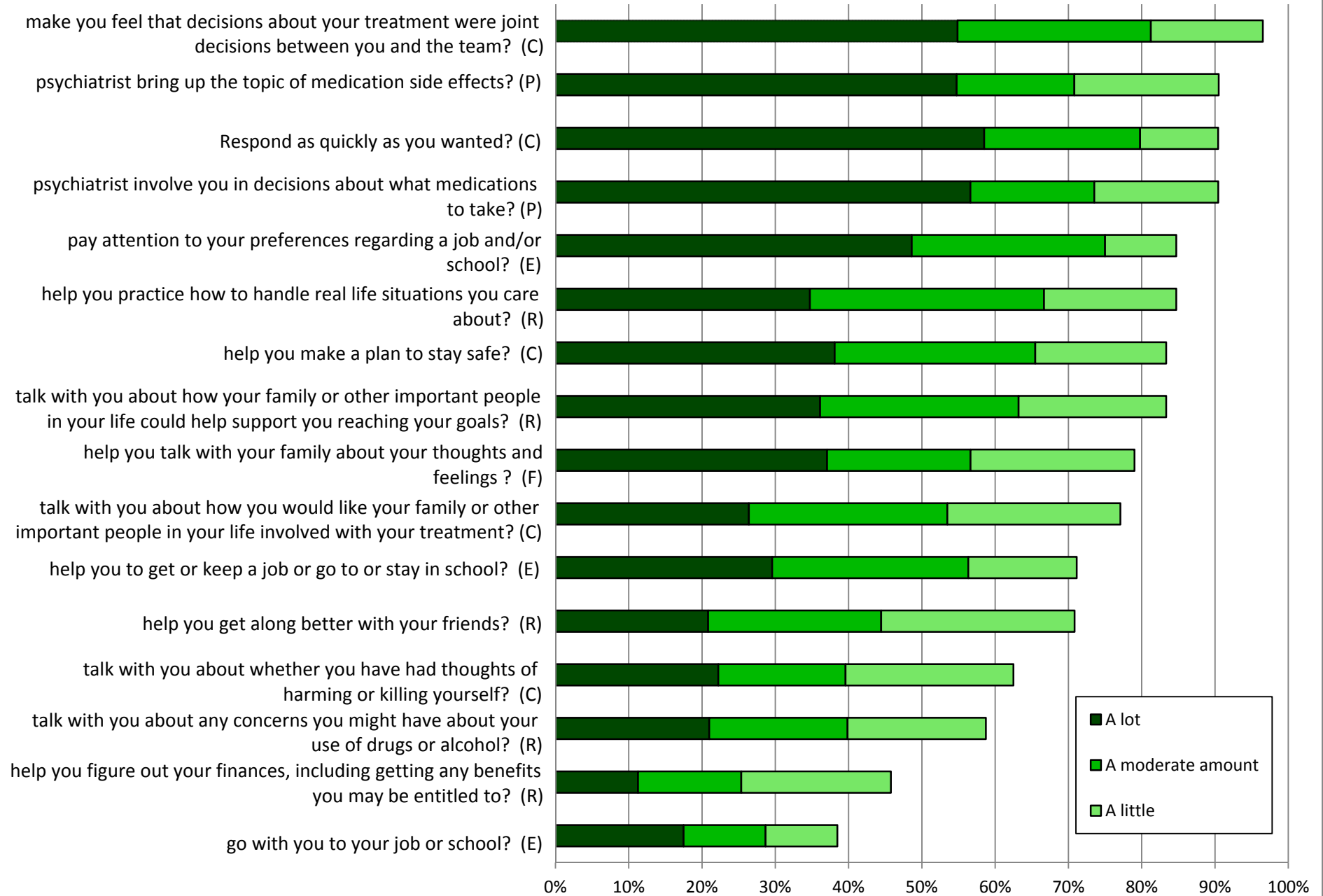


In the past month, how much did your Connection Team...



*Treatment Domains: C=Core, E=Supported Employment/Education, F= Family, P=Psychopharmacology, R= Recovery Coach Skills Trainer
 N=65, mean across all time periods. Scale options: not at all, a little, a moderate amount, a lot

Table 1. Performance expectations and associated fidelity measures for the RAISE Connection Program’s team-based intervention for people with early psychosis, grouped by treatment domain.

