

FACT MODEL FIDELITY REVIEW

Standard	Element	Y	N
A. Staff Composition	Look at staffing chart for documentation		
	The ratio of participants to direct service staff members should not exceed 10:1		
	Psychiatrist or Psychiatric APRN @ a minimum of 0.80 (FTE) hours of services for each 100 participants per week		
	1 Administrative Assistant		
	1 FTE Team Leader (licensed professional)		
	2 FTE Nurses – at least one must be an FTE RN		
	1 FTE Case Manager		
	1 FTE Substance Abuse Specialist		
	1 FTE Peer Specialist		
	1 FTE Vocational Specialist		
B. Key Staff Roles			
	Look at position descriptions for documentation		
1. Team Leader	Leads daily organizational team meeting		
	Available to team for clinical supervision		
	Provides 1:1 supervision to staff		
	Functions as a practicing clinician		
	Assigns team members including a primary case manager to each new participant		
2. Psychiatrist or APRN	Conducts psychiatric & health assessments		
	Supervises psychiatric/psychopharmacological treatment of all enrolled participants		
	Monitors non-psychiatric medical conditions & medications		
	Supervises medication management system with nurses		
	Provides brief therapy and diagnostic/medication education to enrolled participants		
	Provides crisis intervention on-site		
	Provides family interventions and psychoeducation		
	Attends daily organizational & recovery planning meetings		
	Provides clinical supervision to staff including RN and LPNs		
	If participant is hospitalized, actively collaborates with inpatient care providers to ensure continuity of care		
	If APRN, must have continual access to and weekly consultation with a board-certified Psychiatrist		
3. Nurses	RN, LPN, and MD manage medication system		
	Administer and document medication treatment		
	Screen and monitor for medical problems and side effects		
	Coordinate services with other health providers		
	Provide education on health promotion & prevention, education side effects, and strategies for medication compliance		
4. Vocational Specialist Specialist	Serves as mentor to staff for employment assessment and planning		
	Maintains liaison with DVR and training agencies		
	Provides full range of work services (job development, assessment, job support, career counseling)		

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5. Peer Specialist	Position is integrated within the team		
	Shares roles with other team members		
	Provides individual and group support services		
6. Substance Abuse Specialist	Serves as mentor to staff for assessing, planning, and treating substance use		
	Provides supportive treatment individually & in groups (i.e., CBT, motivational interviewing, relapse prevention)		
	Completes substance use assessments that consider the relationship between substance use and mental health		
C. Program Size & Intensity			
	Look at policies for documentation		
	Participants are contacted face-to-face an average of 3 times per week, based on the participant's individual needs		
	Clinically compromised participants are contacted multiple times daily		
D. Admission & Discharge Criteria			
	Look at policies for documentation		
	Admission criteria specify target population		
	Discharge criteria include demonstrated ability to perform successfully in major role areas over time		
	Discharges mutually determined by participant and team		
	Team assumes long-term treatment orientation		
E. Office Space			
	Tour office space for documentation		
	Easily accessible to participants and families		
	Common workspace, layout promotes communication		
	In office medication storage area		
F. Inter-Agency Relationships			
	Interview Team Leader and ask for evidence of collaboration for documentation		
	Active collaboration with other human services providers		
	Active participant-specific liaison with SSA, health care providers, other agency assigned workers		

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G. Hours of Operation	Look at policies for documentation		
	Staff on duty 7 days per week		
	Program operates 12 hours on weekdays		
	Program operates at least 8 hours on weekend days and holidays		
	Team members are on-call all other hours for 24-hour coverage		
	Team members available by phone and face-to-face with back-up by Team Leader and Psychiatrist or APRN		
H. Team Communication & Planning	Look at policies, observe daily organizational meeting and ask to see 2-month posting of treatment team meetings for documentation		
	Organizational team meeting held daily M-F		
	Meeting completed within 45-60 minutes		
	Member status reviewed via daily log and staff report		
	Team leader facilitates discussion & recovery planning		
	Services & contacts scheduled per recovery plans and triage		
	Staff assignments determined		
	Daily staff assignments prepared schedule		
	Service provision monitored and coordinated		
	All staff contacts with participants are logged		
	Recovery planning meetings held weekly		
	Recovery planning meetings held by senior staff		
	Recovery planning meetings schedule posted 2 months ahead		

Standard	Element	Y	N
I. Policy and Procedure Manual	Look at policies for documentation		
	Admission and discharge criteria and procedures		
	Job descriptions, performance appraisals, training plan		
	Program organization & operation (program hours, on-call, service intensity, staff communication, team approach & staff supervision)		
	Assessment and recovery planning		
	Medical records management		
	Service Scope		
	a. Case management		
	b. Crisis assessment & intervention		
	c. Symptom assessment, management & supportive therapy		
	d. Medication prescription, administration, monitoring & documentation		
	e. Substance abuse services		
	f. Work related services		
	g. Activities of daily living		
	h. Social, interpersonal relationships & leisure time		
	i. Support services		
	j. Education & support to families & other supports		
	Enrolled participant rights		
	Program performance improvement and evaluation		
	80% of participants live in independent community living		
Legal advocacy provided as needed			

NOTES: