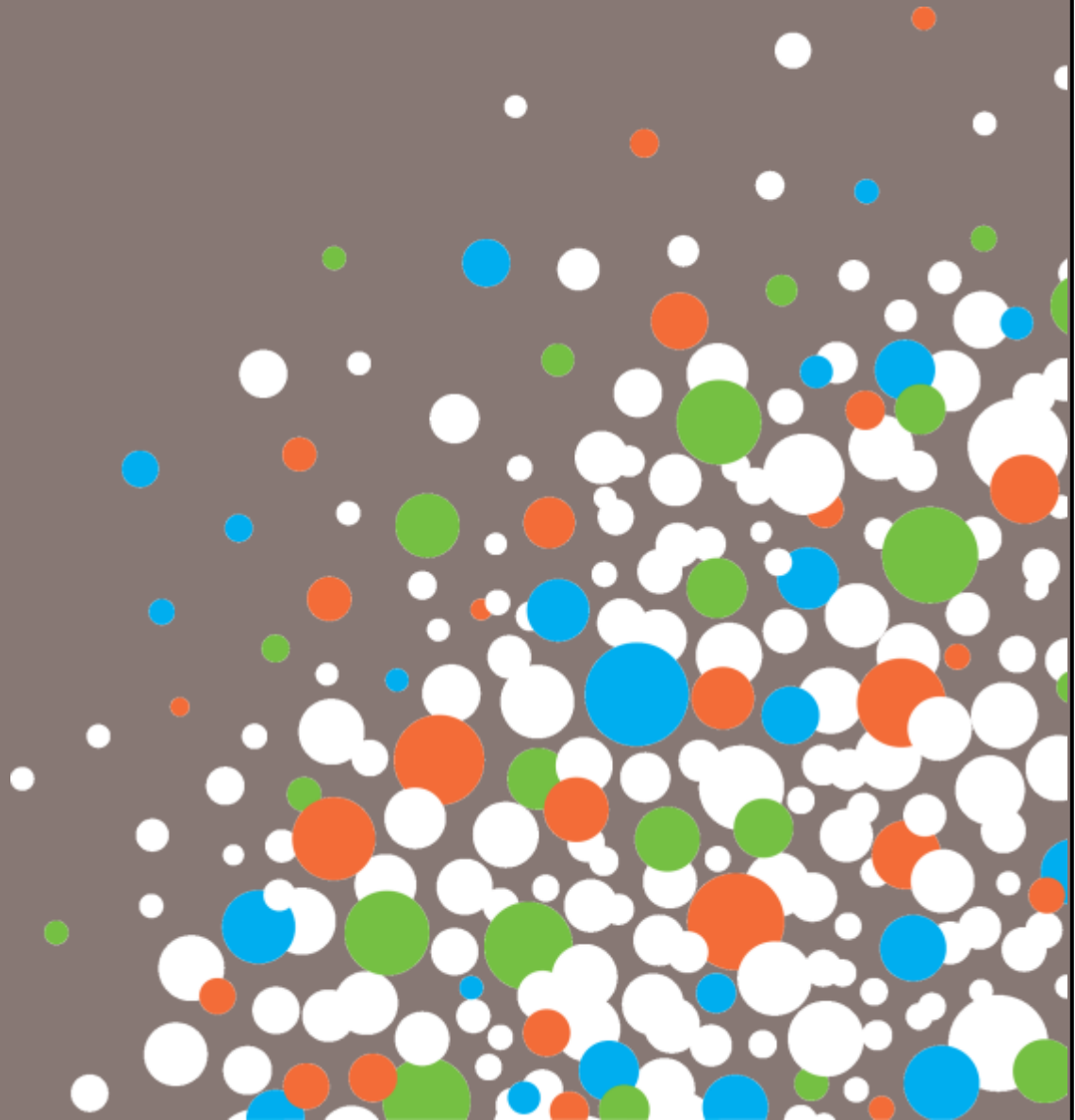




The National Centre of Excellence
in Youth Mental Health

hYEPP Fidelity Project

EPPIC Model Integrity Tool – Application Guide



EPPIC Model Integrity Tool (EMIT)

Community Education and Awareness

Does the hYEPP have an active hYEPP specific Community Education and Awareness Program?

If yes, complete items 1-4.

If no, rate the component 0 and progress to next component.

Abbreviations:

DUP – Duration of untreated psychosis

hYEPP – Headspace Youth Early Psychosis Program

LHD – Local Health Department

NOS – Nottingham Onset Schedule

1. DUP is measured for all young people with suspected FEP

1 = Not routinely measured

2 = Using clinical interview

3 = Using the scale provided in HAPI MDS on less than 50% of young people

4 = Using the scale provided in HAPI MDS on greater than 50% of young people

5 = Using the scale provided in HAPI MDS on all young people

Purpose: The measurement of DUP has been included as part of the FEP Early Intervention model and provides a tangible measure of the impact of community education and awareness (CE&A) activities. It is anticipated that DUP will shorten due to effective CE&A program.

Informant: HAPI MDS (only). Proportion of young people with a recorded FEP program status and 1 or more dates entered into the NOS

2. There is a designated hYEPP community education and awareness worker

1 = No

5 = Yes

Purpose: To identify whether a staff member is employed in the service with the role of promoting the service, mental health literacy, stakeholder relationship building as well as reducing stigma and DUP.

Informant: Staff Profile and interview with employee during site visits.

3. Community Education and Awareness activities:

0 = No evidence of this/these occurring or they do not occur

1 = Are unscheduled

2 = Community education and awareness activities are held every six months

3 = Community education and awareness activities are held quarterly

4 = Community awareness and education activities are held every two months

5 = Community awareness and education activities are held monthly

Purpose: To measure whether services are frequently providing education about early intervention to primary carers and wider community to increase knowledge and reduce stigma.

Informant: Evidence must be provided to confirm that Community Education and Awareness activities are held with a number of stakeholders. Examples of evidence may be the CE&A Officer's diary/calendar with all events recorded or email correspondence.

4. Community Education and Awareness activities are held with a variety of stakeholders (e.g., LHDs, community mental health services, teachers/schools, general practitioners, police and young people/families/carers/friends) or take the form of commissioned advertising or use of informative social media (e.g. as in TIPS or Mindmap projects).

1 = No

5 = Yes

Purpose: To measure whether the service is providing education about early intervention and psychosis to the wider community including a number of stakeholders. Services should also be building relationships with their LHDs, IPU, and local community mental health teams and provide information on how to refer to their service.

Informant: Evidence must be provided to confirm that Community Education and Awareness activities are held with a number of stakeholders. Examples may be presentation/event/program content tailored to specific stakeholders in addition to the CE&A Officer's diary with all events recorded or email correspondence.

Easy Access to Service

Are all hYEPP sites across the cluster open to referral?

If yes, complete items 5-9.

If no, rate the component 0 and progress to next component.

Abbreviations:

CATT – Crisis Assessment and Treatment Team - other names may be used in other jurisdictions.