A. Performance Expectations for Team Structure and Functioning

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>1. Staffing. Teams hire and maintain the required staff.</p>	<p>1.a. 1.0 FTE Team Leader who is a licensed clinician 1.0 FTE IPS Specialist 0.5 FTE Skills Trainer who is a licensed clinician 0.2 FTE Psychiatrist</p>	<p>Each team remained fully staffed for entire study period; when staff turned over, any vacancy was filled within 30 days.</p>
	<p>1.b. Vacancies are filled within 30 days</p>	<p>Each vacancy was filled within 30 days.</p>
<p>2. Caseload size. Teams maintain a caseload that is small enough to allow for intensive and highly individualized services while, at the same time, serving as many clients as possible within these service demands.</p>	<p>2. A fully-staffed, fully dedicated team will serve at least 25 clients.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites (measured at end of each quarter): caseload > 25 for 4 of 14 quarters (23%); mean caseload =23. Site 1: caseload > 25 for 3 of 7 quarters (43%); mean caseload =22 Site 2: caseload > 25 for 1 of 7 quarters (14%); mean caseload =23</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: mean caseload at end of quarter=24. Site 1: caseload at end of quarter = 23 Site 2: caseload at end of quarter = 25</p> <p>Neither team’s caseload ever exceeded 30 clients.</p>
<p>3. Staff meets as a team. These meetings are for strategic clinical thinking and reviewing the status and “next steps toward goals” for each person on the team’s caseload.</p>	<p>3. Full team meets at least weekly. (# and % of quarters with at least 12 team meetings per quarter)</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: Mean of 12 team meetings per site per quarter Site 1: 6 of 7 quarters (86%) have at least 12 meetings per quarter; mean of 12 team meetings per quarter Site 2: 4 of 7 quarters (57%) have at least 12 meetings per quarter; mean of 12 team meetings per quarter</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: Mean of 12 team meetings per site Site 1: 13 team meetings Site 2: 11 team meetings</p>
<p>4. Intake occurs promptly; all of the component parts (e.g., time from request for evaluation to evaluation, time from evaluation to eligibility decision, time from eligibility decision to referral to program, time from referral to program to first service at program) are expedited</p>	<p>4.a. For at least 80% of individuals admitted to the program, the time from request for consideration for services to intake is \leq one week.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: Mean days from eligibility determination to intake= 7 days (N=65). 50 of 65 clients (77%) had intake in 7 or fewer days from eligibility determination. Site 1: Mean days from eligibility determination to intake= 11 days (N=31). 19 of 31 clients (61%) had intake in 7 or fewer days from eligibility determination. Site 2: Mean days from eligibility determination to intake= 4 days (N=34). 31 of 34 clients (91%) had intake in 7 or fewer days from eligibility determination.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: Mean days from eligibility determination to intake= 13 days (N=3). 1 of 3 clients (33%) had intake in 7 or fewer days from eligibility determination. Site 1: Mean days from eligibility determination to intake= 17 days (N=2). 0 of 2 clients (0%) had intake in 7 or fewer days from eligibility determination. Site 2: Mean days from eligibility determination to intake= 5 days (N=1). 1 of 1 client (100%) had intake in 7 or fewer days from eligibility determination.</p>
	<p>4.b. The time from each step in the intake process to the next is measured (e.g., time from a person</p>	<p>Not reported for the RAISE Connection Program (the research protocol lengthened the time from referral to eligibility determination, hence those data would not be generalizable</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
	<p>inquiring about services to an eligibility assessment; time from determination of eligibility to program intake) so that contributors to delay can be identified. The component parts of the eligibility-determination/intake process may vary from site to site; what is key is that the time from request for consideration for services to intake be brisk and that its component parts be clearly identified and monitored.</p>	<p>to a community setting).</p>
<p>5. Off-hours availability. Services are provided in times and locations that promote engagement and retention of clients and participation of family members in clients' treatment. At least one member of the team is available 24/7. Telephone calls with clients and family members in urgent situations is routine regardless of time of day. Groups are scheduled at times that maximize access and attendance. Staff schedules are set to insure that clients and their families have at least some time outside of regular business hours each month when they can schedule meetings with staff (for example, staff may set aside 1 day per week when the work</p>	<p>5.a. Team uses on-call system to provide after-hours availability.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 13/14 quarters (93%) have implemented after-hours policy Site 1: 6/7 quarters (86%) have implemented after-hours policy Site 2: 7/7 quarters (100%) have implemented after-hours policy</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 2/2 sites (100%) have after-hours policy Site 1: after-hours policy implemented Site 2: after-hours policy implemented</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
day starts and ends two hours later than on other days or may have Saturday hours one Saturday per month).		
	<p>5.b. Staff schedule shows the regular availability of office time outside of the regular workday for the scheduling of groups and routine appointments.</p> <p>Service logs show that any given month includes routine services outside of regular business hours (e.g., a monthly evening family group; client/family meetings on Wednesday evenings).</p>	Each team provided such services each quarter.
	<p>5.c. Call logs indicate multiple calls each week to clients/families outside of regular business hours.</p>	Each team provided such services each quarter.
