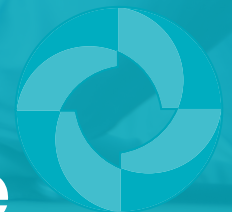




core Crisis Resolution Team
Fidelity Scale
Version 2

core



Crisis Resolution Team Optimisation
and Relapse Prevention

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*The CORE CRT Fidelity Scale constitutes independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme (Reference Number: RP-PG-0109-10078). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

The CORE Programme is managed by Camden and Islington NHS Foundation Trust and University College London.

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CORE CRT Fidelity Scale

CRT reviewed:

Date of Review:

Reviewing team:

Results from the Fidelity Review (1-20)

Review statement	Score
1. The CRT responds quickly to new referrals	
2. The CRT is easily accessible to all eligible referrers	
3. The CRT accepts referrals from all sources	
4. The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital	
5. The CRT provides a 24 hour, seven day a week service	
6. The CRT has a fully implemented "gatekeeping" role, assessing all patients before admission to acute psychiatric wards and deciding whether they are suitable for home treatment	
7. The CRT facilitates early discharge from hospital	
8. The CRT provides explanation and direction to other services for service users, carers and referrers regarding referrals which are not accepted	
9. The CRT responds to requests for help from service users and carers whom the CRT is currently supporting	
10. The CRT is a distinct service which only provides crisis assessment and brief home treatment	
11. The CRT assertively engages and comprehensively assesses all service users accepted for CRT support	
12. The CRT provides clear information to service users and families about treatment plans and visits	
13. The CRT closely involves and works with families and wider social networks in supporting service users	
14. The CRT assesses carers' needs and offers carers emotional and practical support	
15. The CRT reviews, prescribes and delivers medication for all service users when needed	
16. The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns about medication	
17. The CRT provides psychological interventions	
18. The CRT considers and addresses service users' physical health needs	
19. The CRT helps service users with social and practical problems	
20. The CRT provides individualised care	

Results from the Fidelity Review (21-39)

Review statement	Score
21. CRT staff visits are long enough to discuss service users' and families' concerns	
22. The CRT prioritises good therapeutic relationships between staff and service users and carers	
23. The CRT offers service users choice regarding location, timing and types of support	
24. The CRT helps plan service users' and service responses to future crises	
25. The CRT plans aftercare with all service users	
26. The CRT prioritises acceptability to service users in how CRT care is ended	
27. The CRT has adequate staffing levels	
28. The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels	
29. The CRT is a full multi-disciplinary staff team	
30. The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff	
31. The CRT has comprehensive risk assessment and risk management procedures, including procedures for safeguarding children and vulnerable adults living with CRT service users	
32. The CRT has systems to ensure the safety of CRT staff members	
33. The CRT has effective record keeping and communication procedures to promote teamwork and information sharing between CRT staff	
34. The CRT works effectively with other community services	
35. The CRT takes account of equality and diversity in all aspects of service provision	
36. The CRT has systems to provide consistency of staff and support to a service user during a period of CRT care	
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	
38. The CRT provides frequent visits to service users	
39. The CRT mostly assesses and supports service users in their home	
Total score	

CORE CRT Fidelity Scale

Fidelity items and scoring

Item 1

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview; SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met / unmet
1. The CRT responds quickly to new referrals	P, M	a) The CRT records and monitors response times to referrals and reviews breaches of response targets	
	M, S, O (P)	b) The CRT responds to the referrer within 30 minutes	
	M, S, O (P)	c) The CRT offers an assessment with the service user which takes place within 4 hours for at least 90% of appropriate referrals	
	M, S, O (P)	d) The CRT offers a same-day assessment for at least 50% of appropriate referrals made before 6pm	
	M, S, O (P)	e) The CRT offers a same-day assessment for at least 90% of appropriate referrals made before 6pm	
	M, S, O (P)	f) The CRT provides an immediate mobile response to requests for assessment from emergency services	
Scoring		Score 5 if: 6 criteria are met Score 4 if: 5 criteria are met Score 3 if: 4 criteria are met Score 2 if: 3 criteria are met Score 1 if: 2 or fewer criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Score as met if the CRT provides a log of the time period between receiving a referral and providing a face-to-face assessment and the CRT manager clearly describes processes used to review breaches of response times.

Criterion B: requires all-source agreement from the CRT manager, staff and managers of other services that the CRT always answers phone calls from referrers in person, or routinely responds to the referrer within 30 minutes (no more than one breach per month)

Criteria B-E: Do not include early discharge clients for % meeting response times: an immediate response is less crucial for inpatient referrals

If no log of response times, all source agreement from CRT manager, staff and other community staff is required to assess criteria as met regarding response time to referrers and time to assessment

Criterion F: requires all-source agreement from CRT staff and manager and other service managers that the CRT will go urgently to assess someone at a police station, their home or in public if requested by emergency services (e.g. police or ambulance crews) + evidence from the CRT team of at least one example of this happening within the last month

Item 2

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
2. The CRT is easily accessible to all eligible referrers	P, M, S, O	a) The CRT has no paperwork preconditions before referral	
	SU, FF, M, S	b) The CRT is directly contactable for referrals by phone	
	M, S, O	c) The CRT decides whether to assess clients directly following referral and does not ask another service to assess them first	
	P	d) The CRT contact details and referral routes are publicly available	
Scoring		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	Item score

Item definitions and scoring guidance

This item only assesses how easily accessible the CRT is to eligible referrers. [The range of eligible referrers is assessed in item 3.]

