d) Social support
- e) Finances
- f) Basic living skills
- g) Registered with a primary care physician
- h) Social skills
- i) Past trauma
- j) Legal
- k) Other (please describe) [text box]

**2)** What components of multi-disciplinary care does your program team offer as part of the treatment plan? **Please check all that apply.** [FEPS Domain 25] [multi-answer checkboxes]

- a) Psychiatric services (e.g. regular appointments for medication support)
- b) Nursing services
- c) Individual psychotherapy
- d) Case management
- e) Client-focused psychoeducation or illness management training (via individual or group setting) [FEPS Domain 10]
- f) Treatment of comorbid substance use
- g) Supported employment [FEPS Domain 18]
- h) Supported education
- i) Family/caregiver/support person education and support (via individual or group setting) [FEPS Domain 11]
- j) Family therapy
- k) Occupational therapy
- l) Social and community living skills training (e.g. social activities, using transportation, renting, banking, budgeting, meal planning) [FEPS Domain 20]
- m) Multi-Family Groups (MFG)
- n) Other (please describe) [text box]

**3)** Do you offer clients with FEP sessions of individual or group psychotherapy, delivered by an appropriately trained professional, using any of the following approaches? **Please check all that apply.** [multi-answer checkboxes]

- a) Cognitive Behavioral Therapy (CBT) for psychosis symptoms [FEPS Domain 12]
- b) Cognitive Behavioral Therapy (CBT) for OTHER symptoms (e.g. depression, anxiety) [FEPS Domain 12]
- c) Cognitive Behavioral Therapy (CBT) or Motivational Enhancement for comorbid substance use [FEPS Domain 17]
- d) Cognitive Behavioral Social Skills Training
- e) Dialectical Behavior Therapy (DBT)
- f) Multi Family Group (MFG)

- g) Family-Focused Therapy (FFT)
- h) Trauma informed care (e.g. TF-CBT)
- i) Individual Placement and Support (IPS)
- j) Feedback-Informed Treatment (FIT)
- k) Wellness Recovery Action Planning (WRAP)
- l) Mindfulness-based treatment
- m) Cognitive training/remediation
- n) Structured intervention to prevent weight gain [FEPS Domain 13]
- o) Other standardized curricula or evidence-based treatment (please describe) [text box]
- p) We do not use any of these treatments

- 4) Does your program deliver crisis intervention services or provide links to crisis response services in the community? **Please check all that apply.** [FEPS Domain 21] [multi-answer checkboxes]
- a) Yes, we deliver crisis intervention services during regular working hours
  - b) Yes, we deliver crisis intervention services 24 hours per day, 7 days per week
  - c) Yes, we provide links to crisis lines
  - d) Yes, we provide links to mobile response teams
  - e) Yes, we provide links to urgent care centers
  - f) Yes, we provide links to hospital emergency rooms
  - g) Other (please describe) [text box]
  - h) No
- 5) Is there a formal link between your program and psychiatric hospital inpatient units? [FEPS Domain 29] [single answer checkboxes]
- a) Yes
  - b) No
  - c) Uncertain
- 6) Are clients who are admitted to the hospital provided with an appointment to be seen at your program within 15 days of discharge? [FEPS Domain 29] [single answer checkboxes]
- a) Yes
  - b) No
  - c) Uncertain

## Section 6: Program Components – Medications

- 1) After a diagnostic assessment confirms psychosis, are your clients with FEP prescribed antipsychotic medication, after taking into consideration client preference? [FEPS Domain 6] [single answer checkboxes]
- a) Yes
  - b) No
  - c) Uncertain
- 2) Do you offer your clients with FEP any of the following options related to their psychiatric care? Please check all that apply. [multi-answer checkboxes]
- a) Medication decision based on standardized algorithm (e.g. PORT, RAISE) [FEPS Domain 7]
  - b) Guided antipsychotic dose reduction after at least one year of remission [FEPS Domain 8]
  - c) Clozapine after two unsuccessful trials of antipsychotics [FEPS Domain 9]
  - d) Depot/injection antipsychotic medication option
  - e) Other standardized curricula or evidence-based treatment (please describe) [text box]
  - f) We do not offer any of these options related to psychiatric care