<p>6. Outreach. Teams see clients in the field as needed.</p>	<p>6. At least 10% of clients have at least one visit in the community with the Team leader, psychiatrist, and/or recovery coach.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 48 of 65 clients (74%) had at least one visit in the community. Site 1: 20 of 31 clients (65%) had at least one visit in the community Site 2: 28 of 34 clients (82%) had at least one visit in the community</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 15 of 45 clients (33%) had at least one visit in the community Site 1: 5 of 21 clients (24%) had at least one visit in the community Site 2: 10 of 24 clients (42%) had at least one visit in the community</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>7. Safety assessment. All clients are assessed for suicide risk and safety plans are formulated and implemented for those determined to be at risk.</p>	<p>7.a. The CSSR or equivalent tool is completed with every client at intake and whenever concerns about possible suicide are raised.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 58 of 65 clients (89%) had a safety assessment (HAAS Demo) at intake. Site 1: 25 of 31 clients (81%) had a safety assessment at intake. Site 2: 33 of 34 clients (97%) had a safety assessment at intake.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 2 of 3 clients (67%) with an intake this quarter had a safety assessment at intake. Site 1: 1 of 2 clients (50%) with an intake this quarter had a safety assessment at intake. Site 2: 1 of 1 client (100%) with an intake this quarter had a safety assessment at intake.</p>
	<p>7.b. For those who meet or exceed the specified threshold indicating a risk of suicide, a safety plan developed the same day of the screening is included in the chart.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 9 of 13 clients (69%) who answered “yes” to HAAS Demo item 1, 2, or 3 had a safety plan completed. Site 1: 9 out of 13 clients (69%) who answered “yes” to HAAS demo item 1, 2, or 3 had a safety plan completed. Site 2: HAAS Demo1, 2, or 3 variable is missing.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 1 of 1 clients (100%) who were admitted this quarter and answered “yes” to HAAS Demo item 1, 2, or 3 had a safety plan completed. Site 1: 1 of 1 clients (100%) who were admitted this quarter and answered “yes” to HAAS Demo item 1, 2, or 3 had a safety plan completed. Site 2: Not applicable; no client admitted this quarter answered “yes” to HAAS Demo item 1, 2, or 3.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>8. Team assesses for substance use and, when identified, incorporates treatment for substance use into the treatment plan.</p>	<p>8. Service logs indicate the provision of substance use treatment to at least 25% of clients.</p>	<p>Comment: Not captured during RAISE Connection Program.</p>
<p>9. Discharge. The team provides a critical time intervention rather than a source of services for people well along in their recovery. Clients transition from the team to routine services as soon as clinically appropriate. The team follows up with discharged clients and with post-discharge providers as appropriate to help assure a smooth transition to routine community services.</p>	<p>9.a. Median and mean length of stay (LOS) with Connection Team of all clients to be calculated and reviewed at the end of each quarter.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: Median LOS for clients not yet discharged = 16.4 months; Mean LOS for clients not yet discharged = 15.0 (48 clients) Site 1: Median LOS for clients not yet discharged = 16.2 months; Mean LOS for clients not yet discharged = 14.9 months (23 clients) Site 2: Median LOS for clients not yet discharged = 17.0 months; Mean LOS for clients not yet discharged = 15.1 months (25 clients)</p> <p><u>Most Recent Quarter (N/A; same as Across All Time Periods (July, 2011-March, 2013), above)</u></p>
	<p>9.b. Mean length of stay for discharged clients will not exceed 30 months.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: Mean LOS for discharged clients = 14.8 months (17 clients). Mean time from first visit to last visit = 13.1 months. No client had a LOS at discharge > 30 months. Site 1: Mean LOS for discharged clients = 15.1 months (8 clients). Mean time from first visit to last visit = 12.8 months. Site 2: Mean LOS for discharged clients = 14.6 months (9 clients). Mean time from first visit to last visit = 13.3 months.</p> <p><u>Most Recent Quarter (=Q1, 2013)</u> Across Sites: Mean LOS for clients discharged this quarter = 19.5 months (7 clients). For clients whose last visit is in this quarter, mean time from first visit to last visit = 19.4 months (4 clients). Site 1: Mean LOS for clients discharged this quarter = 17.1 months (5 clients). For clients whose last visit is in this</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>quarter, mean time from first visit to last visit = 17.8 months (3 clients). Site 2: Mean LOS for clients discharged this quarter = 25.4 months (2 clients). For clients whose last visit is in this quarter, mean time from first visit to last visit = 24.0 months (1 client).</p>
	<p>9.c. Individual length of stay for any client will not exceed 36 months.</p>	<p>No client at either site had a length of stay exceed 36 months.</p>
	<p>9.d. At least 90% of clients plan for discharge with Team (as opposed to leaving precipitously).</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)—Ever discharged</u> Across Sites: 14 out of 17 (82%) discharged clients planned for discharge with the team Site 1: 5 out of 8 (63%) discharged clients planned for discharge with the team Site 2: 9 out of 9 (100%) discharged clients planned for discharge with the team</p> <p><u>Most Recent Quarter (January-March, 2013) Discharged this Quarter</u> Across Sites: 7 out of 7 (100%) discharged clients planned for discharge with the team Site 1: 5 out of 5 (100%) discharged clients planned for discharge with the team Site 2: 2 out of 2 (100%) discharged clients planned for discharge with the team</p>
	<p>9.e. At least 80% percent of discharged clients attend their first appointment with a mental health service provider within 30 days of discharge.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)—Ever discharged</u> Across Sites: 8 of 17 discharged clients (47%) were confirmed to have attended a follow up appointment; 4 of 17 clients (24%) were confirmed to have attended a follow up appointment within 30 days of discharge. Site 1: 3 of 8 discharged clients (38%) were confirmed to have attended a follow up appointment; 3 of 8 discharged clients (38%) were confirmed to have attended a follow up appointment within 30 days of discharge.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>Site 2: 5 of 9 discharged clients (56%) were confirmed to have attended a follow up appointment; 1 of 9 (11%) were confirmed to have attended a follow up appointment within 30 days of discharge.</p> <p><u>Most Recent Quarter (January-March, 2013) Discharged this Quarter</u></p> <p>Across Sites: 4 of 7 clients (57%) discharged during Jan-March, 2013 were confirmed to have attended a follow up appointment; 3 of 7 clients (43%) were confirmed to have attended a follow up appointment within 30 days of discharge</p> <p>Site 1: 2 of 5 clients (40%) discharged during Jan-March, 2013 were confirmed to have attended a follow up appointment; 2 of 5 clients (40%) were confirmed to have attended a follow up appointment within 30 days of discharge</p> <p>Site 2: 2 of 2 clients (100%) discharged during Jan-March, 2013 were confirmed to have attended a follow up appointment; 1 of 2 clients (50%) were confirmed to have attended a follow up appointment within 30 days of discharge</p>