Criterion A: no paperwork preconditions = the CRT does not require referrers to complete any forms or provide any paperwork or electronic records for their referral to be accepted.

Criterion B: Directly contactable by phone = direct number, answered in person by clinical staff or an administrator who puts the caller directly through to clinical staff; not routine use of a paging service or administrator who asks a clinician to call back

Criterion C: Referrals via an assessment service/Single Point of Access may count as direct as long as the CRT then follows the Single Point of Access decision re acceptance for CRT care without reassessment. [Score as unmet if the CRT directs service users to an Accident and Emergency Psychiatric Liaison Team, the GP or other service following contact with the CRT by an eligible referrer.

Criterion D: Publicly available contact details and referral routes = as a minimum on the organisation's own or local health authority website. Crisis contact details and referral routes to the CRT must both be publicly available for this criterion to be met. Do not score as met unless the reviewing team can readily retrieve these details from a search of "crisis services" or "how to get help in a crisis" from the organisation's website. Reviewing team to attempt to assess ahead of review how readily they can find these.

Item 3

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
3. The CRT accepts referrals from all sources	P, M, S, SU, FF, O	Scoring criteria: accepts referrals from:	
		a) all secondary mental health services;	
		b) GPs;	
		c) other health services	
		d) emergency services	
		e) agencies other than health services which support people with mental health problems;	
		f) known service users and their families;	
		g) new service users and their families	
Scoring		5: all criteria are met 4: 6 criteria are met 3: 4 criteria are met 2: at least 3 criteria are met 1: 2 or fewer criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Secondary mental health services includes: community mental health services, inpatient wards and Psychiatric Liaison services

Criterion C: Examples of other primary care staff include; GP practice nurses, health visitors, midwives. Other NHS agencies include general hospital services. Referrals should be accepted from all of these for the criterion to be met.

Criterion D: Emergency services to include police, ambulance and fire services

Criterion E: Non-health agencies to include at minimum: voluntary sector mental health services; housing services for whom people with mental health problems are a focus; substance misuse services and statutory social services

Criterion F: known service users = service users who have previously used the CRT

Criterion G: new service users = service users not previously known to the CRT, including service users not known to any other mental health service

The CRT may be scored as accepting direct referrals even if referrals are routed through a Single Point of Access or Crisis Line, as long as referrals triaged as crisis referrals following initial contact are either: a) referred on to the CRT directly; or b) Offered a prompt crisis assessment, with referrals for CRT care then accepted by the CRT without further assessment.

Item 4

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
4. The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital	P, M, S, O	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) Age 16+ (unless specific youth or older age crisis services cater for these groups);	
e) AND written service guidance/protocol clearly specifies and publicises these criteria			
Scoring		5: all criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criteria are met 1: One or no criteria are met	Item score

Item definitions and scoring guidance

Criteria B and C do not require the CRT to work with people who only have a learning difficulty or a drug or alcohol problem – but people who have these difficulties should not be excluded if they also have a mental health problem which would otherwise lead to hospital admission

To meet **criterion D**, CRTs should offer a service to adults 16+ with non-organic mental health problems (i.e. CRTs do not have to offer a service to people with dementia or brain injuries to meet this criterion) unless Child and Adolescent or Older People's mental health services have separate CRTs catering for under 18s or over 65s

Do not score **criterion E** as met unless criteria A-D are all met and written guidance clarifies these inclusive referral criteria.

Item 5

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
5. The CRT provides a 24 hour, seven day a week service	M, S, SU, FF, O	5. The CRT visits service users at home, when needed, 24 hours a day, seven days a week	
		4. The CRT visits service users at home at least 14 hours per day, and can provide telephone support and assessments at health service premises at other times	
		3. The CRT visits service users at home at least 12 hours a day, and can provide telephone support and assessments at health service premises at other times	
		2. The CRT visits service users at home less than 12 hours per day but can provide telephone support and assessments at health service premises at other times	
		1. The CRT does not provide telephone support and assessments on health service premises 24 hours a day.	
Scoring		5: all criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criteria are met 1: One or no criteria are met	Item score

Item definitions and scoring guidance

To score 5, the CRT must provide waking night staff who can and do visit enrolled service users or make new assessments at any time when needed (all source agreement)

To score more than 1 on this item, the CRT must provide 24 hour telephone support/advice to enrolled service users and their families AND assess new service users on health service premises 24 hours a day, 7 days a week.