MATT – Mobile Assessment and Treatment Team

5. Family and young person’s experience of access and entry is measured

0 = No evidence of this/these occurring or they do not occur

1 = Not measured

2 = Measured in an ad hoc way (i.e. non-systematic)

3 = Measured in a set period each year – but in a non-systematic way e.g. no specific questions asked of everybody

4 = Asked in a set period each year – using the Client and Family Satisfaction surveys provided in HAPI MDS (where consent is obtained).

5 = In addition to HAPI MDS Client and Family Satisfaction surveys other platforms to provide feedback are made regularly available to young people and families.

Purpose: To measure whether services are engaging young people and families in sharing their experiences and feedback on access and entry so that the service can address any issues and adjust accordingly.

Informant: Partially informed by HAPI MDS. HAPI Young person and Family Satisfaction Surveys: at least 1 item completed or marked as ‘not completed’ indicating that the survey has been offered.

6. Documented process to address conflicts and barriers to access

1= No

5 = Yes

Purpose: To measure whether an agency-specific complaints process exists and that all young people and their families are made aware of this process. Staff should also be aware of the complaints process and exactly how these matters are escalated as well as resolved.

Informant: Organizational profile highlighting escalation process or procedures manual for handling complaints/conflicts.

7. Assessment

1 = Uses local CATT only

2 = Uses local CATT but with regular professional development and/or secondary consult for CATT

3 = Combines assessment function between hYEPP MATT and local CATT

4 = Has a stand alone MATT but not 24/7

5 = Has a 24/7 stand alone MATT

Purpose: To measure whether 24 hour care is available to all young people in the service.

Informant: Service operating hours.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 2.1

8. Location

- 1 = Less than 3 KM from public transport
- 2 = Greater than 2 KM but less than 3 KM from public transport
- 3 = Greater than 1.5 KM but less than 2 KM from public transport
- 4 = Greater than 1 KM but less than 1.5 KM from public transport
- 5 = Less than 1 KM from public transport

Purpose: To measure accessibility to service for young people and families using public transport.

Informant: State/Territory specific public transport websites and interviews.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 2.3

9. Youth Friendly Setting

- 0 = Young people are excluded from decisions about the setting
- 1 = No documented input from young people around youth friendliness of clinic
- 2 = Input from young people around youth friendliness of clinic has occurred less than annually but is not reflected in documentation
- 3 = Input from young people around youth friendliness of clinic occurs annually but is not documented
- 4 = Input from young people around youth friendliness of clinic occurs frequently, and is documented
- 5 = Input from young people around youth friendliness of clinic occurs frequently, is documented and evidence exists that suggestions have been acted on

Purpose: To identify whether the hYEPP service has a process for soliciting the input of young people and that there is ongoing consultation with YAC representatives and young people apart of the service. Frequently is defined as greater than annually.

Informant: Documented evidence should be made available. Examples of evidence include meeting minutes; email correspondence, youth participation policy for soliciting input from young people, etc.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 2.3

Home Based Care and Assessment

Are all hYEPP sites across the cluster currently open to referral, conducting ongoing assessments and have an established MATT?

If yes, complete items 10-20.

If no, rate the component 0 and progress to next component.

Abbreviations:

OT – Occupational Therapist

SW – Social Worker

10. Assessment location

- 0 = No evidence of opportunity for young person to choose location of assessment
- 1 = Assessments are only offered in a place designated by service
- 2 = Less than 25% of assessments are conducted in a place of the young person's choosing
- 3 = Over 25%, but less than 50% of assessments are conducted in a place of the young person's choosing
- 4 = Over 50%, but less than 75% of assessments are conducted in a place of the young person's choosing
- 5 = Over 75% of assessments are conducted in a place of the young person's choosing

Purpose: To measure whether face-to-face assessment is conducted in a place convenient for the young person and their family.

Informant: Policies/SOPs.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.1

11. Time to initial assessment from referral to hYEPP for suspected FEP (incl. triage processes)

- 0 = No evidence of time to assessment from initial referral.
- 1 = Less than 25% of assessments are conducted face-to-face within 48-72 hours of referral
- 2 = Over 25%, but less than 50% of assessments are conducted face-to-face within 48-72 hours of referral
- 3 = Over 50%, but less than 75% of assessments are conducted face-to-face within 48-72 hours of referral
- 4 = Over 75%, but less than 95% of assessments are conducted face-to-face within 48-72 hours of referral
- 5 = All assessments are conducted face-to-face within 48-72 hours of referral

Purpose: To measure whether the service provides a timely face-to-face assessment for all suspected FEP referrals.

Informant: HAPI MDS (only). Proportion of clients with FEP program status where the time between the referral date and first direct occasion of service date (recorded type = Intake or Assessment and mode = Face-to-face) = less than/equal to 3 days.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.1 with timeframe adapted to include triaging processes at hYEPP sites.

12. Time to initial assessment from referral to hYEPP for suspected UHR (incl. triage processes)

- 0 = No evidence of time to assessment from initial referral.
- 1 = Less than 25% of assessments are conducted face-to-face within 5 days of referral

- 2 = Over 25%, but less than 50% of assessments are conducted face-to-face within 5 days of referral
- 3 = Over 50%, but less than 75% of assessments are conducted face-to-face within 5 days of referral
- 4 = Over 75%, but less than 95% of assessments are conducted face-to-face within 5 days of referral
- 5 = All assessments are conducted face-to-face within 5 days of referral

Purpose: To measure whether the service provides a timely face-to-face assessment for all suspected UHR referrals.

Informant: HAPI MDS (only). Proportion of clients with UHR program status where the time between the referral date and first direct occasion of service date (recorded type = Intake or Assessment and mode = Face-to-face) = less than/equal to 5 days.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.1 and adapted to include site specific practices.

13. Biopsychosocial Assessment – Assessment needs to cover more than the psychopathological elements necessary to arrive at a diagnosis.

- 1 = Assessment includes psychopathology only
- 2 = Assessment includes psychopathology and biological investigations as clinically indicated only
- 3 = Assessment includes psychopathology, biological investigations as clinically indicated and social functioning
- 4 = Assessment includes psychopathology, biological investigations as clinically indicated, social functioning and assesses needs of family/carers
- 5 = A comprehensive assessment including psychopathology, substance use, recommended biological investigations as clinically indicated, metabolic baseline measures, social functioning assessment and assessment of needs of family/carers and which leads to a comprehensive formulation of the individual and their circumstances.

Purpose: To measure whether all young people receive a comprehensive biopsychosocial assessment.

Informant: Biopsychosocial assessment pack template.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.2

14. Feedback to referrer on outcome of the initial session occurs:

- 0 = No evidence of feedback occurring or it does not occur
- 1 = Does not systematically occur
- 2 = Usually takes more than 7 days
- 3 = Occurs within 7 days
- 4 = Occurs within 4 days
- 5 = Occurs within 48 hours

Purpose: To measure whether all referrers receive a receipt of referral acceptance for assessment

and are contacted following the initial face-to-face assessment session with feedback provided. We are not referring to the final outcome (acceptance to service), as we understand this is a 4-6 week assessment window.