B. Performance Expectations for the Psychopharmacology Intervention

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>1. Psychotropic Medications. Pharmacotherapy is a core component of treatment. Because many clients with FEP are reluctant to try medication, teams work to develop trusting relationships and provide education about medication options and best practices for medication treatment for FEP so that clients are willing to try antipsychotic medications.</p>	<p>1.a. Antipsychotic medication is prescribed for at least 60% of patients on the team at any given time.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 59 of 65 clients (91%) were prescribed an antipsychotic at least once by the team psychiatrist Site 1: 28 of 31 clients (90%) were prescribed an antipsychotic at least once by the team psychiatrist Site 2: 31 of 34 clients (91%) were prescribed an antipsychotic at least once by the team psychiatrist</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 35 of 45 clients (78%) active for the whole quarter were prescribed an antipsychotic at least once by the team psychiatrist during this quarter. On the last day of the quarter, 33 clients (73%) were prescribed an antipsychotic. Site 1: 19 of 21 clients (90%) active for the whole quarter were prescribed an antipsychotic at least once by the team psychiatrist during this quarter. On the last day of the quarter, 19 clients (90%) were prescribed an antipsychotic. Site 2: 16 of 24 clients (67%) active for the whole quarter were prescribed an antipsychotic at least once by the team psychiatrist during this quarter. On the last day of the quarter, 14 clients (58%) were prescribed an antipsychotic.</p>
	<p>1.b. At least 75% of patients have had at least one trial of an antipsychotic medication prescribed for at least 4 continuous weeks within the recommended dosage range.</p>	<p>Across Sites: 56 of 65 clients (86%) were prescribed an antipsychotic for at least 4 continuous weeks by the team psychiatrist. When considering dosage, 53 of 65 clients (82%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks by the team psychiatrist.</p> <p>Site 1: 28 of 31 clients (90%) were prescribed an antipsychotic for at least 4 continuous weeks by the team psychiatrist. When considering dosage, 27 of 31 clients (88%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks by the team</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>psychiatrist. Site 2: 28 of 34 clients (82%) were prescribed an antipsychotic for at least 4 continuous weeks by the team psychiatrist. When considering dosage, 26 of 34 clients (77%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks by the team psychiatrist.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 35 of 45 clients (78%) were prescribed an antipsychotic for at least 4 continuous weeks during this quarter by the team psychiatrist. When considering dosage, 31 of 45 clients (69%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks during this quarter by the team psychiatrist. Site 1: 19 of 21 clients (90%) were prescribed an antipsychotic for at least 4 continuous weeks during this quarter by the team psychiatrist. When considering dosage, 16 of 21 clients (76%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks during this quarter by the team psychiatrist. Site 2: 16 of 24 clients (67%) were prescribed an antipsychotic for at least 4 continuous weeks during this quarter by the team psychiatrist. When considering dosage, 15 of 24 clients (62%) were prescribed an antipsychotic within the recommended dosage range for at least 4 weeks during this quarter by the team psychiatrist.</p>
<p>2. Assessment of medication effects. Psychiatrist and client regularly review medication effectiveness and side effects.</p>	<p>2.a. At least quarterly, psychiatrist and client review medications.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 65 of 65 clients (100%) had at least one medication side effect form completed Site 1: 31 of 31 clients (100%) had at least one medication side effect form completed Site 2: 34 of 34 clients (100%) had at least one medication side effect form completed Across Sites: 26 of 45 clients (58%) active for the entire</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>quarter had at least one medication side effect form completed during the quarter</p> <p>Site 1: 12 of 21 clients (57%) active for the entire quarter had at least one medication side effect form completed during the quarter</p> <p>Site 2: 14 of 24 clients (58%) active for the entire quarter had at least one medication side effect form completed during the quarter</p> <hr/> <p><u>Across All Time Periods (July, 2011-March, 2013)</u></p> <p>Across Sites: Of the 59 clients active at any time during the study who were prescribed an antipsychotic at least once by the study psychiatrist, 59 (100%) had at least 1 medication side effect form completed. These 59 clients who had at least 1 medication side effect form completed had a mean of 5.73 medication side effect forms completed and a mean of 355 days with at least one antipsychotic medication prescribed, for a mean of 0.48 side effect forms completed per month of antipsychotic prescribed.</p> <p>Site 1: Of the 28 clients active at any time during the study who were prescribed an antipsychotic at least once by the study psychiatrist, 28 (100%) had at least 1 medication side effect form completed. These 28 clients who had at least 1 medication side effect form completed had a mean of 5.3 medication side effect forms completed and a mean of 441 days with at least one antipsychotic medication prescribed, for a mean of 0.36 side effect forms completed per month of antipsychotic prescribed.</p> <p>Site 2: Of the 31 clients active at any time during the study who were prescribed an antipsychotic at least once by the study psychiatrist, 31 (100%) had at least 1 medication side effect form completed. These 31 clients who had at least 1 medication side effect form completed had a mean of 6.2 medication side effect forms completed and a mean of 278 days with at least one antipsychotic medication prescribed, for a mean of 0.67 side effect forms completed per month of antipsychotic prescribed.</p>
	<p>2.b. Psychiatrist records symptoms and side effects using standardized assessment scales in a manner that facilitates monitoring changes over time.</p>	

