



The CORE Study

Development of a measure to assess good practice in Crisis Resolution Teams

The CORE Study is funded by the UK Department of Health and run by a research team led by Sonia Johnson at University College London. Part of the study involves creating a “fidelity measure” for Crisis Resolution Teams (CRTs). This is meant to define a model of what best practice for crisis teams might be like, and to assess how far teams are achieving it.

We have done considerable development work, involving a review of current evidence and input from service users, carers and clinicians, and now have a draft measure of good practice in crisis teams, on which we would like to obtain feedback from as many perspectives as possible before piloting it in teams. The measure will generate a total fidelity score showing and will also highlight a service’s areas of strength and targets for service improvement.

We are very grateful for any comments minor or major, on the scale. If you can find time, please look at it, and let us know:

- **Any crucial aspects which impact on the performance of CRT services you feel are not included in the measure**
- **Any changes needed to the wording of included items or the scoring criteria**

Any comments are helpful, even if you don’t have time to go through it all. Any format is fine – you could send us a separate email, or track changes, or print off and post it to us as you prefer. If you would like to pass this on to anyone you know who you think might also be interested in commenting, we’d very much encourage you to do so.

Please send feedback to:

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Or

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About you

We would like if possible to get some brief details of people who give us feedback in order to see whether we've achieved our aim of getting feedback from a wide range of perspectives - if this is OK with you, please complete the details on this page before going on to look at the crisis team fidelity measure, which starts on the next page.

Which of the following groups do you belong to? Please put an x next to all that apply to you.

<i>Service user</i>	
<i>Carer/family member or friend of service user</i>	
<i>Crisis team staff member or manager</i>	
<i>Other mental health staff</i>	
<i>Voluntary sector organisation staff or volunteer</i>	
<i>Academic researcher</i>	
<i>Other role - Please say what:</i>	

In which country have you had most contact with crisis teams or other mental health services?

For health professionals

Please use an x to indicate your profession and also the type of service in which you currently work:

Profession	Put an x in this column if this applies to you	Type(s) of service you currently work in	Put an x if you work in this type of service
Nurse		Crisis team	
Doctor		Inpatient service	
Occupational therapist		Other community team (including CMHT, assertive outreach, early intervention, recovery)	
Social worker		Psychiatric liaison/A and E team	
Clinical or counselling psychologist		Senior management team for Trust	
Peer support worker		Community residential service	
Mental health staff without a specific qualification (support workers, STAR workers etc.		Primary care setting	
Other, please describe:		Other, please describe:	

CRT Fidelity Measure – 1st Draft May 2013

Please send us comments on any or all of the following items and the ways they are scored. 5 is intended to indicate an excellent service, 3 one which is adequate.

	Item	Scoring criteria
	1. Referrals and access	
1	The CRT responds quickly to new referrals service users and carers	<p>5: The CRT responds to the referrer within 30 minutes; can offer an assessment with the service user which takes place within 4 hours for >95% of referrals; has systems to identify and respond to high risk referrals within 1 hour; and has systems to log and monitor response times and review breaches of response targets</p> <p>4: The CRT responds to the referrer within 30 minutes and can offer a same-day assessment with the service user for referrals made before 6pm for >95% of referrals; and has systems to identify and respond to high risk referrals within 2 hours</p> <p>3: The CRT responds to the referrer within 30 minutes and can offer a same-day assessment with the service user for referrals made before 6pm for >95% of referrals</p> <p>2: The CRT responds to the referrer within 1 hour and can a same-day assessment with the service user for referrals made before 6pm for 50% - 95% of referrals</p> <p>1. The CRT responds to the referrer within 1 hour and can a same-day assessment with the service user for referrals made before 6pm for <50% of referrals</p> <p>[Scoring guidance: don't include early discharge clients for this – not so crucial; systems to identify and respond quickly to high risk clients must be written + accepted as working well from other mental health staff as well as CRTs] [Assessment methods: any monitoring of response times, confirmation from all referral sources]</p>
2	The CRT is easily accessible to all eligible referrers	<p>Scoring criteria: a) the CRT has no paperwork preconditions before referral; b) the CRT is directly contactable for referrals by phone; c) decisions whether to assess clients are made directly following referral, without pre-triage from another service then the CRT; d) the CRT contact details and referral routes are publically available</p> <p>5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 1: no criteria are met</p> <p>[Scoring guidance: Directly contactable by phone = direct number, answered in person by clinical staff, not paging service or administrator); referrals via SPoA are ok as long as the CRT then goes with SPoA decision without reassessment/more info. Publicising, e.g. on the local health authority/Trust website]</p>