Informant: EMR (Electronic Medical Record)

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.3

15. Feedback of the assessment is provided to young person

0 = No evidence of feedback occurring or it does not occur

1 = In less than 10% of cases

2 = In more than 10% but less than 40% of cases

3 = In more than 40% but less than 60% of cases

4 = In more than 60% but less than 80% of cases

5 = In more than 80% of cases

Purpose: To measure whether all young people who are undergoing assessment are provided with feedback after each session as well as overall outcome of assessment and next steps. Examples of feedback provided after each sessions include plan and scheduling of appointments to continue assessment, what the clinician intends to do next (e.g., speaking with their team), etc.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.4

16. Feedback of the assessment is provided to families unless contra-indicated

0 = No evidence of feedback occurring or it does not occur

1 = In less than 10% of cases

2 = In more than 10% but less than 40% of cases

3 = In more than 40% but less than 60% of cases

4 = In more than 60% but less than 80% of cases

5 = In more than 80% of cases

Purpose: To measure whether families of young people undergoing assessment are provided with feedback after each session as well as overall outcome of assessment and next steps. Examples of feedback provided after each sessions include plan and scheduling for next assessment, what the clinician intends to do next (i.e., speaking with their team), etc.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.4

17. Young person's GP (where they have one) is notified of acceptance to hYEPP

- 0 = No evidence of notification occurring or it does not occur
- 1 = Does not systematically occur
- 2 = Usually takes more than 7 days
- 3 = Occurs within 7 days
- 4 = Occurs within 4 days
- 5 = Occurs within 2 working days

Purpose: To measure whether GPs (where the young person has one/consents to contact) are notified of acceptance to service at the point of entry to care.

Informant: EMR (Electronic Medical Record)

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.4

18. Multidisciplinary MATT team

- 1 = Team has only medical and nursing staff
- 2 = Team has medical, nursing and (one of) OT/SW/Psychologist staff
- 3 = Team has medical, nursing and (two of) OT/SW/Psychologist staff
- 4 = Team has medical, nursing and (three of) OT/SW/Psychologist staff
- 5 = Team has medical, nursing and (three of) OT/SW/Psychologist staff and staff of other disciplines/skills (e.g. family work, AOD etc).

Purpose: To measure whether the MATT consists of a range of disciplines to maximize appropriateness of assessment/treatment for young people with discipline specific needs.

Informant: Staff profile and interviews.

19. All young people accepted to hYEPP are provided with written and verbal information regarding rights and responsibilities and this is documented

- 1 = No
- 5 = Yes

Purpose: To measure whether all young people are aware of their rights and responsibilities at first face-to-face clinical contact and provided written information in hYEPP welcome pack.

Informant: Policies/SOPs, hYEPP welcome pack/assessment checklist

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.5

20. MATT team make available home-based care as well as assessment

- 1 = No
 - 5 = Yes
-

Purpose: To measure, that where needed, the service provides not only assessment but also treatment in the young person's home/chosen location.

Informant: Policies/SOPs and interviews

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 3.6

Continuing Care Case Management

Does the hYEPP have an operating Continuing Care Case Management Team (CCT)

If yes, complete items 21-35.

If no, rate the component 0 and progress to next component.

Abbreviations:

CCT – Continuing Care Team

CM – Case Manager

ITP – Individual Treatment Plan

21. Caseload per full time case manager

1 = Caseload is less than 10 or more than 35 per 1.0 EFT case manager

2 = Caseload is between 10 and 12 or 30 and 34 per 1.0 EFT case manager

3 = Caseload is between 12 and 14 or 25 and 29 per 1.0 EFT case manager

4 = Caseload is 15 or between 21 and 24 per 1.0 EFT case manager

5 = Caseload is more than 15 or less than 20 per 1.0 EFT case manager

Purpose: To measure whether appropriate caseload levels are maintained in accordance with FTE and should not sit below 15 or exceed 20 per full-time case manager.

Informant: Total number of clinician FTE and total number of young people in the service.

22. Multidisciplinary case management team - In addition to medical staff and consultant psychiatrist

1 = Case management team has 1 discipline

2 = Case management team has 2 disciplines

3 = Case management team has 3 disciplines

4 = Case management team has 4 disciplines (SW, Psych, OT & nursing)

5 = Case management team has 4 disciplines and makes use of discipline specific skills.

Purpose: To measure whether the CCT consists of a range of disciplines to maximize appropriateness

of assessment/treatment for young people with discipline specific needs.

Informant: Staff profile and interviews

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.1

23. Time (average) to allocation to CM from acceptance into hYEPP and assignment to FEP group

- 0 = No evidence
- 1 = More than 7 working days
- 2 = 5-6 working days
- 3 = 4 working days
- 4 = 3 working days
- 5 = 2 or fewer working days

Purpose: To measure timely allocation to case manager and handover process following acceptance to hYEPP for young people experiencing FEP. There must be an allocation process in place, which all staff members are aware of.

Informant: Acceptance date in EMR (Electronic Medical Record), case allocation practices

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.2

24. Time (average) to allocation to CM from acceptance into hYEPP and assignment to UHR group

- 0 = No evidence
- 1 = More than 28 days
- 2 = 21-28 days
- 3 = 14 - 20 days
- 4 = 8-13 days
- 5 = 7 or fewer days

Purpose: To measure timely allocation to case manager and handover process following acceptance to hYEPP for young people at UHR for developing FEP. There must be an allocation process in place, which all staff members are aware of.

Informant: To be collected by data person employed in service as well as Policies/SOPs and interviews.

Item added during consultation phase and to incorporate standards for UHR stream.

25. Time (average) from allocation to CM to 1st CM contact (FEP and UHR)

- 0 = No evidence
 - 1 = CM contacts young person more than 14 days after allocation
-

- 2 = CM contacts young person less than 14 days but more than 10 days after allocation
- 3 = CM contacts young person less than 10 days but more than 5 days after allocation
- 4 = CM contacts young person less than 5 days but more than 2 days after allocation
- 5 = CM contacts young person within 48 hours of allocation

Purpose: To measure whether initial contact with case manager is timely for young people experiencing FEP and those at UHR. Case managers should be engaging young people quickly following handover and allocation to ensure swift transition of care for young person. Contact does not have to be face-to-face.

Informant: EMR (Electronic Medical Record), young person's first recorded contact

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.1

26. Time (average) from allocation to 1st CM appointment (Mean)

- 0 = No evidence
- 1 = Young person sees case manager within 28 day of allocation
- 2 = Young person sees case manager within 21 days of allocation
- 3 = Young person sees case manager within 14 days of allocation
- 4 = Young person sees case manager within 10 days of allocation
- 5 = Young person sees case manager within 7 days of allocation

Purpose: To measure whether the initial face-to-face appointment with case manager is timely for young people in both FEP and UHR stream. Case managers should be available and offering young people their initial appointment within 7 days following allocation to caseload.

Informant: EMR (Electronic Medical Record)

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.1

27. Individual Treatment Plan (also called a care plan in some places) is developed within 6 weeks from allocation (should involve family and young person in development) and that a documented copy is offered the young person and family.

- 0 = No evidence
- 1 = Less than 30% have ITP within 6 weeks
- 2 = Over 30% but less than 45% have ITP within 6 weeks
- 3 = Over 45% but less than 75% have ITP within 6 weeks
- 4 = Over 75%, but less than 90% have ITP within 6 weeks
- 5 = Over 90% have ITP within 6 weeks

Purpose: To measure if care/treatment planning is conducted with an ITP in place by 6 weeks and that development of ITP involves a collaborative process with the young person and their family.