Item 6

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview; SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
6. The CRT has a fully implemented “gatekeeping” role, assessing all patients before admission to acute psychiatric wards and deciding whether they are suitable for home treatment.	M, S, O (P)	a) The CRT assesses in person at least 90% of voluntary admissions to psychiatric hospital	
		b) The CRT assesses in person at least 98% of voluntary admissions to psychiatric hospital	
		c) The CRT assesses in person at least 67% of compulsory admissions to psychiatric hospital	
		d) The CRT assesses in person at least 90% of compulsory admissions to psychiatric hospital	
		e) The CRT assesses in person at least 90% of people brought to a place of safety by the police before a decision to admit to hospital is made.	
	P, M, S, O	f) The CRT and acute wards have systems to identify and review failures in gatekeeping and plan to avoid recurrences	
Scoring		5: All criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: 3 criteria are met 1: 2 or fewer criteria are met	Item score

Item definitions and scoring guidance

Criteria A, B, C, D and E: If there are no gatekeeping records, these criteria may be marked as met if there is clear, all-source agreement they are met. Score only regarding gatekeeping to acute psychiatric wards (not planned admissions to rehabilitation wards or similar).

Assessment in person means face-to-face meeting between the CRT and the service user: do not count telephone assessment or consultation as assessment in person

Criteria C&D: Do not include forensic admissions mandated by the legal system in assessing this item (i.e. in England and Wales, the % of patients admitted under Sections 2,3 and 4 who have been assessed in person by the CRT for suitability for home treatment should be used to rate this criterion).

Criterion E: This criterion refers to people brought to hospital by the police under section 136 of the Mental Health Act or international equivalents.

Criterion F: evidence should include: written monitoring/log of gatekeeping + evidence of regular process or specific action to address breaches of policy

Item 7

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
7. The CRT facilitates early discharge from hospital	M, S, O (P)	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;	
	M, S, O (P)	b) CRT staff assess in person for early discharge for at least 50% of voluntary patients or patients detained for assessment in local acute wards;	
	M, S, O (P)	c) CRT staff assess in person for early discharge for at least 80% of voluntary patients or patients detained for assessment in local acute wards;	
	P, M, S	d) At least 20% of the CRT's caseload are service users being supported with early discharge from hospital;	
	M, S, O, SU, FF	e) The CRT facilitates a patient leaving the ward within 24 hours for at least 90% of patients identified by the CRT and ward staff as ready for early discharge	
	M, S, O, SU, FF	f) There is all-source agreement that the CRT offers a same-day home visit to CRT service users discharged from hospital	
Scoring		5: all criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: 3 criteria are met 1: 2 or fewer criteria are met	Item score

Item definitions and scoring guidance

Criteria A,B and C: agreement from CRT manager, staff + ward managers/staff required + any paper records

Criterion A: For criterion A to be met, CRT staff must discuss all patients with ward staff regarding readiness for early discharge, but CRT staff need not meet the patients.

Criteria B and C could be met by CRT staff attending ward rounds or otherwise meeting patients in person

Criterion D: If no audit data is available, mark as unmet if: either fewer than 20% of current CRT caseload are early discharges OR there is not a clear consensus among CRT manager and staff that at least 20% are usually early discharges.

Criteria E and F: all source agreement required from CRT manager, staff, service users and carers + ward managers

Criterion E: Requires the CRT to facilitate discharge from the ward within 24 hours for at least 90% of patients identified as needing and ready for early discharge – not 90% of all inpatients

Item 8

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
8. The CRT provides explanation and direction to other services for service users, carers and referrers regarding referrals which are not accepted	M, S	a) The CRT manager and staff team identify clear care pathways and available sources of support for service users requiring urgent help but not requiring hospital admission or CRT care;	
	M, S, O	b) There is all-source agreement that the CRT provides a written response phone or face-to-face contact to referrers for service users assessed in person but not taken on, explaining their decision and identifying appropriate sources of support where needed;	
	M, S, O	c) The CRT will refer in person to appropriate sources of support for service users not using other mental health services assessed in person but not taken on;	
	M, S, O (P)	d) The CRT monitors referrers for accepted and declined referrals and provides clear guidance about referral thresholds, especially for those who frequently make referrals that are not accepted.	
Scoring		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	Item score

Item definitions and scoring guidance

Criterion A: This criterion requires all-source agreement that other sources of prompt help (i.e. within 3 days) are available locally for people experiencing a crisis but not one so severe as to be at risk of hospital admission. It also requires evidence from staff and manager interviews of clear consistent understanding of care pathway and available support for people needing sub-acute, urgent help. This criterion might be met by a Mental Health Assessment/Intake Team which can respond promptly to new referrals. Do not score this criterion as met if only GP and A&E are suggested.

Criterion B: Score as met if there is all source agreement from CRT manager, staff team and other mental health service respondents that the CRT routinely provides referrers with explanation regarding referrals not accepted and help locating other sources of support

Criterion C: Score as met if there is all-source agreement that the CRT will refer in person to other services for service users if they are not currently linked with other mental health services. Do not score as met if the CRT only signposts/provides information to GPs or service users, but will not make referrals on.