	Item	Scoring criteria
3	The CRT accepts referrals from all sources	<p>Scoring criteria: accepts referrals from: a) all secondary mental health services; b) GPs; c) other Primary Care and general health services; d) non-health supporting agencies; e) known service users and their families; f) new service users and their families, or from an easily accessible alternative contact point (e.g. a crisis line or a single point of access) which is available to new service users 7 days per week</p> <p>5: all the above criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: 3 criterion is met 1: 2 or fewer criteria are met</p> <p>[Scoring guidance: non-health agencies to include at minimum: the police, voluntary sector mental health services; substance misuse services and statutory social services</p>
4	The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital	<p>Scoring criteria: will work with the following in circumstances where they would otherwise be admitted to an acute mental health ward: a) personality disorder; b) drug and alcohol problems; c) learning difficulties; d) 16-18 and 65+ with non-organic mental health problems (unless specific youth or older age crisis services cater for these groups); e) written service guidance/protocol clearly reinforces these criteria</p> <p>5: all 5 criteria are met 4: 3 of criteria a-d are met 3: 2 of criteria a-d are met 2: 1 of criteria a-d is met 1: 0 criteria are met</p>
5	The CRT provides a 24 hour, seven day a week service	<p>5: The CRT operates and can visit service users at home 24 hours a day, seven days a week</p> <p>4: The CRT can visit service users at home at least 14 hours per day and can provide telephone support and assessments at health service premises at other times</p> <p>3. The CRT can visit service users at home at least 12 hours a day and can provide telephone support and assessments at health service premises at other times</p> <p>2. The CRT can visit service users at home less than 12 hours per day but can provide telephone support and assessments at health service premises at other times</p> <p>1. The CRT can visit service users at home less than 12 hours a day and has no facility to assess or support service users in person at other times</p>
6	The CRT has a clearly defined "gatekeeping" role to screen and make decisions about admissions to hospital and assesses all patients before admission to acute psychiatric wards	<p>Scoring criteria: a) the CRT's gatekeeping role is defined in organisational policy agreed by all local services; b) the CRT and acute wards have systems to identify and review failures in gatekeeping and plan to avoid recurrences c) the CRT assesses in person more than 98% of all voluntary admissions to psychiatric hospital (fully met), or more than 90% (partially met) d) the CRT assesses in person >90% of all compulsory admissions to psychiatric hospital (fully met) or more than 67% (partially met);</p> <p>5: all criteria are fully met 4: Criteria A, B and C are fully met and criterion D is partially met 3: Criteria A, B and C are fully met but criterion D is not met OR criteria C and D are both partially met and criteria A and B are met 2: Criteria C and D are both partially met but at least one of criteria A and B are not met OR one of Criteria C and D is not met 1: Neither criterion C nor criterion D is fully or partially met</p>

	Item	Scoring criteria
7	The CRT facilitates early discharge from hospital	Scoring criteria: a) CRT staff attend all acute wards serving the CRT catchment area at least three times per week to screen all service users for potential early discharge; b) The CRT attends ward round or otherwise assesses in person for early discharge >90% of voluntary patients or patients detained for assessment in local acute wards; at least 20% of the CRTs' caseload are service users being supported with early discharge from hospital; d) the CRT will accept and provide a service to more than 95% of service users identified as suitable for early discharge within 24 hours; e) the CRT has a policy to provide a same-day home visit to CRT service users discharged from hospital and achieves this for >95% of service users 5: all criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criteria are met 1:1 or no criteria are met
8	The CRT provides explanation and direction to other services service users, carers and referrers for referrals which are not accepted	Scoring criteria: a) the CRT provides a written response or documented phone or face-to-face contact to referrers for >95% of service users assessed in person but not taken on, explaining their decision and identifying appropriate sources of support; b) the CRT will refer in person to appropriate sources of support service users assessed in person but not taken on; c) there is a written, agreed care pathway at organisational level for service users requiring urgent help but not requiring hospital admission or CRT care; d) the CRT monitors referrers for accepted and declined referrals and provides clear guidance about referral thresholds to frequent inappropriate referrers 5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 1: no criteria are met
9	The CRT responds appropriately to enrolled service users' and carers' requests for help from the service	Scoring criteria: Service users and carers are all given a direct number to contact the CRT and a) Phones are answered in person throughout CRT opening hours; b) The CRT sets and achieves >90% a target response time of 15 minutes or less for response by a CRT clinician able to give advice; c) The CRT sets and achieves >90% a target response time of 30 minutes or less for response by a CRT clinician able to give advice;d) the CRT schedules additional same-day home visits where needed in response to enrolled service users' and families' requests for help 5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 1: no criteria are met Scoring guidance: if Sus and carers have no contact number for the CRT – score 1
10	The CRT is a distinct service which only provides crisis assessment and brief home treatment until an immediate crisis is resolved, for people who would otherwise have been admitted to psychiatric hospital	Scoring criteria: a) CRT staff's work involves crisis assessment and home treatment (>95% of the time = fully met; >75% of the time = partially met); b) CRT service users' length of stay is brief similar to acute wards(>95% service users stay with the CRT <6 weeks = fully met; <75% =partially met) 5. Both criteria are fully met 4. One criterion is fully met; one is partially met 3. Both criteria are partially met 2. One criterion is partially met; the other is unmet 1. Both criteria are unmet Scoring guidance: Manning a broader assessment service/SPoA; A&E or continuing care services constitutes non-CRT work; length of stay= length of stsay in active treatment, not phone support pre/post discharge