Informant: EMR (Electronic Medical Record) – presence of a plan, policies, young people and their families via satisfaction survey

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.5

28. Risk Assessment is undertaken and documented at each appointment and there is a prompt to do a risk assessment at each appointment (e.g., EMR, Assessment Pack).

1 = No

5 = Yes

Purpose: To measure whether case managers/doctors are undertaking and documenting risk assessment at each young person's appointment.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.3

29. Relapse and relapse action plan for all young people experiencing FEP

0 = No evidence of proportion of young people that have a relapse action plan by 3 months

1 = Less than 10% have a documented relapse action plan by 3 months

2 = Over 10%, but less than 35% have a documented relapse action plan by 3 months

3 = Over 35%, but less than 70% have a documented relapse action plan by 3 months

4 = Over 70%, but less than 90% have a documented relapse action plan by 3 months

5 = Over 90% have a documented relapse action plan by 3 month

Purpose: To measure whether relapse and relapse action plans are developed in collaboration with the young person and their family (unless contra-indicated). Development of action plans should include discussion about identifying early warning signs, what to do if the young person begins to feel unwell again and whom they should be contacting. Action plans must be documented and a copy offered to the young person and their family (unless contra-indicated).

Informant: EMR (Electronic Medical Record) – presence of a plan, policies, young people and their families via satisfaction survey

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 6.7

30. Incomplete recovery identified at 3 months

1 = No system in place to identify young people with incomplete recovery

2 = System in place to identify young people with incomplete recovery by 3 months

3 = System in place to identify young people with incomplete recovery by 3 months and review by senior clinician

4 = System in place to identify young people with incomplete recovery by 3 months and review by senior clinician and consultant psychiatrist

5 = System in place to identify young people with incomplete recovery by 3 months and review by senior clinician and consultant psychiatrist and use of a specific approach to enhance recovery (e.g., Systematic Treatment of Persistent Psychosis/STOPP).

Purpose: To measure that there is a process for identifying young people experiencing persistent psychotic symptoms (e.g., 90 day review) and where necessary there is a specific systematic approach

to enhance recovery. As we have discussed an option may be integrate STOPP into practices however this does not mean all sites must engage in STOPP there may be other similar approaches.

Informant: Policies/SOPs, 90-day review documentation templates and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 6.8

31. Transition from service plan

1 = No discharge planning

2 = Discharge planning involves young person and their family and starts less than 3 months before discharge in greater than 50% of cases

3 = Discharge planning involves young person and their family and starts 3 months before discharge in 50% of cases

4 = Discharge planning young person and their family and starts 3 months before discharge in more than 50% but less than 75% of cases

5 = Discharge planning young person and their family and starts more than 3 months before discharge in more than 75% of cases

Purpose: To ensure all young people and their families are involved in the discharge planning and referred to relevant treatment providers.

Informant: EMR (Electronic Medical Record), clinical review

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 6.10

32. All young people are provided access to a GP prior to discharge and the GP is notified of discharge

1 = No

5 = Yes

Purpose: To measure whether all young people connected to a GP who is informed of their time in the service as well as eligibility for re-entry in case of relapse.

Informant: Policies/SOPs, discharge plan template and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 6.9

33. All young people's progress is reviewed every 3 months and ITP updated

1= No

5 = Yes

Purpose: To measure whether clinicians are regularly reviewing treatment response and adjust their treatment plan accordingly. This would constitute as the 90-day review.

Informant: HAPI MDS (only). Proportion of clients with 90-day review survey commenced.

EPPIC Model & Service Implementation, page 140-41. Standards First Group: Minimum standards: 6.6 & 6.8

34. On average, young people experiencing FEP are seen twice per week in the acute phase

1= No

5 = Yes

Purpose: To measure if all young people experiencing FEP receive the recommended intensity of care during the acute phase. For the purposes of fidelity monitoring the acute phase is defined as the first 3 months in the service (including the assessment period for those accepted into the service). Any face-to-face contact with CCT, Medical, MATT or FRP clinicians will be accepted.

Informant: HAPI MDS (only). Occasion of service data recorded in HAPI for the first 3 months of care (including assessment period for those accepted into the service) for those who have been accepted into the program as FEP. Specifically, the average number of occasions of service recorded from the service commencement date to month 3. To meet threshold for this item there would need to be an average of 24 face-to-face occasions of service during the first 3 months of care.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.6

35. On average, young people experiencing FEP are seen weekly by a hYEPP worker in the early recovery phase

1= No

5 = Yes

Purpose: To measure that all young people experiencing FEP receive the recommended intensity of care during the early recovery phase. For the purposes fidelity monitoring the early recovery phase is defined as 3-12 months in the service. Any face-to-face contact with CCT, Medical, MATT, FRP or PSW will be accepted.

Informant: HAPI MDS (only). Direct occasion of service data recorded in HAPI from 3-12 months of care for those who have been accepted into the program as FEP. Specifically the average number of occasions of service recorded for the above listed staff members from 3 to 12 months in the service.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 6.6

Medical Treatments

Does the hYEPP have an operating Medical Team with Consultant Psychiatrists and Registrars?

If yes, complete items 36-48.

If no, rate the component 0 and progress to next component.

Abbreviations:

SGAs – Second Generation Antipsychotics

36. Every young person is assigned a medical doctor

1= No

5 = Yes

Purpose: To ensure all young people accepted into the service assigned to the care of a medical doctor.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.2

37. Psychiatric registrars, and other non-psychiatrist medical staff are supervised by a consultant psychiatrist employed by the hYEPP

1= No

5 = Yes

Purpose: To ensure all medical staff are supervised by a consultant psychiatrist employed in the service.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.2

38. Access to medical review after acceptance to hYEPP (FEP) (average time) unless medically reviewed in assessment phase

0 = No evidence

1 = Seen by medical doctor within 7 working days after acceptance to hYEPP as FEP

2 = Seen by medical doctor within 5-6 working days after acceptance to hYEPP as FEP

3 = Seen by medical doctor within 4 working days after acceptance to hYEPP as FEP

4 = Seen by medical doctor within 3 working days after acceptance to hYEPP as FEP

5 = Seen by medical doctor within 2 working days after acceptance to hYEPP as FEP

Purpose: To ensure all young people experiencing FEP have timely access to medical review following acceptance into service unless reviewed in assessment phase.

Informant: EMR (Electronic Medical Record), clinical review

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.1

39. Access to medical review after acceptance to hYEPP (UHR) (average time) unless medically reviewed in assessment phase

0 = No evidence

1 = Seen by medical doctor more than 1 month after acceptance to hYEPP as UHR

2 = Seen by medical doctor within 30 days after acceptance to hYEPP as UHR

3 = Seen by medical doctor within 21 days after acceptance to hYEPP as UHR or FEP

4 = Seen by medical doctor within 14 days after acceptance to hYEPP as UHR

5 = Seen by medical doctor within 7 days after acceptance to hYEPP as UHR

Purpose: To ensure all young people at UHR for developing FEP have timely access to medical review following acceptance into service unless reviewed in assessment phase.