## Section 7: Program Components – Providers and Program Administration

- 1) What types of support staff and direct clinical service providers does your program employ? **Please indicate ALL roles available, whether or not the position is currently filled.** [multi-answer checkboxes]
- a) Program Director (*provides leadership at organizational, county or state level, but not day-to-day oversight*)
  - b) Program Manager (*provides day-to-day oversight of activities, manages staff*)
  - c) Physician/Psychiatrist (*provides direct service*)
  - d) Registered nurse (RN)/Nurse practitioner (*provides direct service*)
  - e) Clinical Supervisor (*supervises staff, ensures fidelity to model - may also provide direct service*)
  - f) Licensed clinicians (*e.g. LCSW, LMFT, psychologist – provide direct service*)
  - g) Masters-level professionals (*e.g. MFT, MSW – provide direct service*)
  - h) Supported Employment Specialist (*provides direct support in maintaining or obtaining linkage to services in work setting*)
  - i) Supported Education Specialist (*provides direct support in maintaining or obtaining linkage to services in school setting*)
  - j) Community Support Specialist (*provides direct service linking or supporting engagement in daily living skills or community activities*)
  - k) Occupational Therapist (*provides direct service*)
  - l) Family Advocate (*has lived experience as caregiver/primary support person for family member with psychosis - provides direct or supporting service*)
  - m) Consumer/Peer Advocate (*has lived experience with psychosis - provides direct or supporting service*)
  - n) Case managers (*e.g. no clinical training or degree required, provide support for linkage, daily skills, etc.*)
  - o) Clerical support/Clinic Coordinator
  - p) Other (please describe) [text box]
- 2) What is the ratio of active FEP clients to case-carrying clinician/case manager ratio in your program? [FEPS Domain 22] [single answer checkboxes]
- a) 51+ clients with FEP per provider FTE
  - b) 41-50 clients with FEP per provider FTE
  - c) 31-40 clients with FEP per provider FTE
  - d) 21-30 clients with FEP per provider FTE
  - e) 20 or fewer clients with FEP per provider FTE
- 3) Does your program have a Masters-level (or higher) Team Leader/Supervisor? [FEPS Domain 23] [single answer checkboxes]
- a) Yes, providing only administrative/managerial direction – no responsibility to ensure clinical supervision
  - b) Yes, providing administrative direction AND ensures clinical supervision by others
  - c) Yes, providing administrative direction AND supervision to SOME staff
  - d) Yes, providing administrative direction AND supervision to ALL staff
  - e) Yes, providing administrative direction AND supervision to ALL staff, in addition to providing some direct clinical services
  - f) No, our program does not have a Master-level Team Leader
- 4) Does your program have a psychiatrist who is integrated within your team? [single answer checkboxes]

- a) Yes
- b) No

**4-1)** *[If 4a is selected] What is the role of your psychiatrist? Please check all that apply. [multi-answer checkboxes]*

- a) Attends team meetings *[FEPS Domain 24]*
- b) Assigned to specific clients *[FEPS Domain 15]*
- c) Sees clients in the program location
- d) Shares team health records
- e) Sees clients with other clinicians *[FEPS Domain 24]*
- f) Available for consultations during the work week *[FEPS Domain 24]*
- g) Is co-located with other team members
- h) Other (please describe)

**5)** Do your clients with FEP have an assigned case manager or clinician? *[FEPS Domain 16] [single answer checkboxes]*