	Item	Scoring criteria
	2. Content and delivery of care	
11	The CRT conducts a comprehensive assessment for all service users accepted for CRT support	<p>Scoring criteria: a) A structured assessment is carried out documenting: circumstances of the presenting problem and potential triggers for the crisis; symptoms; current medication and medication management; family and social network; social functioning including difficulties with employment, housing and finances; substance misuse; risks and safety; strengths, goals and treatment preferences; Personal and psychiatric history (or reference to where it is already accessible in patient records); involved carers' views; b) The CRT uses assertive engagement strategies to assess service users in person (e.g. repeated visits if service user not present and phone calls to involved family or others if the service user is difficult to contact or initially reluctant to meet the CRT.</p> <p>5: Assessments documenting at least 9 domains are completed for >90% of service users and the CRT uses assertive engagement strategies</p> <p>4: Assessments documenting at least 9 domains are completed for 80%-90% of service users and the CRT uses assertive engagement strategies</p> <p>3: Assessments documenting nine domains are completed for >80% of service users</p> <p>2: Assessments documenting eight domains are completed for >80% of service users</p> <p>1: Assessments document <8 domains for more than 80% of service users</p> <p>Scoring guidance: all source agreement for assertive engagement strategies</p>
12	The CRT provides clear information to service users and families about treatment plans and visits	<p>Scoring criteria: a) Written information about the CRT, its role and contact details is provided to all SUs and carers present at initial assessment: b) A written treatment plan identifying the interventions the CRT will provide is provided to all service users and involved family/carers within 3 days (fully met) or within 1 week (partially met); c) home visits are arranged the day before, within a two-hour time period (fully met) or in advance on the same day, within a 2 hour time period (partially met); d) CRT staff arrive within an hour of the planned time >90% of the time; SUs are always phoned in advance if CRT staff will be late; missed and late visits are monitored by the CRT (met in full) CRT staff arrive within an hour of the planned time >80% of the time and SUs are always phoned in advance for late or missed visits (partially met); e) CRT staff have access to and awareness of psychoeducational materials regarding diagnosis and treatment options to share with service users and families where appropriate</p> <p>5: All criteria are met in full</p> <p>4: 4 criteria met in full and one partially met</p> <p>3: 3 criteria met in full and two unmet OR 2 criteria are met in full and three partially met</p> <p>2: 2 criteria met in full or all 5 are partially met</p> <p>1: Only 1 criterion met in full or <5 partially met</p>
13	The CRT closely involves and works with families and wider social networks in supporting service users	<p>Scoring criteria: a) Initial assessment or treatment plans identify all key supporters in service users' family or social network; b) The CRT have documented attempts to contact at least one key supporter for all service users; c) at least one key supporter is invited to care planning or review meetings, where the service user's consent is given; d) an individualised role for at least one key supporter in treatment plans is identified in service users' treatment plans</p> <p>(Fully met = >90% of service users; partially met = >70%)</p> <p>5: All 4 criteria met in full</p> <p>4: 3 criteria met in full and one partially met</p> <p>3: 3 criteria met in full and one unmet OR 2 criteria met in full and two partially met</p> <p>2: 2 criteria met in full or all 4 partially met</p> <p>1: Only 1 criterion met in full or <4 partially met</p>