Informant: EMR (Electronic Medical Record), clinical review

Item added during consultation phase and to incorporate standards for UHR stream.

40. Access to consultant (average time) (FEP only as consultation indicated UHR may not require direct consultant access)

0 = No evidence

1 = Seen by consultant within 28 days of entry to service

2 = Seen by consultant within 21 days of entry to service

3 = Seen by consultant within 14 days of entry to service

4 = Seen by consultant within 10 days of entry to service

5 = Seen by consultant within 7 days of entry to service

Purpose: To ensure that all young people who require direct consultant access receive a timely medical review by a consultant psychiatrist in employed in the service.

Informant: EMR (Electronic Medical Record), clinical review

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 7.1

41. Medical Frequency in acute phase in the community

0 = No evidence

1 = Doctor sees less than 20% of young people weekly in acute phase in the community

2 = Doctor sees more than 20% but less than 40% of young people weekly in acute phase in the community

3 = Doctor sees more than 40% but less than 70% of young people weekly in acute phase in the community

4 = Doctor sees more than 70% but less than 90% of young people weekly in acute phase in the community

5 = Doctor sees over 90% of young people weekly in acute phase in the community

Purpose: To ensure all young people experiencing FEP receive the recommended intensity of medical care during the acute phase. For the purposes of fidelity monitoring the acute phase is defined as the first 3 months in the service (including the assessment period for those accepted into the service). Only

occasions of service with doctors will be accepted.

Informant: HAPI MDS (only). Occasion of service data recorded in HAPI for the first 3 months of care (including assessment period for those accepted into the service) for those who have been accepted into the program as FEP. Specifically, the average number of occasions of service (type = Psychiatrist/ Psychiatric Registrar/ mode = face-to-face) recorded from the service commencement date to month 3. To meet threshold for this item there would need to be an average of 12 face-to-face occasions of service during the first 3 months of care.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards; 7.1

42. Medical Frequency in early recovery phase

0 = No evidence

1 = Doctor sees less than 20% of young people fortnightly in the early recovery phase

2 = Doctor sees more than 20% but less than 40% of young people fortnightly in the early recovery phase

3 = Doctor sees more than 40% but less than 70% of young people fortnightly in the early recovery phase

4 = Doctor sees more than 70% but less than 90% of young people fortnightly in the early recovery phase

5 = Doctor sees over 90% of young people weekly fortnightly in the early recovery phase

Purpose: To ensure all young people experiencing FEP receive the recommended intensity of medical care during the early recovery phase. For the purposes fidelity monitoring the early recovery phase is defined as 3-12 months in the service.

Informant: HAPI MDS (only). Occasion of service data recorded in HAPI from 3 months to 12 months of care for those who have been accepted into the program as FEP. Specifically the average number of occasions of service (type = Psychiatrist/ Psychiatric Registrar/ mode = face-to-face) recorded from month 3 to month 12. To meet threshold for this item there would need to be an average of 18 face-to-face occasions of service during the 3-12 month period of care.

EPPIC Model & Service Implementation, page 140. Standards First Group: Minimum standards: 7.1

43. Medical Frequency in late recovery phase

0 = No evidence

1 = Doctor sees less than 20% of young people monthly in the late recovery phase

2 = Doctor sees more than 20% but less than 40% of young people monthly in the late recovery phase

3 = Doctor sees more than 40% but less than 70% of young people monthly in the late recovery phase

4 = Doctor sees more than 70% but less than 90% of young people monthly in the late recovery phase

5 = Doctor sees over 90% of young people monthly in the late recovery phase

Purpose: To ensure all young people experiencing FEP receive the recommended intensity of medical care during the late recovery phase. For the purposes fidelity monitoring the late recovery phase is defined as greater than 12+ (or until discharge) months of care.

Informant: HAPI MDS (only). Occasion of service data recorded in HAPI from 12 months of care onwards (or until discharge) for those who have been accepted into the program as FEP. Specifically the average number of occasions of service (type = Psychiatrist/ Psychiatric Registrar/ mode = face-to-face) recorded from 12 months onwards or until discharge.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.1

44. For most young people experiencing FEP who present to the hYEPP service without commencing antipsychotics there is an allowance of 24-48 hours in the service without commencing antipsychotic medication

1 = No
5 = Yes

Purpose: To ensure all young people experiencing FEP who are medication naïve at entry to the service are not commenced on antipsychotics for 24-48 hours to allow for antipsychotic-free assessment, clarification of diagnosis, and overall observation.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.3

45. Medication options and side effects are discussed with all young people and their families (unless contra-indicated) prior to commencing pharmacotherapy

1 = No
5 = Yes

Purpose: To ensure all young people and families are informed of their medication options and side effects prior to commencing any medication.

Informant: Policies/SOPs and interviews

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.4

46. All young people commenced on antipsychotics by the hYEPP service are preferentially commenced on SGAs

1 = No
5 = Yes

Purpose: To ensure SGAs are used in preference to FGAs.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.5

47. The hYEPP has a documented policy about physical health monitoring based on published guidelines

1 = No

5 = Yes

Purpose: To ensure all young people are receiving physical health monitoring in accordance with published best practice guidelines.

Informant: Policies/SOPs

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.6

48. Physical health monitoring and intervention proactive and preventative

0 = There is no evidence that physical health screening in accord with current best practice guidelines occurs.

1 = Less than 25% of young people have physical health screening in accord with current best practice guidelines documented in hYEPP policy.

2 = Over 25%, but less than 40% of young people have physical health screening in accord with current best practice guidelines documented in hYEPP policy.

3 = Over 40%, but less than 60% of young people have physical health screening in accord with current best practice guidelines documented in hYEPP policy.

4 = Over 60%, but less than 90% of young people have physical health screening in accord with current best practice guidelines documented in hYEPP policy.

5 = Over 90% of young people have physical health screening in accord with current best practice guidelines documented in hYEPP policy.

Purpose: To ensure all young people receive appropriate physical health screening in accordance with hYEPP policy.

Informant: HAPI MDS (only). Proportion of young people who have been accepted into the program as FEP who have at least blood pressure, BMI and waist circumference metabolic monitoring measures conducted and recorded during the 90-day review.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 7.6

Psychological Interventions

Does the hYEPP currently offer all young people access to Psychological Interventions?

If yes, complete items 50-52.

If no, rate the component 0 and progress to next component.

49. Employment of senior Psychologist

1 = No

5 = Yes

Purpose: To ensure a senior psychologist (or psychologist in senior clinician role) is employed in the hYEPP service with the role of not only providing high quality psychological therapy but also up skilling and supervising clinicians in their provision of psychological therapies.

Informant: Staff profile.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 8.1

50. Need for psychological therapy is assessed for, recorded in to the ITP and considered in the process of allocation to case manager

1 = No

5 = Yes

Purpose: To measure whether services are identifying and addressing the needs for psychological therapy of all young people accepted into the service.

Informant: Policies/SOPs, ITP/Care/Wellness/Recovery plan template(s), and interviews.