Criterion D: evidence is required that: a) clear information about the thresholds and levels of risk at which CRT support is available is accessible to referrers; b) the CRT discusses and clarifies these thresholds with referrers whose referrals are frequently not accepted. Score as met based on paperwork review and CRT manager/staff report as long as no contradiction from other service managers

Item 9

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
9. The CRT responds to requests for help from service users and carers whom the CRT is currently supporting	P, M, S, SU, FF	Service users and carers are all given a contact phone number for the CRT	
	M, S, SU, FF (P)	a) Phone calls from service users or carers using the CRT are answered in person by a clinician able to give advice	
	M, S, SU, FF (P)	b) The CRT achieves for at least 90% of calls a response time of 1 hour or less for response by a CRT clinician able to give advice;	
	M, S, C, SU, FF	c) The CRT achieves for at least 90% of calls a response time of 20 minutes or less for response by a CRT clinician able to give advice;	
	M, S, C, SU, FF	d) The CRT schedules additional same-day home visits where needed in response to enrolled service users' and families' requests for help	
Scoring		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	Item score

Item definitions and scoring guidance

Automatically score 1 if enrolled service users and carers are not given a contact number for the CRT

Criterion A: Directly contactable by phone = direct number, answered in person by clinical staff or an administrator who puts the caller directly through to clinical staff; not a paging service or administrator who asks a clinician to call back

Criteria B and C: may be scored as fully met if there is all source agreement the time target is met – even if no audit data is available

Criterion D: This is met if staff team and manager both confirm that it is frequent practice to schedule additional same-day visits in response to urgent need (i.e. this occurs at least every other day). Mark as unmet if case note review or SU and family feedback suggests additional visits are not scheduled in response to urgent needs

Item 10

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
10. The CRT is a distinct service which only provides crisis assessment and brief home treatment	M, S (P)	a) CRT staff's work involves crisis assessment and home treatment at least 95% of the time (e.g. <i>not also delivering A&E liaison or a more general community assessment or continuing care service</i>)	
	P, M, S, C	b) At least 70% service users stay with the CRT less than 6 weeks	
	P, M, S, C	c) At least 90% service users stay with the CRT less than 6 weeks	
	M, S, O, C	d) There is all-source agreement that the majority of service users accepted for treatment would have otherwise been admitted to hospital	
	M, S, O, C	e) There is all-source agreement that at least 90% of service users accepted for treatment would have otherwise been admitted to hospital	
Scoring		5: 5 criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criterion is met 1: 1 or no criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Requires agreement from staff and CRT manager. Staffing a broader assessment service/Single Point of Access, A&E liaison or continuing care services constitute non-CRT work. [Exact information regarding the proportion of time spent by CRT staff in different roles is not required – just all-source agreement that not more than 5% is spent in non-CRT roles.]

Criterion B and C: length of stay = length of stay in active treatment, not phone support pre/post discharge: consult case notes, any audit data re length of stay + CRT staff and manager

Criteria D and E: Do not include service users accepted from acute wards for early discharge in calculating the percentage of service users who would otherwise have been admitted to hospital.

Criterion D requires at least 50% who would otherwise have been admitted; **criterion E** requires at least 90%.

Criteria D and E require all-source agreement from CRT staff and manager and respondents from other services, **and reviewers' confirmation from case note review**. Score this item as unmet if sources suggest the CRT works regularly (more than 10% of the team caseload) with service users who need some help but would not otherwise have been considered imminently for admission to hospital.

Item 11

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
11. The CRT assertively engages and comprehensively assesses all service users accepted for CRT support	C	a) A structured assessment is carried out documenting: i) circumstances of the presenting problem and potential triggers for the crisis; ii) mental state examination; iii) symptoms; iv) current medication and adherence; v) family and social network; vi) social functioning including difficulties with employment, housing and finances; vii) substance misuse; viii) risks and safety; ix) strengths, goals and treatment preferences; x) personal and psychiatric history (or reference to where it is already accessible in patient records); xi) involved carers' views; xii) religion/spirituality and religious needs	
	M, S, O	b) The CRT uses assertive engagement strategies to assess service users in person if there are difficulties making initial contact	
Scoring		5: Assessments documenting at least 9 domains are completed with at least 90% of service users and the CRT uses assertive engagement strategies 4: Assessments documenting at least 8 domains are completed with at least 90% of service users and the CRT uses assertive engagement strategies 3: Assessments documenting at least 8 domains are completed with at least 80% of service users 2: Assessments documenting 7 domains are completed with at least 80% of service users 1: Assessments documenting at least 7 domains are completed with fewer than 80% of service users	Item score

Item definitions and scoring guidance

Criterion A: Score based on case note review. Score as met if the CRT conduct a joint assessment with another service, or have access to and use an assessment conducted by another secondary mental health service (e.g. a single point of access) within the previous two days

Criterion B: requires all source agreement from CRT manager, staff and other community service staff. Examples of assertive engagement include: repeated visits if service user not present; phone calls to involved family or others if the service user is difficult to contact or initially reluctant to meet the CRT.