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p><u>Most Recent Quarter (January-March, 2013)</u></p> <p>Across Sites: Of the 35 clients active for the entire quarter who were prescribed an antipsychotic at least once during the quarter, 25 (71%) had at least 1 medication side effect form completed during the quarter. These 25 clients had a mean of 1.1 medication side effect forms completed during the quarter and a mean of 88.8 days during the quarter with at least one antipsychotic medication prescribed, for a mean during the quarter of 0.38 side effect forms completed per month of antipsychotic prescribed.</p> <p>Site 1: Of the 19 clients active for the entire quarter who were prescribed an antipsychotic at least once during the quarter, 12 (63%) had at least 1 medication side effect form completed during the quarter. These 12 clients had a mean of 1.1 medication side effect forms completed during the quarter and a mean of 90 days during the quarter with at least one antipsychotic medication prescribed, for a mean during the quarter of 0.36 side effect forms completed per month of antipsychotic prescribed.</p> <p>Site 2: Of the 16 clients active for the entire quarter who were prescribed an antipsychotic at least once during the quarter, 13 (81%) had at least 1 medication side effect form completed during the quarter. These 13 clients had a mean of 1.2 medication side effect forms completed during the quarter and a mean of 87.7 days during the quarter with at least one antipsychotic medication prescribed, for a mean during the quarter of 0.39 side effect forms completed per month of antipsychotic prescribed.</p>
	<p>2.c. Weight gain of over 1 BMI prompts consideration of a change (in medication, dosage, or behavioral intervention).</p>	<p>Not examined in RAISE Connection Program.</p>
<p>3. Assessment of weight</p>	<p>3. For clients prescribed an antipsychotic medication, weight is assessed monthly.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u></p> <p>Across Sites: Of 65 clients ever active, 58 (89%) had at least one weight recorded.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>Of 59 clients ever active who were prescribed an antipsychotic at least once, 52 (88%) had at least one weight recorded.</p> <p>These 59 clients had a mean of 0.4 weights recorded per month of antipsychotic treatment.</p> <p>Of 15 clients ever active who were prescribed olanzapine (N=12), clozapine (N=5), chlorpromazine (N=0), or thioridazine (N=0) at least once, 14 (93%) had at least one weight recorded. (These were the antipsychotics prescribed at least once that are known to have a liability for weight gain.)</p> <p>These 15 clients had a mean of 0.6 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or thioridazine.</p> <p>Site 1: Of 31 clients ever active, 25 (81%) had at least one weight recorded.</p> <p>Of 28 clients ever active who were prescribed an antipsychotic at least once, 24 (86%) had at least one weight recorded.</p> <p>These 28 clients had a mean of 0.2 weights recorded per month of antipsychotic treatment.</p> <p>Of 4 clients ever active who were prescribed olanzapine (N=2), clozapine (N=3), chlorpromazine (N=0), or thioridazine (N=0) at least once, 4 (100%) had at least one weight recorded.</p> <p>These 4 clients had a mean of 0.2 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>thioridazine.</p> <p>Site 2: Of 34 clients ever active, 33 (97%) had at least one weight recorded.</p> <p>Of 31 clients ever active who were prescribed an antipsychotic at least once, 28 (90%) had at least one weight recorded.</p> <p>These 31 clients had a mean of 0.6 weights recorded per month of antipsychotic treatment.</p> <p>Of 11 clients ever active who were prescribed olanzapine (N=10), clozapine (N=2), chlorpromazine (N=0), or thioridazine (N=0) at least once, 10 (91%) had at least one weight recorded.</p> <p>These 11 clients had a mean of 0.7 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or thioridazine.</p> <p><u>Most Recent Quarter (January-March, 2013)</u></p> <p>Across Sites: Of 45 clients active during the entire quarter, 23 (51%) had at least one weight recorded during the quarter.</p> <p>Of 35 clients active during the entire quarter who were prescribed an antipsychotic at least once during the quarter, 18 (51%) had at least one weight recorded.</p> <p>These 35 clients had a mean of 0.3 weights recorded per month of antipsychotic treatment during the quarter.</p> <p>Of 8 clients active during the entire quarter who were prescribed olanzapine (N=5), clozapine (N=3), chlorpromazine (N=0), or thioridazine (N=0) at least once</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>during the quarter, 5 (63%) had at least one weight recorded.</p> <p>These 8 clients had a mean of 0.4 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or thioridazine during the quarter.</p> <p>Site 1: Of 21 clients active during the entire quarter, 3 (14%) had at least one weight recorded during the quarter.</p> <p>Of 19 clients active during the entire quarter who were prescribed an antipsychotic at least once during the quarter, 3 (16%) had at least one weight recorded.</p> <p>These 19 clients had a mean of 0.1 weights recorded per month of antipsychotic treatment during the quarter.</p> <p>Of 3 clients active during the entire quarter who were prescribed olanzapine (N=1), clozapine (N=2), chlorpromazine (N=0), or thioridazine (N=0) at least once during the quarter, 1 (33%) had at least one weight recorded.</p> <p>These 3 clients had a mean of 0.1 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or thioridazine during the quarter.</p> <p>Site 2: Of 24 clients active during the entire quarter, 20 (83%) had at least one weight recorded during the quarter.</p> <p>Of 16 clients active during the entire quarter who were prescribed an antipsychotic at least once during the quarter, 15 (94%) had at least one weight recorded.</p> <p>These 16 clients had a mean of 0.7 weights recorded per month of antipsychotic treatment during the quarter.</p> <p>Of 5 clients active during the entire quarter who were</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>prescribed olanzapine (N=4), clozapine (N=1), chlorpromazine (N=0), or thioridazine (N=0) at least once during the quarter, 4 (80%) had at least one weight recorded.</p> <p>These 5 clients had a mean of 0.5 weights recorded per month of treatment with olanzapine, clozapine, chlorpromazine, or thioridazine during the quarter.</p>