	Item	Scoring criteria
14	The CRT assesses carers' needs and offers carers emotional and practical support	<p>Scoring criteria: a) The CRT offers carers the opportunity to meet CRT staff separately from the service user to discuss their own support needs; b) the CRT provides carers/families with written information about local services for carers (e.g. welfare advice, carers groups); c) the CRT specifically records (using a structure proforma or as part of assessment/treatment plans) carers' needs and a support plan; d) a written copy of the CRT's support plan is offered to the carer; e) the CRT has a written policy on confidentiality, identifying how carers may be supported even where service users refuse permission to share information with carers</p> <p>(A-D: fully met = >90 of service users with an identified carer; partially met = >60%)</p> <p>5: All criteria are fully met 4: 4 criteria are fully met OR 3 are fully met and 2 are partially met 3: 3 are fully met and one or more are unmet 2: 2 criteria are fully met OR all criteria are at least partially met 1: 1 or no criteria are met</p> <p>Scoring guidance: an involved carer = anyone who lives with a service user or sees them every day</p>
15	The CRT reviews, prescribes and delivers medication for all service users when needed	<p>Scoring criteria: a) the CRT can review medication within 24 hours for any SU where needed; b)The CRT can prescribe medication; c) the CRT will collect and deliver medication for SUs up to twice a day where needed; d) the CRT has written medication policies and procedures which are well understood by CRT staff</p> <p>5: All criteria are fully met 4. 3 criteria are fully met and one partially met 3. 3 criteria are fully met and one unmet OR two are fully met and two partially met 2: 2 criteria are fully met or all 4 are partially met 1: Only one criterion is fully met or <4 are partially met</p> <p>Scoring guidance: partially met if medication review or prescription only available Mon-Fri or if medication delivery only available for some psychotropic medicines, or only once per day</p>
16	The CRT promotes service users' and carers' understanding of medication and addresses concerns or problems with medication	<p>Scoring criteria: a) Side effects are monitored with evidence of review or response to identified side effects (using structured assessment schedules = fully met); b) Service users and involved carers are provided with written details of the current medication regime; c) service users and involved carers are provided with written and oral information about the rationale, desired effect and possible side effects of prescribed medication (or rationale if no medication is prescribed); d) Service users' current adherence to prescribed medication is documented and means to aid adherence (e.g. dosette boxes, reminders from family, charts) are provided where non-adherence is identified. All criteria fully met if provided to >75% of SUs; partially met if provided to 50%-75%.</p> <p>5: All 4 criteria met in full 4: 3 criteria met in full and one partially met 3: 3 criteria met in full and one unmet OR 2 criteria met in full and two partially met 2: 2 criteria met in full or all 4 partially met 1: Only 1 criterion met in full or <4 partially met</p>

	Item	Scoring criteria
17	The CRT provides to psychological interventions	<p>Scoring criteria: a) The CRT team includes a qualified clinical or counselling psychologist or registered CBT therapist, who sees CRT service users; b) Suitability/need for psychological interventions is assessed and documented for >80% of CRT service users; c) Brief psychological interventions are provided to >80% of CRT service users for whom this is identified as suitable/a need; d) CRT staff are provided with supervision or training in delivering psychosocial interventions from a qualified psychologist or CBT therapist at least every 2 months (>80% of the staff team)</p> <p>5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 1: no criteria are met</p> <p>Scoring guidance brief psychological interventions:</p>
18	The CRT considers and addresses service users' physical health needs	<p>Scoring criteria: a) Service users' physical health problems are asked about and documented in initial assessments; b) The CRT plans to identify and ensure access to physical health treatments during CRT care for those with identified physical health problems; c) The CRT provides (or confirms provision during the last 6 months from Primary Care) screening for cardiovascular risk factors for service users on psychotropic medication (Fully met = >80%; partially met = >50%)</p> <p>5: All criteria are fully met 4: Two criteria are fully met and one is partially met 3: Two criteria is fully met and one not met OR one criteria is fully met and two partially met 2: Only one criteria is fully met and at least one is not met OR all three criteria are partially met 1. No criteria are fully met and at least one is unmet</p>
19	The CRT helps service users with social and practical problems	<p>Scoring criteria: The CRT helps service users with the following life domains: a) Basic living needs (e.g. ensuring access to food, heating and helping with urgently essential cleaning or repairs; b) Benefits and debts(e.g. ensuring access to essential benefits/sources of income + assistance with urgent debt management); c) urgent legal and social problems (e.g. assistance with urgent criminal justice matters; threats to current employment; tenancy problems</p> <p>(Fully met = evidence from treatment plans that these types of help are provided on occasion and wherever identified as needs; agreement from all sources that the CRT does help with these problems; partially met = most evidence suggests CRT does address these issues but disagreement from one or more sources; not met = sources suggest this help is not given on most occasions where needed)</p> <p>5: All three social life domains fully supported by the CRT 4: 2 life domains fully supported; 1 partially supported 3: 2 life domains fully supported and one not supported or 1life domain fully supported and 2 partially supported 2: All 3 life domains partially supported or 1 fully supported and 2 not supported 1: No life domains fully supported and two or fewer partially supported</p>