Reviewers please double check with services that all relevant assessment documents are available to reviewers. (E.g. this item may be met if history or religion is recorded in an updated core assessment, separate from the CRT's new initial assessment).

Item 12

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
12. The CRT provides clear information to service users and families about treatment plans and visits	M, S, SU, FF	a) Written information about the CRT, its role and contact details is provided to all service users and carers present at initial assessment:	
	C, SU, FF	b) A written treatment plan identifying the interventions the CRT will provide is provided to all service users and involved family/carers within 4 working days;	
	SU, FF	c) Home visits and meetings with CRT staff are arranged the day before for at least 80% of service users currently on the caseload	
	SU, FF, S	d) Service users are given a definite time, or a window of time of not more than one hour, at which visits will occur	
	SU, FF, S	e) CRT staff arrive within an hour of the planned time at least 80% of the time;	
	SU, FF, S	f) Service users are phoned in advance if CRT staff will be more than 15 minutes late at least 80% of the time;	
Scoring		5: All criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: 2 or 3 criteria are met 1: 1 or no criteria are met	Item score

Item definitions and scoring guidance

Criterion A: All source agreement from CRT manager, staff, service users and families

Criterion B: score based on case note review and report from service users and family: >80% receive within 4 working days

Criterion C: requires all source agreement from service users, carers and CRT staff that this happens >80% of the time (unless the service users prefers visits to be arranged on the day): do not count initial assessments or additional visits scheduled in response to an urgent need in assessing this criterion

Criterion D: requires all source agreement from service users, carers and CRT staff that this happens at least 80% of the time (Do not count initial assessments in scoring this item)

Criteria E and F: require all source agreement from service users, carers and CRT staff

Score **Criterion E** as automatically unmet if service users are given a window of more than two hours for the time of visits.

Criterion F: If CRT staff offer a window of time in which they will arrive, they must phone in advance if they do not arrive within the specified time period at least 80% of the time

Item 13

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
13. The CRT closely involves and works with families and wider social networks in supporting service users	C (SU, FF)	a) Initial assessment or treatment plans identify the key people in service users' family or social network;	
	C (SU, FF)	b) The CRT have documented attempts to contact at least one key family or other person in their social network for all service users;	
	C (SU, FF)	c) At least one involved family member or other person in the social network is invited to care planning or review meetings, where the service user's consent is given;	
	C (SU, FF)	d) An individualised role for at least one involved family member or other person in the social network in treatment plans is identified in service users' treatment plans/case notes, where the service user's consent is given	
	SU, FF, S	e) There is all-source agreement that the CRT works closely with families in supporting service users	
Scoring		5: All 5 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	Item score

Item definitions and scoring guidance

Criteria A-D: Include any informal support – i.e. family or friends, or other supportive professionals not directly linked to mental health services (e.g. a teacher, faith leader or youth worker). Do not include mental health service staff or other staff arranged through mental health services (e.g. social care support workers) in assessing this item.

Criteria A – D: use case note review as basis for scoring this item. If apparently met, check no disagreement re criteria C and D with service user and family/friends interviews: if major disagreement from these interviews, score criterion as not met

Criteria A and B: To be scored as met, case notes should document attempts to identify and contact at least one family member, friend or other person in social network, even if they are not involved in an active caring role at the time of assessment

Criteria C-D: An involved family member is defined as: anybody living with the service user or who has daily contact with them, or is otherwise identified as a carer by the service user, CRT or other mental health services.

Criteria C-D: When scoring, do not include service users for whom a thorough initial assessment stated there were no involved family or friends in scoring whether these criteria are met. Consider these criteria as unmet if case notes did not record whether or not there is an involved family member.

Criterion D: This criterion may be met if case notes record any role for a family member or other key person in the service user's network which is: designed to support the service user's recovery from a crisis; is specific to the service user's individual circumstances and needs; and has been agreed between the CRT and the family member/other key person.

Criteria A-D: Met = provided for at least 80% of service users

Criterion E: all source agreement = clear prevailing view from service users, carers and CRT staff that the CRT does involve and work closely with families

Item 14

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
14. The CRT assesses carers' needs and offers carers emotional and practical support	C, FF	a) The CRT offers involved families/carers the opportunity to meet CRT staff separately from the service user to discuss their own support needs;	
	C, FF	b) The CRT provides involved carers/families with information about local services for carers (e.g. welfare advice, carers groups);	
	C, FF	c) The CRT specifically records (using a structured form or as part of assessment/treatment plans) carers' needs and a support plan and provides the carer with a written copy;	
	S (P)	d) The CRT staff demonstrate a clear, shared understanding of how carers may be supported even where service users refuse permission to share information with carers	
Scoring		5: All criteria are met 4: 3 criteria are met 3: 2 criteria are met 2: 1 criterion is met 1: No criteria are met	Item score

Item definitions and scoring guidance

Involved carers should include anyone who lives with a service user or sees them every day, or is otherwise identified as a carer by the service user, CRT or other mental health services.

