

**DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES**

iHOPE Project Report Form

Reporting Information

Region/CMHC:		Reporting Period:	
		Submission Date:	
Submitter Name:		Submitter Title:	
Submitter Email:		Phone Number:	

Program Description

Early Interventions for First Episode Psychosis (iHOPE)

The Federal Mental Health Block Grant (MHBG) requires a 10% Set-Aside for this programming. The ultimate goal is for all states to create programming that will significantly increase access to specialized evidence-based services and supports, including outreach services, to youth and young adults with or at risk of early signs of serious mental illness, including First Episode Psychosis in order to prevent or minimize full onset of illness of persons with clinical high risk and improve long term outcomes for these youth and young adults who have experienced First Episode Psychosis. This includes support to the young person's family members. First Episode Psychosis priority area: Evidence-based services and supports that address the needs of youth and young adults (15-30 years of age) with or at risk of First Episode Psychosis.

All iHOPE Programs will provide outreach to youth, young adults, family members and community partners and utilize Coordinated Specialty Care (CSC) within the CMHC service area to prevent or minimize full onset of illness and/or improve long term outcomes for youth and young adults with or at risk of First Episode Psychosis. Programming shall be implemented utilizing the "iHOPE Practice Guidelines" which is based on the Early Assessment and Support Alliance (EASA) Coordinated Specialty Care best practice model.

Objective #1

Objective Statement #1:

The iHOPE Team must include a 1.0 FTE team leader, a 1.0 FTE case manager, a .50 FTE peer specialist. These required FTEs should be filled by only one person. The iHOPE team shall also include additional staff to ensure these additional core components of Coordinated Specialty Care: outreach, Supported Employment/Education, Medication Management, Family Psychoeducation, Occupational Therapy, and Therapy services.

Measurement Method:

Report iHOPE team members by name, role on team, and FTE status.

Objective #1 Narrative:

Please list present iHOPE Team Members by name, including FTE (Full Time Equivalent) status. If a role is not filled, please indicate the date you anticipate filling this role and the FTE that will be assigned to the role.

Role on iHOPE Team	Name(s)		Total FTE
Team Leader			

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Role on iHOPE Team	Name(s)		Total FTE
Outreach			
Case Manager			
Peer Support Specialist			
Supported Employment/ Education Specialist			
Prescriber			

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Role on iHOPE Team	Name(s)		Total FTE
Occupational Therapist			
Therapist			
Family Psychoeducation			
Other (please specify)			
		Grand Total FTE	

Objective #2

Objective Statement #2:

All iHOPE Team Members must be trained in the Coordinated Specialty Care (CSC) Model.

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Objective Narrative #2B – NOT YET TRAINED:

For all iHOPE Team Members listed under Objective #1 who HAVE NOT yet been trained in Coordinated Specialty Care (CSC), please list the date that they will be trained in the CSC Model, the mode of training (face to face, individual and/or group training, online modules, reading materials), as well as the number of hours you expect them to be trained.

iHOPE Team Members NOT YET TRAINED		
Name	Mode of Training	# CSC Training Hours to Occur

Objective #3

Objective Statement #3:

Rapid access to care is of the utmost importance. Initial contact with the individual is required within 48 hours of referral to iHOPE. If the individual does not meet criteria for iHOPE, referral and warm handoff* to appropriate services is required within 48 hours of referral.

** Warm Handoff: An approach in which the iHOPE Team Member provides a face-to-face introduction of a potential client and/or family to the behavioral health specialist/program/support person to which they are being referred and includes no gap in the provision of care.*

Measurement Methods:

1. Number of referrals and length of time from referral to first contact.
2. Number of warm handoffs and length of time between referral and warm handoff.

Objective #3 Narrative:

In the following table, please complete the number of referrals as indicated for each quarter. The year-to-date (YTD) field will automatically calculate.

Please note that for item #'s 3C and 3F there is an additional Objective Narrative to complete, should you have any either of these types of referrals.

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#	Activity Description	Q1	Q2	Q3	Q4	YTD
3A	Number of iHOPE Referrals.					
3B	Number of iHOPE Referrals with an initial contact within 48 hours of referral to iHOPE.					
3C	Number of Referrals with an initial contact made in a time period longer than 48 hours of referral to iHOPE. <i>(Complete Objective #3C Narrative below.)</i>					
3D	Number of Referrals provided with a Warm Handoff* to other services/supports within 48 hours of referral. <i>(*See Objective Statement #3 for definition.)</i>					
3E	Number of Referrals requiring additional assessment prior to determining if Warm Handoff is necessary.					
3F	Number of Referrals, not requiring additional assessment, provided with a Warm Handoff to other services/supports in a time period longer than 48 hours of referral. <i>(Complete Objective #3F Narrative below.)</i>					

Objective #3C Narrative – Referrals:

If indicated, please list reason and indicate how your region will resolve this issue by the next reporting period.