	Item	Scoring criteria
20	The CRT provides individualised care	<p>Scoring criteria: a) Service users' individual needs and goals are recorded in initial assessments or treatment plans; b) treatment plans reflect service users' needs and goals; c) Treatment plans are revised to reflect changes in service users' needs or goals during CRT care</p> <p>5: All criteria are met in full for >80% of service users 4: All criteria are met in full for 50% - 80% of service users 3. All criteria are partially met for >80% of service users 2. All criteria are partially met for 50% -80% of service users 1. Criteria are all met fully or partially for <50% service users</p> <p>Scoring guidance: use chart review to check if treatment plans differ from each other and map directly onto SU goals/preferences (cf TMACT person centred planning item + GOI individualised care item); are treatment plans revised during care (partially) and is this evidently in response to changes in needs/goals (fully)</p>
21	CRT staff visits are long enough to discuss service users' and families' concerns	<p>Scoring criteria: a) The CRT has a written policy regarding length of visits which includes stipulation that on any day in which the CRT visits a service user, at least one visit should be at least 30 minutes duration; b) The CRT records and monitors duration of visits and takes action to address brief visits; c) On days where CRT staff visit service users, at least one visit is >30 minutes duration (for >95% service users = fully met; >75% = partially met); all sources agree visits by CRT staff are not limited to specific, pre-planned tasks, but do allow discussion of service users' and families concerns and priorities</p> <p>5: All criteria are fully met 4: Criterion C and D are fully met, but one of criteria A or B is not met 3: Criterion C and D are fully met but criteria A and B are not met OR Criterion C is partially met but all other criteria are fully met 2: Criterion C is partially met OR Criterion D is not met 1: Criterion C is partially or not met and criterion D is not met</p> <p>Scoring guidance: in the absence of any monitoring/log of visit duration, rate C on evidence from all sources – i.e item can be fully met if all service users, families and staff agree visits of 30mins+ always provided</p>
22	The CRT prioritises good therapeutic relationships between staff and service users and carers	<p>Scoring criteria: a) Recruitment procedures explicitly designed to identify staff with good interpersonal skills when working with SUs) b) The CRT takes steps to monitor and develop all CRT staff's interpersonal skills with service users and families (e.g. field mentoring from CRT manager or senior staff for >90% staff within the last year to monitor/supervise interpersonal skills; whole team-training involving role play with feedback from service users or carers re interpersonal skills) c) The CRT explicitly seeks feedback from SUs (e.g. via survey or audit) within the last year and demonstrates action to address resulting concerns and complaints; d) There is service user and carer representation on the CRT advisory board or management committee (both groups = fully met; one group = partially met))</p> <p>5: All criteria are met in full 4: 3 criteria are fully met and one partially met 3. 3 criteria are fully met and one unmet OR 2 criteria are fully met and one unmet 2. 2 criteria are fully met and two unmet OR 1 criteria is fully met and three are partially met 1. Only one criteria is fully met and at least one is unmet OR no criteria are fully met</p> <p>Scoring guidance: a) recruitment procedures = good interpersonal skills explicitly included in person spec; peer representation on interview panel; role play/interview questions to directly assess interpersonal skills (at least 2 = fully met; 1 = partially); b) monitoring interpersonal skills: more than 80% of staff within the last year = fully met; more than 50% = partially)</p>

	Item	Scoring criteria
23	The CRT offers service users choice regarding location, timing and types of support	<p>Scoring criteria: a) Accepting medication is not a precondition for receiving CRT care; b) Service users' preferences regarding treatment options are recorded and reflected in treatment plans for >80% of service users; c) The CRT meets service users in a range of locations (not just A&E or hospital sites) where home visiting is not possible or wanted by the service user; d) The CRT arranges the time of visits to fit around service users' or carers' preferences or commitments (e.g. work, childcare)</p> <p>5: All criteria are met 4: Criterion A and 2 other criteria are met 3: Criterion A and 1 other criteria are met 2. Criterion A and no other criteria are met 1. Criterion A is not met</p>
24	The CRT helps plan service users' and service responses to future crises	<p>Scoring criteria: a) The CRT develops or reviews a personal relapse prevention plan with all service users (for >90% and clearly individualised = fully met; for 60-90% or >90% but not fully individualised= partially);b) CRT staff demonstrate access to and knowledge to offer other structured self-management programmes to promote recovery or respond to future difficulties (fully = >50% of the staff team will help service users navigate and use self-management resources; partially = access to resources but <50% of team routinely help use these) c) CRT staff discuss advance directives with service users and develop or review advance directives where appropriate</p> <p>5: All criteria are met in full 4: Criterion A is fully met and criteria B OR C is fully met 3: Criterion A is fully met 2: Criterion A is partially met 1: Criterion A is not met</p> <p>Scoring guidance Personalised relapse prevention plans = includes personal triggers, early warning signs, coping strategies and service responses; self-management resources = recovery plans (e.g. WRAP) or structured symptom management programmes e.g. anxiety management; advance directives criterion requires agreement from staff and at least one service user or casenotes that advance directives were discussed and developed</p>
25	The CRT plans aftercare for all service users	<p>Scoring criteria: a) The CRT makes referrals to health and non-health organisations identified to provide support post-discharge wherever additional support is required b) a discharge meeting is arranged; c) service users and involved family are invited to attend; c) representatives from other involved mental health services attend; d) a written discharge plan identifying providers of support following discharge from the CRT is provided to service users; e) details of how to access crisis help in the future are provided to the service user and involved family members</p> <p>5: All criteria are met for >90% of service users 4: At least 4 criteria are met for >90% of service users 3. At least 3 criteria are met for >90%of service users 2. At least 2 criteria are achieved for >90% of service users 1.None or one criteria are met for >90% of service users</p>