Criteria A-C: base on evidence from case notes and interviews with family/friends

Criterion C: there need not be a formal social services carer's assessment for these items to be met: evidence of any agreed, written support plan is sufficient, with confirmation from carers that they are provided with a written copy

(A-C: met = at least 80% of service users with an involved family member/carer)

Criterion D: CRT staff in the staff interview must provide reference to a policy or a clear shared understanding with examples of how family might be supported if no permission to share information has been obtained for this criterion to be met.

Item 15

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	Fully met / partially met / not met
15. The CRT reviews, prescribes and delivers medication for all service users when needed	M, S (P)	a) The CRT team includes staff who can review and prescribe medication daily	
	M, S (P, C)	b) The CRT has access to out-of-hours medication review and prescription	
	C, SU, FF, M, S	c) The CRT collects and delivers medication for service users up to twice a day where needed;	
	P, S	d) The CRT has written medication policies and procedures which are well understood by CRT staff	
Scoring		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 and at least one unmet OR all 4 are partially met 1: Only one criterion is fully met OR <4 are partially met	Item score

Item definitions and scoring guidance

Criterion A: score as fully met if the CRT team includes psychiatrists or non-medical prescribers with capacity to perform medication reviews 7 days per week; score as partially met if the CRT team includes psychiatrists or non-medical prescribers at least 4 days per week. (Do not score this criterion as met if the CRT relies on non-CRT team members for medication reviews)

Criterion B: Score as fully met if the CRT can access out of hours medical review 7 days per week; score as partially met if available at least 4 days per week; or if every day but not all night/all weekend. Do not score this item as met if the CRT relies on contacting the service user's own GP or out-of-hours GPs

Criterion C: score as partially met if medication delivery is only available for some psychotropic medicines, or only once per day. For criterion C to be fully met, all-source agreement is required and a concrete example of twice daily medication delivery must be seen from case notes or service user or carer interviews, or an example from within the last week should be otherwise provided by the CRT

Criterion D: Score as partially met if there is evidence of policy in paperwork but CRT staff report lack of awareness or adherence to policy in the CRT staff interview

For all criteria: check no discrepant evidence in case note review

Item 16

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met / unmet
16. The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns about medication	S, P	a) CRT staff have access to and awareness of materials to give to service users regarding diagnosis and the nature of their mental health problems	
	C (SU, FF, S)	b) Side effects are monitored with evidence of review or response to identified side effects with at least 80% of service users on psychotropic medication;	
	C, SU, FF, S	c) Service users and involved carers are provided with written details of the current medication regime;	
	C, SU, FF, S	d) Service users and involved carers are provided with written and oral information about the rationale, desired effect and possible side effects of prescribed medication	
	C	e) Service users' current adherence to prescribed medication is documented for at least 80% of service users	
	C, M, S	f) Strategies to aid medication adherence are implemented when non-adherence is identified.	
Scoring		5: All criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: At least 2 criteria are met 1: 1 or 0 criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Score as met if the CRT manager provides psycho-educational materials in paperwork review and > 50% of staff report awareness and use of psycho-educational materials

Criterion B: score based on case note review: if apparently met, check no disagreement from service users, family and staff interviews

Criteria C and D: Score as met if there is consensus from staff, service users and carers and case notes. Do not score this item as met if CRT staff only alert service users to the information provided within medication packets: evidence of use of more user-friendly explanatory materials is required.

Criterion E: score based on case note review

Criterion F: Examples of adherence strategies include: simplified medication regimes, choice in the form in which medication is provided (e.g. liquid forms of medication, injections, smaller or fewer tablets; motivational interviewing or Adherence Therapy; personalised adherence strategies (e.g. support from family, set alarm on mobile phone): Evidence of at least two strategies being used must be available to score this criterion as met. Use of dosette boxes is not sufficient as evidence of adherence strategies being used. Criterion F requires all-source agreement from CRT manager, staff team and case notes.

Item 17

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
17. The CRT provides psychological interventions	P, M	a) The CRT team includes a qualified psychologist practitioner or accredited CBT therapist at least 0.4 full time equivalent who sees CRT service users;	
	S, C	b) CRT staff demonstrate capacity to deliver brief psychological interventions to CRT service users and families.	
	C, S	c) Brief psychological interventions are provided to >30% of CRT service users	
	M, S	d) CRT staff can access direct psychological consultancy input from a psychologist practitioner or accredited CBT therapist regarding any service user where needed	
	M, S	e) CRT staff are provided with supervision or training in delivering psychosocial interventions from an experienced clinician at least every 2 months (>80% of the staff team)	
Scoring		5: all 5 criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criteria are met 1: One or no criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Score based on paperwork review and manager interview. Psychologist practitioner = a qualified clinical or counselling psychologist. Accredited CBT therapist = qualified therapist with accreditation from national body (e.g. UK BACBP register). (Do not include psychology graduates without clinical qualification in scoring this item)