51. Availability of neuropsychological testing

1 = No

5 = Yes

Purpose: To ensure that neuropsychological testing is available to young people who require a comprehensive neuropsychological assessment. Neuropsychological tests administered by clinicians who are trained to do so (i.e., WISC, WAIS) meet criteria for this item.

Informant: Evidence that neuropsychological tests are available to young people in the program (i.e., tests on site, agreement with university).

Functional Recovery Program

Does the hYEPP currently have an established and operating Functional Recovery Program?

If yes, complete items 52-54.

If no, rate the component 0 and progress to next component.

52. Functional recovery goals and strategies to achieve them are documented in the ITP

1 = No

5 = Yes

Purpose: To measure whether clinicians are discussing and identifying functional recovery goals with all young people. Recovery goals should be documented in ITP/Care/Wellness/Recovery plans.

Informant: Policies/SOPs and ITP/Care/Wellness/Recovery plan template(s).

53. Vocational Consultant

1 = No vocational consultant is present

2 = External employment agencies conduct sessions at the hYEPP

3 = A vocational consultant is present with expertise in employment

4 = One or more vocational consultants are present with expertise covering employment and education

5 = One or more vocational consultants are present with expertise covering employment and education and they use the individual placement and support intervention and achieve high fidelity using the individual placement and support fidelity scale

Purpose: To measure access to a designated vocational consultant employing IPS methods to support employment or re-entry to education for all young people.

Informant: Staff profile, evidence of IPS fidelity provided by vocational consultant and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 9.1

54. Defined functional recovery program

0 = No evidence

1 = All functional recovery goals are dealt with by case managers only

2 = Some functional recovery goals are facilitated by CM in the CCT with specialist expertise (e.g. benefits and SW)

3 = A functional recovery program is available that concentrates on one area of functioning

4 = There is a defined functional recovery program covering multiple domains of functioning

5 = There is a defined functional recovery program covering multiple domains of functioning with capacity to provide service to all young people.

Purpose: To ensure that a functional recovery program addressing multiple domains of functioning is available to all young people in the hYEPP cluster.

Informant: Interviews

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 9.4

Mobile Outreach

Does the hYEPP currently provide mobile outreach?

If yes, complete items 55 & 56.

If no, rate the component 0 and progress to next component.

55. Clearly documented criteria for identifying young people in need of intensive mobile outreach and review each case

0 = No evidence

1 = No system in place to identify young people in need of intensive mobile outreach

2 = System in place to identify young people in need of intensive mobile outreach every 3 months

3 = System in place to identify young people in need of intensive mobile outreach every 3 months and review by senior clinician

4 = System in place to identify young people in need of intensive mobile outreach every 3 months and review by senior clinician and consultant psychiatrist

5 = System in place to identify young people in need of intensive mobile outreach every 3 months and review by senior clinician and consultant psychiatrist and for those who require it, use of a specific intensive approach to enhance recovery.

Purpose: A set criteria and process is in place for identifying young people in need of intensive mobile outreach. Established criteria will be particularly important when services are at full capacity with there limited resourcing to provide outreach. It is intended that clinicians will use a set criteria to decipher which young people have the greatest needs for mobile outreach.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 10.2

56. Monitor size and intensity of caseloads. Intensity of needs of each young person is identified every 3 months and a weighting applied. This is reflected in case load levels.

0 = No evidence

1 = Case loads are allocated solely on numbers with no account made of intensity of needs

2 = Intensity of needs is considered but no formal system to determine intensity

3 = Formal system of monitoring intensity and case loads evaluated every 6 months

4 = Formal system of monitoring intensity and caseloads evaluated every 3 months

5 = Formal system of monitoring intensity and caseloads evaluated monthly

Purpose: To measure whether the service employs a formal system of weighting caseload intensity which includes a number of variables such as overall caseload numbers, acuity, broader psychological needs, seniority of clinicians, travel requirements including need for outreach, location, and planned discharge dates. This formal system should be in place to support demand management.

Informant: Criteria for weighting caseloads, spreadsheet/document used for monitoring, policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 10.3

Group Program

Does the hYEPP currently have an established and operating Group Program?

If yes, complete items 57-59.

57. A comprehensive group program with both combined (primary and hYEPP) and hYEPP only groups is available

1 = No

5 = Yes

Purpose: To identify whether all young people have access to a variety of groups both combined with headspace primary clients as well as closed groups specific to hYEPP clients.

Informant: Group Program Content and Calendar.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 11.1

58. Groups are accessible to all clients of the hYEPP cluster

1 = No

5 = Yes

Purpose: All young people across the cluster should have access to the group program. To meet accessibility criteria a minimum of 1 hYEPP specific group is hosted at each site in the cluster.

Informant: Group Program Calendar for all sites.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 11.1

59. A specific group is available aimed at functional recovery

1 = No

2 = 1 domain

3 = 2 domains

4 = 3 domains

5 = all 4 domains (Social and recreational, vocational and educational, psychoeducational and personal development and creative and expressive)

Purpose: To measure the level at which groups are aimed at addressing multiple domains of functional recovery relevant to young people in the service.

Informant: Group Program Content.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 9.4

Family Program and Family Peer Support

Does the hYEPP currently have established and operating Family and Family Peer Support Programs?

If yes, complete items 60-65.

If no, rate the component 0 and progress to next component.

60. A worker with specialist family work qualifications or senior experience (i.e. more than 5 years) is employed in the service and exclusively holds a caseload of families.

1 = No

5 = Yes

Purpose: To measure whether a specialist family work therapist is employed in the service and exclusively holds a caseload of families. It is also anticipated given the size of expected case load that this staff member will also be responsible for supervising and up skilling clinical staff in working with complex family dynamics.

Informant: Staff Profile and interview.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.1

61. Family members with lived experience of a young person in, or who has been in an FEP service are employed in services to provide advice and support to family of the young person attending the service

1 = No

5 = Yes

Purpose: To measure whether a Family Peer Support Program is available and accessible to all family members of young people in the service.

Informant: Staff Profile

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.2

62. Contact with family within 48 hours of entry to service by clinician (unless contra-indicated)

0 = No evidence

1 = Family contacted by clinician within 7 days of entry to service and at minimum psychoeducation provided

2 = Family contacted by clinician within 5-6 days of entry to service and at minimum psychoeducation provided

3 = Family contacted by clinician within 4 days of entry to service and at minimum psychoeducation provided

4 = Family contacted by clinician within 3 days of entry to service and at minimum psychoeducation provided

5 = Family contacted by clinician within 2 days of entry to service and at minimum psychoeducation provided

Purpose: To measure if there is timely contact with family members (unless contra-indicated) of a young person newly accepted into the service by clinician. MATT, Medical or CCT clinicians will be accepted.

Informant: EMR (Electronic Medical Record), policies, family of young person

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.3

63. Family Peer Support Contact (unless clinically contra-indicated)

0 = No evidence or no family peer support program

1 = Family contacted by Family Peer Support worker within 10 days of entry to service

2 = Family contacted by Family Peer Support worker within 7-9 days of entry to service

3 = Family contacted by Family Peer Support worker within 5-6 days of entry to service

4 = Family contacted by Family Peer Support worker within 4 days of entry to service

5 = Family contacted by Family Peer Support worker within 3 days of entry to service

Purpose: To measure if there is timely contact with family members (unless contra-indicated) of a young person newly accepted into the service by the Family Peer Support Worker.