Objective #3F Narrative – Warm Handoff:

If indicated, please list reason and indicate how your region will resolve this issue by the next reporting period.

Objective #4

Objective Statement #4:

Rapid access to care is of the utmost importance. Access to a Prescriber is required within one week of admission into iHOPE.

Measurement Methods:

1. Number of admissions into the iHOPE Program.
2. Of those admissions, the number that met with a Prescriber within one week of admission into iHOPE.

Objective #4 Narrative:

In the following table, please complete the number of admissions as indicated for each quarter. The year-to-date (YTD) field will automatically calculate.

Please note that for item # 4D there is an additional Objective Narrative to complete, should you have any admissions of this type.

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#	Activity Description	Q1	Q2	Q3	Q4	YTD
4A	Number of NEW FEP clients admitted into the iHOPE program.					
4A1	Number of NEW CHR clients admitted into the iHOPE Program.					
4B	Number of NEW iHOPE clients who met with a prescriber within one week of admission into the iHOPE Program.					
4C	Number of NEW iHOPE clients who chose NOT to see prescriber.					
4D	Number of NEW iHOPE clients who chose to see prescriber and did NOT meet with a prescriber within one week of admission into the iHOPE Program. (Complete Objective #4D Narrative below.)					

Objective #4D Narrative – Prescriber Appointments:

If indicated, please list reason and indicate how your region will resolve this issue by the next reporting period.

Objective #5

Objective Statement #5:

The iHOPE team must maintain an iHOPE team FTE to client ratio of 1:10 or less (i.e., if iHOPE team consists of 3.0 FTE staff, caseload size should be 30 or less).

Measurement Method:

Reporting of the caseload size for iHOPE team.

- CHR = Clinical High Risk – The early stage of illness where symptoms are manifesting, and functioning is beginning to decline.
- FEP = First Episode Psychosis – A first episode of psychosis experienced within the past 12 months.

Objective #5 Narrative:

Complete the following table related to team FTE to client ratio.

Please note that for items #'s 5D and 5E there is an additional Objective Narrative to complete.

#	Activity Description	Q1	Q2	Q3	Q4	YTD
5A	Total number of iHOPE clients for the quarter who are experiencing CHR.					N/A
5B	Total number of iHOPE clients for the quarter who are experiencing FEP.					N/A

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#	Activity Description	Q1	Q2	Q3	Q4	YTD
5B1	Total Number of iHOPE Clients served.					N/A
5B2	Of the Total Number Served (5B1), how many individuals are 18 years and older.					N/A
5B3	Of the Total Number Served (5B1), how many individuals are under age 18.					N/A
5C	Total number of iHOPE team member FTEs for reporting period (listed in Objective #1).					N/A
5D	HOPE team member staff to client ratio. {total FTE staff : total clients for reporting period} (Complete Objective #5D Narrative below.)					N/A
5E	Total number of iHOPE discharges for the quarter.					

Objective #5D Narrative – Staff to Client Ratio:

If your region does not meet the minimum standard of 1:10 staff to client ratio, please list reason and indicate how your region will resolve this issue by the next reporting period.

Objective #5E Narrative – Discharges:

For each discharge, please list reason for discharge and follow-up services provided.

Objective #6

Objective Statement #6:

Agency must identify a Lead Trainer/Coach for local implementation of the following practices/tools:

1. Structured Interview for Psychosis Risk Syndromes (SIPS)
2. Cognitive Behavioral Therapy for Psychosis (CBTp)

Measurement Method:

Reporting of the SIPS and CBTp leads with contact information. If the Lead Trainer/Coach changes anytime during the fiscal year, please update with new contact information.

Lead	Name	Email	Role w/Agency
SIPS Lead Trainer/Coach			
CBTp Lead Trainer/Coach			

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Objective #7

Objective Statement # 7:

Early screening and assessment is vital to ensure appropriateness of care.

- PRIME Screen – Tool developed by Yale PRIME clinic to screen for early psychosis.
- Structured Interview for Psychosis Risk Syndromes (SIPS) – Assessment tool for early psychosis.
- Prodromal Questionnaire-Brief (PQ-B) – Screening tool for early psychosis.

Measurement Methods:

1. Number of individuals receiving either PRIME screen or PQ-B, by Agency, during quarter.
2. Number of individuals referred for SIPS assessment, by Agency, during quarter.
3. Number of individuals having SIPS completed, by Agency, during quarter.

#	Activity Description	Q1	Q2	Q3	Q4	YTD
7A	Number of individuals receiving either PRIME screen or PQ-B, by Agency, during quarter.					
7B	Number of individuals referred for SIPS assessment, by Agency, during quarter.					
7C	Number of individuals having SIPS completed, By Agency, during quarter.					