- a) Yes
- b) No

**6)** Does your program offer the use of interpreters? *[single answer checkboxes]*

- a) Yes
- b) No
- c) Uncertain

**7)** How often does your program hold team meetings? *[FEPS Domain 27] [single answer checkboxes]*

- a) Monthly team meetings
- b) Bi-weekly team meetings
- c) Weekly team meetings
- d) We do not hold team meetings
- e) Uncertain

**7-1)** *[If 7a, 7b or 7c is selected] Which of the following items are covered in your team meetings? Please check all that apply. [FEPS Domain 27] [multi-answer checkboxes]*

- a) Case review (admissions and discharge)
- b) Assessment and treatment planning
- c) Discussion of complex cases
- d) Termination of services
- e) Other (please describe)

## FEP vs. CHR Treatment Model

**1)** You indicated that your program serves both FEP and CHR clients. Based on your responses throughout this survey, do any of the services you provide differ between FEP and CHR clients? **If yes, please describe.** *[text box]*

## Section 8: Essential Components of FEP Care

**1)** For the components of FEP care listed below, please indicate your opinion of how important each component is to provide for individuals with FEP, even if you are not currently able to offer a particular component in your program, on a scale of 1 ("Unimportant") to 5 ("Extremely important").

Individual Evidence-Based Practices

<b>Treatment Components</b>	<b>5 = Extremely important</b> <i>Essential, <u>must</u> be given to everyone in FEP care.</i>	<b>4 = Important</b> <i>Should be offered to everyone in FEP care.</i>	<b>3 = Equivocal</b> <i>May be useful for a subset of individuals in FEP care.</i>	<b>2 = Less Important</b> <i>Less important, but nice to have available for individuals who want it.</i>	<b>1 = Unimportant</b> <i>Not important for FEP care.</i>
1. Offer the first face-to-face appointment within 2 weeks for eligible clients					
2. Seek involvement from family members or significant collateral informants during the initial assessment (if client consent is obtained)					
3. Comprehensive clinical assessment at intake (including symptoms, functioning, substance use, behavioral changes, risk assessment, mental status exam, etc.)					
4. Create individualized treatment plan with the client and family, addressing their needs, goals, and preferences					
5. Psychosocial needs incorporated into care plan (including housing, employment, education, social support, finances, etc.)					
6. Case manager/clinician assigned to specific clients for ongoing care					
7. Proactive outreach and engagement for clients (e.g. community based intake appointments or ongoing community-based visits) to reduce missed appointments					
8. Psychiatrists assigned to specific clients for ongoing care					
9. After a diagnostic assessment confirms psychosis, clients prescribed antipsychotic medication (with consideration of client preference)					
10. Medication decision based on standardized algorithm (e.g. PORT, RAISE)					
11. Guided antipsychotic dose reduction after at least one year of remission					
12. Clozapine offered after two unsuccessful trials of antipsychotics					
13. Client-focused psychoeducation or illness management training (via individual or group setting)					
14. Family/caregiver/support person education and support (via individual or group setting)					
15. Cognitive Behavioral Therapy					

Individual Evidence-Based Practices					
<b>Treatment Components</b>	<b>5 = Extremely important</b> <i>Essential, <u>must</u> be given to everyone in FEP care.</i>	<b>4 = Important</b> <i>Should be offered to everyone in FEP care.</i>	<b>3 = Equivocal</b> <i>May be useful for a subset of individuals in FEP care.</i>	<b>2 = Less Important</b> <i>Less important, but nice to have available for individuals who want it.</i>	<b>1 = Unimportant</b> <i>Not important for FEP care.</i>
(CBT) for symptoms of psychosis, depression, and anxiety					
16. Structured intervention to prevent weight gain					
17. Formal annual assessment (includes educational, occupational, and social functioning, symptoms, psychosocial needs, risk assessment, etc.)					
18. CBT or Motivational Enhancement for co-morbid substance use					
19. Supported employment (or education) services					
20. Social and community living skills training (e.g. social activities, using transportation, renting, banking, budgeting, meal planning)					
21. Delivering crisis intervention services or providing links to crisis response services in the community					