Informant: HAPI MDS (only). Average days between a young person's service commencement date and direct occasion of service date (service provided to = young person with family/friend present or family/ service provider type = Family Peer Worker). Does not necessarily have to be face-to-face contact.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.3

64. Family inclusion as partners in treatment (unless contra-indicated)

- 0 = No evidence
- 1 = Family informed of rights
- 2 = Family informed of treatment progress
- 3 = Family given opportunity to comment on individual plans
- 4 = Family given contribute to individual plans
- 5 = Family input into documents for clinical review and individual plans

Purpose: To measure if family members (unless contra-indicated) are given the opportunity to provide comments that will be presented at the clinical case review and have access to view documents presented.

Informant: Policies/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.4

65. Interpreters are used when needed

- 1 = No
- 5 = Yes

Purpose: To measure the user-friendliness of the service for young people and family members from CALD backgrounds and to ensure that individuals who speak limited English are able to access professional interpreters/translators whenever necessary.

Informant: Policies/SOPs, interviews and proof of company being used.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 12.5

Youth Participation and Peer Support Program

Does the hYEPP currently have established and operating Youth Participation and Peer Support Programs?
 If yes, complete items 66-69.
 If no, rate the component 0 and progress to next component.

Abbreviations:
PSW = Peer Support Worker

66. A youth participation coordinator is employed in the program

- 1 = No
- 5 = Yes

Purpose: To ensure the program employs a hYEPP specific Youth Participation Coordinator to facilitate and support positive partnerships with young people.

Informant: Staff profile.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 13.1

67. Peer support workers are present in the program and have access to supervision and a regular schedule of meetings to organize and discuss activities in which they are involved

1 = No peer support workers are available

2 = A peer support worker is available but the PSW has not been a client of hYEPP

3 = A peer support worker is available at some times and the PSW has been a client of hYEPP

4 = A peer support program with multiple PSWs is available more than 50% of the time, the PSWs are former clients of hYEPP and there is a program of supervision and organization around them

5 = A peer support program with multiple PSWs is available more than 80% of the time, the PSWs are former clients of hYEPP and there is a program of supervision and organization around them

Purpose: To measure whether a peer support program is available to all young people in the service and that peer support workers are well supported by the hYEPP.

Informant: Staff profile, PSW policy/SOPs and interviews.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 13.2

68. hYEPP management involves YP in committees and solicits their input in a range of activities important to the conduct of the centre

1 = Young people have no formal roles on management committees at the hYEPP

2 = Young people have been consulted about which management and other committees that they would like input to but no system is in place to action these requests

3 = Young people have been consulted about which management and other committees that they would like input to and have been given roles but their time is not remunerated and there is little support for their participation (e.g. meeting may require pre-reading but no briefing occurs with young people prior to the meeting to address any questions they may have from the reading thus reducing their effectiveness in the meeting)

4 = Young people have been consulted about which management and other committees that they would like input to and have been given roles but their time is not remunerated however there is other support for their participation (e.g. meeting may require pre-reading and a briefing occurs with young people prior to the meeting to address any questions they may have from the reading)

5 = Young people have been consulted about which management and other committees that they would like input to and have been given roles as they have requested. Their time and preparation time is remunerated. They are well supported in their participation (i.e. a formal system is in place to ensure that young people are able to adequately prepare and contribute to any meetings they participate in)

Purpose: To measure if young people are involved in management meetings (i.e., clinical governance/risk meetings), if they appropriately remunerated for their participation (that is reimbursed in money not vouchers) and that a system exists to best support young people in this role.

Informant: Meeting minutes, Policies/SOPs and interviews

69. Youth Friendly Practice of the hYEPP service

- 1 = No input from young people around youth friendliness of practice of the service
- 2 = Input from young people around youth friendliness of practice of the service has occurred less than annually but is not reflected in policies
- 3 = Input from young people around youth friendliness of practice of the service occurs annually but is not reflected in policies
- 4 = Input from young people around youth friendliness of practice of the service occurs every six months but is not reflected in policies
- 5 = Input from young people around youth friendliness of practice of the service occurs at least every six months and is reflected in policies with a process to ensure previous suggestions have been acted upon

Purpose: To measure whether all changes to young people have reviewed all policy/procedures documents and their solicited input has been appropriately considered and acted upon.

Informant: Policies/SOPs, meeting minutes and interviews.

Partnerships

Does the hYEPP currently have existing formal agreements with partnership organization?

If yes, complete items 70-74.

If no, rate the component 0 and progress to next component.

Abbreviations:

MoUs = Memorandum of Understanding

SLAs = Service Level Agreements

70. An up-to-date list is available of all partner organisations

1 = No

5 = Yes

Purpose: To measure if all management and team members are aware of all partnering organisations.

Informant: A list of all partner organisations to be developed (if not) and updating accordingly by each site and provided to fidelity raters at each visit.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 14.1

71. SLAs and/or MOUs have been developed with all partner organisations

1 = No

5 = Yes

Purpose: To measure whether a formal agreement is in place with all partner organizations.

Informant: hYEPP sites to provide fidelity raters with all SLAs/MOUs, which will then be cross-checked with the list of all partner organisations.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 14.1

72. SLAs and/or MOUs clearly describe the responsibilities of the hYEPP and the partner organization

1 = No

5 = Yes

Purpose: To measure whether both parties are clear on responsibilities and accountable to upholding these.

Informant: hYEPP sites to provide fidelity raters with all SLAs/MOUs for review.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 14.1

73. All agreements are reviewed on schedule with a review date clearly stipulated

1 = No

5 = Yes

Purpose: To ensure that formal agreements are reviewed in accordance with the predetermined review date.

Informant: hYEPP sites to provide fidelity raters with all SLAs/MOUs for review and provided updated version following any review of agreements.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 14.1

74. The rationale for the partnership is evident in the hYEPP strategic/work plan

1 = No

5 = Yes

Purpose: To measure whether the service is continuously looking to develop new partnerships with

other organisations and thinking about which organisations would support achievement of strategic/work plan.

Informant: A list of all partner organisations to be developed (if not already) and updated accordingly by each site.

EPPIC Model & Service Implementation, page 141. Standards First Group: Minimum standards: 14.2

Workforce Development

Does the hYEPP currently have clinical staff employed?

If yes, complete items 77 & 78.

If no, rate the component 0 and progress to next component.

Abbreviations:

LMS = Learning Management System

75. Clinical Staff receive appropriate frequency of clinical supervision

1 = No

5 = Yes

Purpose: To measure whether clinical staff employed by the service, receive appropriate levels of supervision.

Informant: Policies/SOPs and Interviews.

EPPIC Model & Service Implementation, page 142. Standards First Group: Minimum standards: 15.1

76. All staff have access to the Orygen LMS resources

1 = No

5 = Yes

Purpose: To measure if Orygen's LMS training tools and resources are made available to all staff members employed by the service.