	Item	Scoring criteria
26	The CRT prioritises acceptability to service users in how CRT care is ended	<p>Scoring criteria: a) service users and involved family are always given at least 48 hours notice before discharge from the CRT (excluding hospital admission); b) The CRT records discussion with service users and involved family regarding how and when CRT care should end; c) The CRT will “taper” care i.e. planned decrease in frequency of care before discharge to meet service users needs and preferences; c) Service users or families may contact the CRT directly for support or advice for at least 2 weeks following discharge (regardless of general referrals policy); e) The CRT can provide a directory of local services and resources to service users and their families, which they could access following CRT discharge</p> <p>5: All criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criteria are met 1: 1 or no criteria are met</p>
	3. Staffing and team procedures	
27	The CRT has adequate staffing levels	<p>Scoring criteria: a) The CRT caseload of service users receiving acute home treatment is not too high (Fully met = median CRT caseload is <25 per 14 full time equivalent clinical staff; partially met = median CRT caseload is <30 per 14 full time equivalent clinical staff; b) More than 80% of CRT staff (over the last three months) are permanent staff (not bank or agency staff); c) There is all source agreement that same day assessments or additional same-day home visits in response to crises are rarely precluded (i.e. not more than once per month) because of staffing levels</p> <p>5: All criteria are met 4: Criteria A and C are met and criterion B is not met 3: Criterion A is fully met but criteria B and C are not met OR Criterion A is partially met but criteria B and C are met 2: Criterion A is partially met and one of Criteria B and C is not met 1: Criterion A is not met</p> <p>Scoring guidance: active caseload = service users seen at least every other day for home treatment: do not include SUs seen infrequently for tapered end to contact/phone support or inpatient SUs being monitored</p>
28	The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels	<p>Scoring criteria: a) Total psychiatric cover is at least 1.0fte per median caseload size of 30, covering at least 5 days per week fully met; at least 0.6 fte per caseload of 30 covering at least 3 days per week (partially met); b) Total consultant psychiatrist time is at least 0.6fte per median caseload of 30 covering at least 3 days per week (fully met); at least 0.3fte (partially met); c) The CRT can obtain advice and arrange urgent psychiatric assessments (within 4 hours) for CRT service users from a psychiatrist within the local service system for all the CRT’s opening hours</p> <p>5: All criteria are fully met 4: 2 criteria are fully met and one is partially met 3: 2 criteria are fully met and one is not met OR one criteria is fully met and two are partially met 2: Only one criterion is met and at least one is unmet 1: No criteria are fully met</p>

	Item	Scoring criteria
29	The CRT is a full multi-disciplinary staff team	<p>Scoring criteria: The CRT team includes dedicated time from: nurses; occupational therapists; clinical or counselling psychologists; social workers; consumer employees; Approved Mental Health Professionals or equivalent; family therapist; other support staff without professional mental health qualifications; pharmacists</p> <p>5: The CRT team includes 7 or more of the listed staff groups 4: The CRT team includes 6 of the listed staff groups 3: The CRT team includes 5 of the listed staff groups: 2: The CRT team includes 4 of the listed staff groups 1: The CRT team includes 3 or fewer of the listed staff groups</p> <p>Scoring guidance: AMPH or equivalent (ie. non medical professional with role in formal assessment for compulsory detention in hospital); Consumer employee = employee who has used secondary mental health services and identifies themselves as such in their work, but not necessarily employed in specific peer support role; family therapist = post-graduate family work/therapy qualification Direct CRT employees or dedicated sessional time both qualify</p>
30	The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff	<p>Scoring criteria: a) Induction for new staff involves at least 2 days of CRT-specific training for staff who have not previously worked in CRTs; b) More than 90% have received supervision at least monthly during the last 6 months; c) The CRT has a programme of ongoing CRT service-specific training for CRT staff with sessions at least every two months; d) The CRT manager or senior staff conduct field mentoring of more than 80% CRT staff at least once each year</p> <p>5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 0: No criteria are met</p>