<p>4. Assessment of fasting glucose/HbA1c and lipids</p>	<p>4. Assessment of fasting glucose/HbA1c and lipids conducted at intake, 2 months after, and then annually. Schedule repeated if new antipsychotic started.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u></p> <p>Across Sites: Of 65 clients ever in treatment, 44 (68%) had at least one fasting glucose level recorded or HBA1c measure recorded and 38 (58%) had at least one lipid measure recorded.</p> <p>Of 59 clients who were prescribed an antipsychotic at least once, 30 (51%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 25 (42%) had at least one lipid measure recorded.</p> <p>Of 59 clients who were prescribed an antipsychotic at least once, 25 (42%) had at least two blood sugar measures recorded and 8 (14%) had at least two lipid measure recorded.</p> <p>Of the 15 clients who were prescribed an antipsychotic with a weight gain liability at least once, 8 (53%) had at least one blood sugar measure recorded and 5 (33%) had at least one lipid measure recorded.</p> <p>Of the 15 clients who were prescribed an antipsychotic with a weight gain liability at least once, 5 (33%) had at least two blood sugar measures recorded and 1 (7%) had at least two lipid measures recorded.</p> <p>Site 1: Of 31 clients ever in treatment, 14 (45%) had at least one fasting glucose level recorded or HBA1c measure recorded</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>and 12 (39%) had at least one lipid measure recorded.</p> <p>Of 28 clients who were prescribed an antipsychotic at least once, 12 (43%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 10 (36%) had at least one lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 28 clients who were prescribed an antipsychotic at least once, 12 (43%) had at least two blood sugar measures recorded and 2 (7%) had at least two lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 4 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 2 (50%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 1 (25%) had at least one lipid measure recorded while prescribed these antipsychotics.</p> <p>Of 4 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 2 (50%) had at least two blood sugar measures recorded and 0 (0%) had at least two lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Site 2: Of 34 New York clients ever in treatment, 30 (88%) had at least one fasting glucose level recorded or HBA1c measure recorded and 26 (76%) had at least one lipid measure recorded.</p> <p>Of 31 clients who were prescribed an antipsychotic at least once, 18 (58%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 15 (48%) had at least one lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 31 clients who were prescribed an antipsychotic at least</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>once, 13 (42%) had at least two blood sugar measures recorded and 6 (19%) had at least two lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 11 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 6 (55%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 4 (37%) had at least one lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Of 11 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 3 (27%) had at least two blood sugar measures recorded and 1 (9%) had at least two lipid measure recorded while prescribed one of these antipsychotics.</p> <p><u>Most Recent Quarter (January-March, 2013)</u></p> <p>Across Sites:</p> <p>Of 45 clients in treatment throughout the last quarter, 33 (73%) had at least one fasting glucose level recorded or HBA1c measure recorded and 30 (67%) had at least one lipid measure recorded.</p> <p>Of 35 clients who were prescribed an antipsychotic at least once, 9 (25%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 8 (23%) had at least one lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 35 clients who were prescribed an antipsychotic at least once, 7 (20%) had at least two blood sugar measures recorded and 1 (3%) had at least two lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 8 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 3 (38%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 1</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>(13%) had at least one lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Of 8 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 2 (25%) had at least two blood sugar measures recorded and 0 (0%) had at least two lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Site 1: Of 21 clients in treatment throughout the last quarter, 12 (57%) had at least one fasting glucose level recorded or HBA1c measure recorded and 11 (52%) had at least one lipid measure recorded.</p> <p>Of 19 clients who were prescribed an antipsychotic at least once, 4 (21%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 3 (16%) had at least one lipid measure recorded while prescribed an antipsychotic</p> <p>Of 19 clients who were prescribed an antipsychotic at least once, 4 (21%) had at least two blood sugar measures recorded and 1 (5%) had at least two lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 3 clients who were prescribed olanzapine, clozapine, or chlorpromazine at least once, 1 (33%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 0 (0%) had at least one lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Of 3 clients who were prescribed olanzapine, clozapine, or chlorpromazine at least once, 1 (33%) had at least two blood sugar measures recorded and 0 (0%) had at least two lipid measure recorded while prescribed one of these antipsychotics.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>Site 2: Of 24 clients in treatment throughout the last quarter, 21 (88%) had at least one fasting glucose level recorded or HBA1c measure recorded and 19 (79%) had at least one lipid measure recorded.</p> <p>Of 16 clients who were prescribed an antipsychotic at least once, 5 (31%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 5 (31%) had at least one lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 16 clients who were prescribed an antipsychotic at least once, 3 (19%) had at least two blood sugar measures recorded and 0 (0%) had at least two lipid measure recorded while prescribed an antipsychotic.</p> <p>Of 5 clients who were prescribed olanzapine, Clozapine, or chlorpromazine at least once, 2 (40%) had at least one blood sugar measure (fasting glucose or HbA1c) recorded and 1 (20%) had at least one lipid measure recorded while prescribed one of these antipsychotics.</p> <p>Of 5 clients who were prescribed olanzapine, clozapine or chlorpromazine at least once, 1 (20%) had at least two blood sugar measures recorded and 0 (0%) had at least two lipid measure recorded while prescribed one of these antipsychotics.</p>