Criterion B: To score as met, the reviewers require three examples from within the last month of a brief psychological intervention being provided by a member of the CRT team – from the CRT staff team interview or case note review, or otherwise shown to reviewers by the CRT

Criterion C: Score based on case note review

Brief psychological interventions are broadly defined for criteria B and C. Examples include: cognitive behaviour therapy, solution-focused therapy, family therapy, motivational interviewing, mindfulness therapy, structured coping strategy enhancement, use of mood or activity diaries, structured problem solving; use of manualised programmes e.g. for anxiety management or sleep management.

Criteria D and E: require agreement from staff and manager interviews to be scored as met. Criterion D requires access to consultancy from a psychologist practitioner or accredited CBT therapist. Criterion E may be met if group or individual clinical supervision/training is provided by any clinician with training and experience in delivering brief psychological interventions (in addition to individual management supervision).

Item 18

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
18. The CRT considers and addresses service users' physical health needs	C (M, S, SU)	a) Service users' physical health problems are asked about and documented in initial assessments (at least 80% of service users);	
	C, SU, FF, M, S	b) There is all source agreement that the CRT facilitates access to physical health investigations and treatments during CRT care for those with identified physical health problems	
	C (M, S, SU)	c) The CRT provides or arranges (or confirms provision during the last 12 months) screening for cardiovascular risk factors for at risk service users who consent to this (at least 80% of service users);	
	M, S	d) The CRT has working equipment and facilities and appropriately skilled personnel to carry out weight and blood pressure checks, urine testing for glucose levels	
Scoring		5: All criteria are met 4: Three criteria are met 3: Two criteria are met 2: One criterion is met 1. No criteria are met	Item score

Item definitions and scoring guidance

Criteria A and C: Score primarily on case note review: if met in case notes, check no disagreement from manager, staff or service user interviews re access to treatment and cardiovascular risk screening

Criterion B: Requires three examples within the last month from case note review, interviews or other documented examples provided by the CRT of help being provided with physical health needs. Do not score as met unless the clear prevailing view from case notes, service user and family respondents is that physical health problems are addressed by the CRT where necessary

Criterion C: score based on case note review. Cardiovascular risk screening required = smoking, blood pressure, BMI diabetes, total/HDL cholesterol. Service users at high risk of cardiovascular disease (CVD) are those with history of CVD, on anti-psychotic medication or tricyclic anti-depressants

Criterion D: based on CRT staff and manager interviews: score only as met if equipment/facilities are available, in working order and there are current CRT staff able to use them

Item 19

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	Fully met / partially met / not met
19. The CRT helps service users with social and practical problems	C, M, S, SU, FF	The CRT helps service users with the following life domains:	
		a) Basic living needs (e.g. ensuring access to food, heating and helping with immediately required 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; threats to housing tenure)	
Scoring		5: All three life domains are fully addressed by the CRT 4: 2 life domains are fully supported and 1 is partially supported 3: 2 life domains are fully supported and one is not supported; or all 3 domains are partially supported 2: One life domain is not supported and at least one other is only partially supported 1: Two or three life domains are not supported	Item score

Item definitions and scoring guidance

Criteria A-C: Fully met = some evidence from case notes and service user and carer interviews that these types of help are provided and wherever identified as needs; partially met = most evidence, including CRT staff and manager, suggests CRT does usually address these issues but disagreement from one or more sources or lack of clear evidence from case notes or service users and families

Criteria A-C: if there is an absence of any concrete examples from case note review or service user interviews, items may be scored as fully met if the CRT manager can provide other documented evidence of three examples of the relevant interventions being provided within the last month.

Do not score **criterion A** as fully met unless the CRT has immediate access to petty cash to meet service users' urgent living needs (e.g. to top up utilities, buy food)

Item 20

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	Fully met / partially met / unmet
20. The CRT provides individualised care	C (SU, FF)	a) Service users' individual needs and goals are recorded in initial assessments or treatment plans (fully met = individualised needs and goals recorded clearly for at least 90% of service users; partially met = some record of needs or goals at least 70% of service users);	
	SU, FF (C)	b) There is agreement from all sources that CRT treatment and support reflects service users' individualised needs and goals;	
	C	c) CRT intervention includes some form of intervention in addition to medication review/delivery, risk assessment and referral on to other services (fully met = at least 90%; partially met = at least 70%)	
Scoring		5: All criteria are fully met 4: At least one criterion is fully met and the others are partially met 3: All criteria are partially met OR two criteria are fully met and one is unmet 2: Two criteria are partially met and one is unmet OR one criterion is fully met and two are unmet 1: One or no criteria are partially met; others are unmet	Item score

Item definitions and scoring guidance

Criteria A and B: To score these as fully met, there should be clear evidence that the CRT is assessing and addressing needs and goals specific to the individual – i.e. beyond the generic needs of anyone in mental health crisis - to help them get well, and to monitor risks

Criterion A score primarily with reference to case notes: if apparently met, check no disagreement from service users and family to rate as fully met

Criterion B: Score with reference to service user and carer interviews; if apparently met, check no contradictory information in case notes. (clear prevailing view from both sources with not more than one respondent in any group reporting that care is not individualised = **fully met**; majority view from both sources but with more than one respondent disagreeing that care is individualised = **partially met**)

Criterion C: score based on case note review: interventions to help with any social, practical, psychological or physical health need may be included in assessing this criterion.