Informant: Interviews, LMS module completion compliance

EPPIC Model & Service Implementation, page 142. Standards First Group: Minimum standards: 15.2

UHR Detection and Care

Does the hYEPP currently hold a caseload of young people at UHR for developing psychosis?

If yes, complete items 77-80.

Abbreviations:

CAARMS = Comprehensive Assessment of At Risk Mental States

77. Staff working with UHR have received training such as that provided by Orygen LMS resources in working with this group

1 = No

5 = Yes

Purpose: To measure if all clinicians working with young people at ultra high risk (UHR) of developing psychosis are trained in working with this population.

Informant source: Interviews.

EPPIC Model & Service Implementation, page 142. Standards First Group: Minimum standards: 16.2

78. Determination of UHR status

0 = UHR status is not formally determined

1 = UHR status is determined through triage phone interview

2 = UHR status is determined from clinical interview

3 = UHR status is determined from clinical interview and interview with family

4 = UHR status is determined using the scale provided in HAPI

5 = UHR status is determined using the scale provided in HAPI by staff trained in its application

Purpose: To measure if best practice in determining whether young people are at ultra high risk (UHR) of developing psychosis is adopted by the service, this includes the use of clinical assessment tools. Clinicians should be appropriately trained in administering the CAARMS before use to assess risk of psychosis.

Informant source: HAPI MDS (only). Completion of CAARMS for clients with a program status of UHR.

79. Transition to psychosis action plan (also called a wellness plan, a discharge plan and a future plan)

0 = There is no transition to psychosis planning for young people in the UHR phase

1 = Less than 10% have a documented transition action plan by 3 months

2 = Over 10% but less than 35% have a documented transition action plan by 3 months

3 = Over 35% but less than 70% have a documented transition action plan by 3 months

4 = Over 70% but less than 90% have a documented transition action plan by 3 months

5 = Over 90% have a documented transition action plan by 3 months

Purpose: To measure if clinicians are discussing early warning signs (EWS) of psychosis with all young people at UHR of developing psychosis and their families (unless contra-indicated). There needs to be a documented plan in place by 3 months which lists EWS and what the young person should do if they begin to experience (or worsening) psychotic symptoms.

Informant source: EMR (Electronic Medical Record), clinical review

80. The Transition rate of UHR cases in their episode of care is formally monitored

1 = No

5 = Yes

Purpose: Transition rates can be used as a proxy measure of treatment outcomes and the effectiveness of the service as whole.

Informant source: A reporting system for young people who transition from UHR to FEP. This may be apart of caseload monitoring tools or team databases.

End of rated EMIT items.

Sections that are included but do not currently contribute to the score

There are three sections in this category currently. Two come from the EPPIC implementation manual. These related to streamed youth friendly inpatient care and access to sub-acute beds. As many hYEPPs have no control over the practices of the wards in which their YP may be located, it was unfair to include these items at this time. Similarly most hYEPPs do not currently have access to sub-acute beds, and where they do they are not in control of the practice of these facilities. However, they are retained here both as a guide to the culture of expectations that should inform agreements with inpatient wards, and also in the event that inpatient management of hYEPP clients becomes the responsibility of the hYEPP.

Finally, a last section on evolving practices is included. The EPPIC model developed from, and continues to evolve from, a close relationship between innovative clinical practice and research. As such it is the great hope that the hYEPP platform will be the cradle of more innovative practice. In developing this scale I have taken the liberty of adding the core component that underlay all the previous early intervention developments – Innovation. I hope in this Innovation section we can add new practices that the hYEPP sites are developing and that these new practices can be researched sufficiently that they become part of the model and are added to the main body of the scale.

Streamed youth friendly inpatient care

Streamed youth inpatient care

- 1 = Clients use wards according to age with those over 18 using general adult psychiatric wards
- 2 = Clients use wards according to age with those over 18 using general adult psychiatric wards but are afforded a separate area of the ward
- 3 = Bedrooms are in age allocated general psychiatric wards but a program is provided that is exclusively for hYEPP clients and hYEPP clients are seen by a consultant with expertise in early psychosis
- 4 = Bedrooms are in age allocated general psychiatric wards, with separated areas for hYEPP clients but a program is provided that is exclusively for hYEPP clients and hYEPP clients are seen by a consultant with expertise in early psychosis
- 5 = A separate ward is used for clients of hYEPP

Youth friendliness

- 1 = No documented input from young people around youth friendliness of IPU
- 2 = Input from young people around youth friendliness of IPU has occurred less than annually but is not reflected in documentation
- 3 = Input from young people around youth friendliness of IPU occurs annually but is not documented
- 4 = Input from young people around youth friendliness of IPU occurs annually and is documented
- 5 = Input from young people around youth friendliness of IPU occurs annually, is documented and evidence exists that suggestions have been acted on

Length of stay

- 1 = Median is less than 2 days or more than 4 weeks
- 2 = Median is between 2 and 4 days or between 21 and 27 days
- 3 = Median is between 4 and 6 days or between 17 and 20 days
- 4 = Median is between 6 and 8 days or between 15 and 17 days

5 = Median is between 9 and 14 days

Discharge plan

1 = A discharge plan is developed and communicated to hYEPP CCT

2 = A discharge plan is developed by treating clinicians and communicated to hYEPP CCT, YP and family before discharge

3 = Discharge plan is developed in collaboration with family across the inpatient stay

4 = Discharge plan is developed in collaboration with YP, family and hYEPP CCT/MATT across the inpatient stay. A meeting occurs with hYEPP CCT/MATT and YP 24 hours before discharge

5 = Discharge plan is developed in collaboration with YP and family and hYEPP CCT across the inpatient stay and agreement is confirmed in a meeting with IPU staff hYEPP staff, YP and family at least 24 hours prior to discharge

Access to youth friendly sub-acute beds

Sub-acute bed access

1 = No sub-acute bed access is available.

2 = Some sub-acute bed access is available in a general setting

3 = Sufficient subacute beds are available in a general setting

4 = Youth focussed sub-acute beds are available, but not exclusive to hYEPP

5 = Sub-acute beds are accessible only to hYEPP clients

Discharge plan

1 = A discharge plan is developed and communicated to hYEPP CCT

2 = A discharge plan is developed by treating clinicians and communicated to hYEPP CCT, YP and family before discharge

3 = Discharge plan is developed in collaboration with family across the inpatient stay

4 = Discharge plan is developed in collaboration with YP, family and hYEPP CCT/MATT across the inpatient stay. A meeting occurs with hYEPP CCT/MATT and YP 24 hours before discharge

5 = Discharge plan is developed in collaboration with YP and family and hYEPP CCT across the inpatient stay and agreement is confirmed in a meeting with IPU staff hYEPP staff, YP and family at least 24 hours prior to discharge

Innovation

Currently there are only suggestions for items in this section.

eheadspace did not exist when what is now the hYEPP platform was being described and funded. An item describing good practice use of this resource would be welcome here.

The scale and the model are relatively silent on cultural practice especially in relation to ATSI young people. An evidence-based range of interventions against which fidelity could be measured would add greatly to the model.

Trauma is a feature of many young people with FEP and UHR and yet there are no items related to trauma informed practice. Innovation in this area would add to the model and address a clinical need.