Evidence-Based Team Practices					
<b>Team Practices</b>	<b>5 = Extremely important</b> <i>Essential, <u>must</u> be a component of a FEP program.</i>	<b>4 = Important</b> <i>Should be a component of a FEP program.</i>	<b>3 = Equivocal</b> <i>May be useful to have as a component of FEP program.</i>	<b>2 = Less Important</b> <i>Less important, but nice to have as a component of a FEP program.</i>	<b>1 = Unimportant</b> <i>Not important for FEP care.</i>
22. Target ratio of active FEP clients to case-carrying clinician/case manager is 20:1					
23. Masters-level (or higher) Team Leader/Supervisor					
24. Psychiatrist on the team that attends team meetings, sees clients with other clinicians, and is available for consultation during the work week					
25. Multidisciplinary team of qualified professionals providing case management and direct service (e.g. nursing services, evidence-based psychotherapy, addiction services, supported employment, family education/support, social/community living skills, etc.)					
26. Mandate to provide service to					

Evidence-Based Team Practices					
<b>Team Practices</b>	<b>5 = Extremely important</b> <i>Essential, <u>must</u> be a component of a FEP program.</i>	<b>4 = Important</b> <i>Should be a component of a FEP program.</i>	<b>3 = Equivocal</b> <i>May be useful to have as a component of FEP program.</i>	<b>2 = Less Important</b> <i>Less important, but nice to have as a component of a FEP program.</i>	<b>1 = Unimportant</b> <i>Not important for FEP care.</i>
patients for a specified period of time (e.g. 1 year, 2 years)					
<b>27.</b> Multidisciplinary team meetings to discuss cases (e.g. case review/admissions and discharges, assessment and treatment planning, discussion of complex cases, termination of services, etc.)					
<b>28.</b> Targeted, proactive outreach and education to “first-contact” individuals (e.g. in health, education/social agencies, community organizations, etc.)					
<b>29.</b> Communication between program and psychiatric hospital inpatient units (e.g. appointment with FEP program within 15 days of hospital discharge)					
<b>30.</b> Explicit admission criteria (e.g. specific diagnoses) to select appropriate referrals					
<b>31.</b> Clearly identified population served (e.g. specific geographic population; comparison of annual incidence and accepted cases to assess success in reaching all new incidence cases)					

## Section 9: PhenX Toolkit Measures

- 1)** Within the domains below, do you collect any of the following specific measures from your program participants (noted in parentheses)? Please check any domain in which you collect one (or more) of the measures listed. *[multi-answer checkboxes]*
- Brain imaging measures (including DTI, MRS, fMRI, MP-RAGE)
  - Bloodwork (including CRP in serum, glutathione)
  - Cognitive measures (including CNB, AX-CPT, RiSE, ACPT)
  - Clinical measures (including FIGS, PAS, CSI, BPRS, QPR, GFS/GFR, SOS, NSA-4, SIPS, M.I.N.I., SCID-5-CV)
  - Service use and service satisfaction measures (including MHSPID YSS, SURF-M, NSDUH Questionnaire, CollaborATE Questionnaire, RSA)
  - Fidelity measures (including FEPS-FS)
  - Quality of life measures (including PWI-A/PWI-SC, IPAQ)
  - Burden and needs measures (including CANSAS/CANSAS-P, BAS)
  - Family functioning measures (including FQ, FAD, SCORE-15 Index of Family Functioning and Change)
  - Medication monitoring measures (including ESRS, GASS, BARS)
  - We do not use any of the noted measures

## Section 10: Challenges and Barriers

- 1) Has your program encountered any challenges or barriers to implementing your EP program (e.g. with funding, staffing, training)? How have you been able to resolve them (or not)? *[text box]*

## Section 11: Other

- 1) Is there anything else about your program that is important for us to know that we have not already covered? Do you collect any other data that we did not ask about here? *[text box]*