	Item	Scoring criteria
31	The CRT has comprehensive risk assessment and risk management procedures, including procedures for safeguarding children and vulnerable adults living with CRT service users	<p>Scoring criteria:a) Risk assessment: a structured risk assessment proforma is used documenting identified risks of self-harm or suicide, self-neglect, exploitation by others and harm to others + clearly identifying contact with children and vulnerable adults and potential related risks to them; (fully met= >90%; partially met = >80%) b) risk management: a risk management plan is documented for all identified risks including current CRT response and plans for increase in risk and where appropriate; names of others who can help and individualised risk reduction strategies and plans considered for all children living with CRT service users (fully met= >90%; partially met = >80% or >90% but not clearly individualised) c) evidence that risk assessments and management plans are updated by staff during CRT care as perceived risks change and/or management plans require change; d) CRT staff training in safeguarding children and vulnerable adults is up-to-date in line with service guidelines and staff show awareness of thresholds for contacting other agencies; (fully met = >80% of staff team trained within the last year + awareness demonstrated in staff interview; partially met = 60%-80% trained) high risk service users are identified and prioritised at CRT team level (e.g. specifically discussed at handovers, on team boards); f) The CRT can provide staff to stay with service users at home for extended periods (up to 4 hours) to manage risks in exceptional circumstances (e.g. carer absence, start of medication)</p> <p>5: All criteria are fully met 4: Criteria A,B,C and D are fully met and one of criteria E and F is met 3. Criteria A, B, C, D are met but criteria E and F are not met 4. One of criteria A, B, C, D is not fully met 5. More than one of criteria A, B, C, D is not fully met</p> <p>Scoring guidance; partially completed risk assessments/management plans e.g. no structured proforma; minimal identification of safeguarding risks, or risks to self e.g..self-neglect or exploitation; no individualisation of risk management plans; updated risk plans for >90% of service users where progress notes indicate updating necessary</p>
32	The CRT has systems to ensure the safety of CRT staff members	<p>Scoring criteria: a) The CRT/local organisation has clear lone worker and safety check-in policies which are adhered to; b) The CRT adopts practical solutions where required to provide a service while maintaining staff safety (e.g. visits in pairs, same gender workers, ability to see service users on CRT premises); c) >95% of staff are up to date with breakaway and staff safety training; d) the CRT manager or senior staff provide same day debriefing/reflection for CRT staff following a threatening or upsetting incident; e) Serious untoward incidents are specifically recorded and reviewed at least annually to identify necessary changes to safety arrangements</p> <p>5: all criteria are met 4: Criteria A and B and two other criteria are met 3: Criteria and and B and no or one other criteria are met 2: Either criterion A or criterion B is not met 1:Criterion A and criterion B are both not met</p>

	Item	Scoring criteria
33	The CRT has effective record keeping and communication procedures to promote teamwork and information sharing between CRT staff	<p>Scoring criteria: a) the CRT has handover meetings between each CRT shift; b) shift handovers for all day-time shifts review clinical status and immediate action steps for all current CRT service users; c) The CRT has non-client review whole-team meetings at least once per month to address team procedures and organisation; d) The CRT has a policy that client contacts are written up in patient records the same day and this is adhered to >90% of the time; e) CRT staff have immediate out-of-office access to read and write patient records</p> <p>5: all criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criterion is met 1: 1 or 0 criteria are met</p>
34	The CRT works effectively with other community services	<p>Scoring criteria: a) communication and joint meetings between CRT and other involved community mental health services are evident for >80% of service users with involved community services during CRT care; b) CRT discharge plans and treatment summaries are routinely sent to GPs and involved mental health services promptly (within 3 days) at the end of CRT care; c) The CRT has an identified link worker or equivalent for at least one key community mental health service who visits the service at least monthly to discuss joint working issues; d) CRT and community mental health service managers meet at least every two months to review care pathways and referral protocols and address issues re joint working</p> <p>5: all four criteria are met and both CRT and community team sources report good working relationships 4: 3 criteria are met and all sources report good working relationships 3: At least three criteria are met and no more than one source reports difficult working relationships 2: Three criteria are met and more than one source reports difficult working relationships OR two criteria are met but all or all but one source report good working relationships 1: One or no criteria are met OR two criteria are met but more than one source reports difficult working relationships</p>
35	The CRT takes account of equality and diversity in all aspects of service provision	<p>Scoring criteria: a) The CRT monitors demographic characteristics of service users referred and accepted for CRT support and uses this information to try to address any inequalities of access to the CRT; b) The CRT team broadly reflects the demographics of the local population; c) the CRT can access interpreters to attend in person/video conference within 24 hours or by phone within 4 hours for >90% of service users for whom this is needed; d) the CRT can demonstrate at least one active attempt during the last 12 months relevant to the local population to make the CRT service more appropriate for a minority group</p> <p>5: all 4 criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 0: No criteria are met</p> <p>Scoring guidance broadly representative of the local population (i.e. at least 30% male and female staff; CRT staff from any ethnic group comprising >20% of the catchment area population; BME staff +/- 20% of the catchment area population)</p> <p>Active attempts to cater for minority groups e.g. leaflets in non-English languages; adjustments of the built environment to increase accessibility for physically disabled; adapting self-management resources for people with learning difficulties (Do not include classroom training in equal opportunities/diversity for this item)</p>