C. Performance Expectations for Services by the Recovery Coach or Equivalent Clinician

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>1. Recovery Coach provides flexible, motivational interventions. Recovery</p>	<p>1.a. Recovery Coach’s service logs indicate the provision of both group and individual sessions in illness</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 484 services, 105 (22%) were individual, 84 (17%) were Family Group, and 295 (61%) were SST Group.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
Coach works with clients and families, supporting resiliency and skill building in illness management and recovery treatment and treatment for substance use.	management and recovery.	<p>Site 1: 272 services, 27 (10%) were individual, 46 (17%) were Family Group, and 199 (73%) were SST Group. Site 2: 212 services, 78 (37%) were individual, 38 (18%) were Family Group, and 96 (45%) were SST Group.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 52 services, 21 (40%) were individual, 31 (60%) were group, no family group Site 1: 27 services, 0 (0%) were individual, 27 (100%) were group, no family group. Site 2: 25 services, 21 (84%) were individual, 4 (16%) were group, no family group.</p>
	1.b. At least 75% of patients participate in at least one session provided by the Recovery Coach.	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 59 of 65 individuals (91%) had at least 1 meeting with the RC. Site 1: 28 of 31 individuals (90%) had at least 1 meeting with the RC Site 2: 31 of 34 individuals (91%) had at least 1 meeting with the RC <u>Most Recent Quarter (January-March, 2013)</u> (for individuals enrolled for all of Q1, 2013, whether they Ever had a visit with the RC, even if that visit was in a previous quarter) Across Sites: 44 of 45 individuals (98%) had at least 1 meeting with the RC Site 1: 21 of 21 individuals (100%) had at least 1 meeting with the RC Site 2: 23 of 24 individuals (96%) had at least 1 meeting with the RC</p>
	1.c. At least 20% of clients have one or more family members participate (whether or not client is present) in at least one session provided by the Recovery Coach.	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 41 of 65 clients (63%) had at least 1 meeting with the RC with a family member present Site 1: 22 of 31 clients (71%) had at least 1 meeting with the RC with a family member present</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>Site 2: 19 of 34 clients (56%) had at least 1 meeting with the RC with a family member present</p> <p><u>Most Recent Quarter (January-March, 2013)</u> (for individuals enrolled for the entire Quarter, examining whether they ever had a visit with the RC with family member present, even if that visit was in a previous quarter)</p> <p>Across Sites: 31 of 45 clients (69%) had at least 1 meeting with the RC with a family member present</p> <p>Site 1: 17 of 21 families (81%) had at least 1 meeting with the RC with a family member present</p> <p>Site 2: 14 of 24 families (58%) had at least 1 meeting with the RC with a family member present</p>
	<p>1.d. Recovery coach's service logs indicate the provision of substance abuse treatment to at least 25% of clients.</p>	<p>Not examined in RAISE Connection Program.</p>

D. Performance Expectations for the Family Intervention

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>1. Working with families. Team discusses with each client ways family might be involved in the client's treatment and determines each client's preferences and reassesses these preferences periodically. Team documents family's participation in treatment over time.</p>	<p>1.a. Team has conversations with all clients regarding their preferences for family involvement as part of intake and at least quarterly thereafter.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u></p> <p>Across Sites: 39 of 65 clients (60%) had an initial consumer family preference form completed.</p> <p>Site 1: 7 of 31 clients (23%) had an initial consumer family preference form completed.</p> <p>Site 2: 32 of 34 clients (94%) had an initial consumer family preference form completed.</p> <p>Follow-up data not examined in RAISE Connection Program.</p>
	<p>1.b. Service logs note when family member is present.</p>	<p>For each site throughout the study period, service logs indicated when a family member was present.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
	<p>1.c. Service logs indicate that, in any given quarter, at least 50% of clients have one or more family members meeting with a member of the team at least once.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 62 of 65 clients (95%) had at least one meeting with a family member present Site 1: 30 out of 31 clients (97%) had at least one meeting with a family member present Site 2: 32 out of 34 clients (94%) had at least one meeting with a family member present</p> <p><u>Most Recent Quarter (January-March, 2013)</u> (for individuals enrolled for all of the Most Recent Quarter, whether any member of the team met with at least one family member during the Most Recent Quarter)</p> <p>Across Sites: 44 out of 45 clients (98%) had at least one meeting during the quarter with a family member present Site 1: 21 out of 21 clients (100%) had at least one meeting during the quarter with a family member present Site 2: 23 out of 24 clients (96%) had at least one meeting during the quarter with a family member present</p>

E. Performance Expectations for the Individual Placement and Support (IPS) Specialist

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>1. IPS specialist focuses exclusively on supported employment and supported education.</p>	<p>1. IPS specialists provide only employment and education services. Service logs indicate that less than 10% of the IPS specialist's time is devoted to case management and crisis services, administrative duties, or other duties not directly related to employment or education.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 91% time allocated to IPS (mean of 21 observations) Site 1: 95% (mean of 3 observations) Site 2: 91% (mean of 18 observation)</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 86% time allocated to IPS (mean of 4 observations) Site 1: No observations Site 2: 86% (mean of 4 observations)</p>
<p>2. Team leader provides intensive, outcome-based</p>	<p>2.a. Team leader conducts at least twice monthly IPS supervision</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: Mean of 11 employer contact logs per quarter</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>supervision with respect to meeting clients' goals for education and employment.</p>	<p>during which the situation of each client on the team is reviewed with respect to education and employment to identify new strategies and ideas to help clients in their school and work lives. IPS records document at least 2 such meetings per month.</p>	<p>signed by supervisor (total 85 employer contact logs); 78 of these 85 contacts (92%) were with an employer with hiring authority.</p> <p>Site 1: Mean of 3 employer contact logs per quarter signed by supervisor (total 25 employer contact logs). 23 of these 25 contacts (92%) were with an employee with hiring authority.</p> <p>Site 2: Mean of 8 employer contact logs per quarter signed by supervisor (total 61 employer contact logs). 56 of these 61 contacts (92%) were with an employee with hiring authority.</p> <p><u>Most Recent Quarter (January-March, 2013)</u></p> <p>Across Sites: 5 employer contact logs per quarter signed by supervisor; 5 of these contacts (100%) were with an employee with hiring authority.</p> <p>Site 1: 1 employer contact logs per quarter signed by supervisor; 1 of these contacts (100%) was with an employee with hiring authority.</p> <p>Site 2: 4 employer contact logs per quarter signed by supervisor; 4 of these contacts (100%) were with an employee with hiring authority.</p>
	<p>IPS specialist contacts a client's employer on behalf of the client when requested by the client</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u></p> <p>Across Sites: 30 of 65 individuals (46%) had documentation of an employer contact made on their behalf at least once.</p> <p>Site 1: 16 of 31 individuals (52%) had documentation of an employer contact made on their behalf at least once.</p> <p>Site 2: 14 of 34 individuals (41%) had documentation of an employer contact made on their behalf at least once.</p> <p><u>Most Recent Quarter (January-March, 2013)</u></p> <p>Across Sites: 4 of 45 individuals (9%) had documentation of an employer contact made on their behalf at least once in the current quarter.</p> <p>Site 1: 1 of 21 individuals (5%) had documentation of an employer contact made on their behalf at least once in the current quarter.</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
		<p>Site 2: 3 of 24 individuals (13%) had documentation of an employer contact made on their behalf at least once in the current quarter</p>
	<p>2.b. Team leader reviews employer contact logs with IPS specialist at least twice per month and helps IPS specialist think of plans to follow up with employers and teachers/instructors. IPS records document at least 2 such meetings per month.</p>	<p>Not examined in RAISE Connection Program.</p>
	<p>2.c. Team leader reviews current client outcomes with IPS specialist and sets goals to improve program performance at least quarterly, with monthly review. Team maintains a list of performance goals and associated performance over time.</p>	<p>Not examined in RAISE Connection Program.</p>
<p>3. Individualized follow-along supports. IPS specialist helps client problem solve work/school issues, based on a job/education support plan. The IPS specialist assists the client to seek out and benefit from natural supports (e.g., tutoring services, coworkers, family, etc.). Support is based on client preferences, work</p>	<p>3. At least 50% of IPS specialist's time is in community settings (outside the mental health center), devoted to engagement, employer and educational institution contacts, providing follow-along support, etc.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 55% of IPS Specialists' time is in the Community (mean of 21 observations). Site 1: 22% of IPS Specialists' time is in the Community (mean of 3 observations). Site 2: 60% of IPS Specialists' time is in the Community (mean of 18 observations).</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: 55% of IPS Specialists' time is in the</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>history, needs, and demands of the work/school environment. At client's request, IPS specialist provides employer supports or intervenes at an academic institution (e.g., educational information, job accommodations). The IPS specialist promotes career development, assisting clients in the pursuit of education and training, more desirable jobs and more preferred job duties. Most contact is face-to-face.</p>		<p>Community (mean of 4 observations). Site 1: no data for 2013Q1 Site 2: 55% of IPS Specialists' time is in the Community, (mean of 4 observations).</p>
<p>4. IPS worker helps clients find competitive jobs and mainstream education. IPS specialists help clients pursue permanent competitive jobs and academic opportunities in mainstream, integrated educational settings. Acceptable jobs include seasonal jobs and temporary jobs that are part of the community's regular labor market.</p>	<p>4. Supervision logs note, for each client being served by the IPS specialist, whether the person is in competitive employment, mainstream education, neither. Acceptable jobs include seasonal jobs, temporary jobs that are part of the community's regular labor market, and competitive internships even if unpaid so long as the internship is of set duration and applied for by a wide range of individuals pursuing training in that field.</p>	<p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: A mean 6.4 of clients were employed at any given time during this time period and a mean of 8.4 clients were in school at any given time during this time period. (Based on 22 observations.) Site 1: A mean 10.8 clients were employed at any given time during this time period and a mean of 11.3 clients were in school at any given time in this time period. (Based on 4 observations.) Site 2: Across time, Mean 1.9 employed; Mean 5.5 in school. (Based on 18 observations.)</p> <p><u>Most Recent Quarter (January-March, 2013)</u> Across Sites: A mean of 2.0 clients were employed at any given time during this quarter and a mean of 5.0 clients were in school at any given time during this quarter. (Based on 4 observations, all from Site 2.) Site 1: no data Site 2: A mean of 2.0 clients were employed at any given time during this quarter and a mean of 5.0 clients were in school at</p>

Program Component and Associated Expectations	Operationalization of Expectations	RAISE Connection Program Results
<p>5. Zero exclusion. All clients interested have access to IPS regardless of readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation.</p>	<p>5. Date of 1st meeting with IPS specialist (if there is such a meeting, assume that the IPS specialist is offering of IPS services)</p>	<p>any given time during this quarter. (Based on 4 observations.)</p> <p><u>Across All Time Periods (July, 2011-March, 2013)</u> Across Sites: 55 out of 65 clients (84.6%) have met with the IPS specialist at least once. Site 1: 26 out of 31 clients (83.9%) have met with the IPS specialist at least once. Site 2: 29 out of 34 clients (85.3%) have met with the IPS specialist at least once.</p> <p><u>Most Recent Quarter (January-March, 2013)</u> (for individuals enrolled for all of Q1, 2013, whether they Ever had a meeting with the IPS specialist, even if that meeting was in a previous quarter) Across Sites: 41 out of 45 clients (91.1%) have met with the IPS specialist at least once. Site 1: 20 out of 21 clients (95.2%) have met with the IPS specialist at least once. Site 2: 21 out of 24 clients (87.5%) have met with the IPS specialist at least once.</p>
<p>6. School age individuals attend school. Team is aware of absences from school and, when identified, incorporates ways to avoid them into the treatment plan. (The importance of working with youth over school attendance emerged as an important program component during the RAISE Connection Program)</p>	<p>6.a. Individuals who are enrolled in school but missing class have this problem identified and addressed in their treatment plan.</p>	<p>Not examined in RAISE Connection Program.</p>
	<p>6.b. Team leaders review each client's status with employment/education specialist at least twice monthly and addresses school performance, including attendance.</p>	<p>Not examined in RAISE Connection Program.</p>

Expectation: Teams see clients in the field as needed

Percentage of clients with at least 1 visit in the community with the team leader, psychiatrist, or recovery coach