	Item	Scoring criteria
36	The CRT has systems to provide consistency of staff and support to a service user during a period of CRT care	<p>Scoring criteria: a) The CRT allocates a named worker or equivalent for each service user who is responsible for ensuring key care tasks for that service user are completed (>90% = fully; >80% = partially); b) The named worker is identified in patient records and to service users and carers; (>90% + recognition from Sus and carers=fully); c) The CRT makes efforts to limit the number of staff seen by a service user during an episode of CRT care; d) Sources agree that CRT staff arrive with upto-date information about the service user and treatment and succeed in avoiding unnecessary duplication of questions/information and provide a coherent treatment approach</p> <p>5: All criteria are fully met 4: 3 criteria are fully met and one is partially met 3:3 criteria are fully met and one is not met OR 2 criteria are fully met and two are partially met 2: Two criteria are met and at least one is not met OR one criterion is fully met and all others are partially met 1:None or one criterion is fully met and at least one is not met</p> <p>Scoring guidance efforts to limit the number of staff (Fully met = at least two of: routine monitoring of number of staff seen by service users; targets for maximum number of different staff seen which are publicised to service users and families; mini-teams within the CRT who regularly work with the same section of the caseload; no double shifts for CRT staff to increase the number of days each staff member works; partially met = one of the above) d) Sources agree = fully met; no more than two dissenting respondents = partially met</p>
	4. Location and timing of help	
37	The CRT can access a range of crisis services to help provide an alternative to hospital admission for service users experiencing mental health crisis	<p>Scoring criteria</p> <p>5: The CRT can refer to both a residential crisis services AND an acute day service and exclusive access to some beds/places at both services 4: The CRT can refer to residential crisis services AND an acute day service, without exclusive access to places both services but all sources report good availability of beds/places [i.e. not more than one referral per month declined for lack of space] 3: The CRT can refer to both a residential crisis service AND an acute day hospital but has no exclusive access to beds/places and sources indicate difficulties with access; OR The CRT can refer to a residential crisis service OR an acute day service with exclusive access to some beds/places 2: The CRT can refer to a residential crisis service OR an acute day service but has no exclusive access to beds/places 1: The CRT has no crisis residential service or acute day service within the locality to which it can refer</p> <p>Scoring guidance: crisis residential service = crisis house, private hotel/bed and breakfast rooms with CRT support, adult family crisis placement</p>

	Item	Scoring criteria
38	The CRT provides frequent visits to service users	<p>Scoring criteria: a) >50% of service users are visited twice a day for a period of 3 consecutive days during their CRT care; b) The CRT will visit service users more than twice a day when needed; c) >50% of service users are seen/visited more than 7 times during their first week of receiving CRT support; d) >50% of service users are seen 5 times per week on average throughout their period of CRT care (until planned tapering of contacts to end CRT care); e) the CRT actively monitors frequency of contacts with service users</p> <p>5: all criteria are met 4: Criterion A and 3 other criteria are met 3: Criterion a and two other criteria are met 2: 2 criteria are met 1: 1 or no criteria are met</p> <p>Scoring guidance: use case record progress notes to count contacts (include contacts where the service user was absent) + corroborate with service user and carer support; ask CRT manager to provide data regarding frequency of contacts or mean/median number of contacts + average duration of care</p>
39	The CRT mostly assesses and supports service users in their home	<p>Scoring criteria:Where the service user has not actively expressed a preference to meet elsewhere,:</p> <p>5: More than 80% of CRT contacts with service users take place in the service user's home or current place of residence 4: More than 70% of CRT contacts with service users take place in the service user's home or current place of residence 3: More than 60% of CRT contacts with service users take place in the service user's home or current place of residence 2: More than 40% of CRT contacts with service users take place in the service user's home or current place of residence 1: Less than 40% of CRT contacts with service users take place in the service user's home or current place of residence</p>