Item 21

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
21. CRT staff visits are long enough to discuss service users' and families' concerns	P	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;	
	P, C (M)	b) The CRT records and monitors duration of visits and takes action if too many visits are excessively brief;	
	P (SU, FF, M, S)	c) At least 80% of service users are visited for at least 30 minutes on one visit on days when they are seen by the CRT	
	S, SU, FF	d) All sources agree visits by CRT staff are not limited to specific, pre-planned tasks, but allow discussion of service users' and families' concerns and priorities	
Scoring		5: All criteria are fully met 4: Criteria C and D are met, but one of criteria A or B is not met 3: Criteria C and D are met but criteria A and B are not met 2: Criterion C OR criterion D is not met 1: Neither criterion C nor D is met	Item score

Item definitions and scoring guidance

Criterion A: score based on paperwork review. Score as met if service policy stipulates a minimum duration for visits (of at least half an hour) OR a minimum total duration of care (of at least one hour) to be provided each day

Criterion B: evidence of duration of visits required from separate log or in client case notes; if brief visits identified, evidence of response required from CRT manager

Criterion C: if no log of visit duration, score this item as fully met if all source agreement that one visit a day is routinely at least 30 minutes

Criterion D: All source agreement (staff, service users, family) required to meet this criterion

Item 22

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
22. The CRT prioritises good therapeutic relationships between staff and service users and carers	M	a) Recruitment involves procedures explicitly designed to identify staff with good interpersonal skills when working with service users;	
	M, S	b) The CRT takes steps to monitor and develop all CRT staff's interpersonal skills with service users and families;	
	P, M	c) The CRT explicitly seeks feedback from service users (e.g. via survey or audit) within the last year and demonstrates action to address resulting concerns and complaints;	
	SU, FF (C, S, M, O)	d) There is all source agreement that staff are caring and professional in working with service users and families	
Scoring		5: All criteria are met 4: Criterion D is fully met and 2 other criteria are met 3: Criterion D is fully met but fewer than two other criteria are met 2: Criterion D is partially met 1: Criterion D is unmet	Item score

Item definitions and scoring guidance

Criterion A: Examples of recruitment procedures: service user representation on interview panel; role play/interview questions to directly assess interpersonal skills; other explicit means to recruit staff with capacity to engage in positive therapeutic relationships

Criterion B: Examples of steps to develop interpersonal skills: field mentoring from CRT manager or senior staff for at least 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 [Field mentoring = the CRT manager or senior staff accompanying other staff on visits to service users, to observe their performance, record this and provide feedback]

Criterion C: requires evidence of audit/feedback from paperwork review and an example from the CRT staff or manager of an action taken in response to feedback within the last 12 months

Criterion D: Assess primarily through interviews with service users and family/carers. If apparently met, reviewers should check there is no evidently contradictory evidence in case notes or from staff and manager interviews, or interviews with other managers. Mark as fully met if the clear prevailing view from all sources is very positive that relationships with staff are good and staff are warm, non-judgemental and caring. Mark as partially met if the clear prevailing view from all sources is generally positive but with some reservations. (Do not automatically rate as unmet based on negative feedback from a single respondent.)

Item 23

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
23. The CRT offers service users choice regarding location, timing and types of support	P (M, S, SU, C, O)	a) Accepting medication is not a precondition for receiving CRT care;	
	SU (C)	b) Service users' preferences regarding treatment options are considered and reflected in treatment plans;	
	SU, FF, S	c) The CRT meets service users in a range of locations (not just a casualty department or hospital sites) where home visiting is not possible or not wanted by the service user;	
	SU, FF, S	d) The CRT arranges the time of visits to fit around service users' or carers' preferences or commitments (e.g. work, childcare)	
Scoring		5: All criteria are met 4: Criterion A and 2 other criteria are met 3: Criterion A and 1 other criterion are met 2: Criterion A and no other criteria are met 1: Criterion A is not met	Item score

Item definitions and scoring guidance

Criterion A: If no written policy, score as fully met if all source agreement from CRT manager and staff, service users, case notes, other community service staff

Criterion B: Score as met if there is a clear prevailing view among service user interviewees that they were asked about their preferences regarding treatment and that support provided by the CRT took account of this. If apparently met, check there is no contradictory evidence from case note review

Criteria C and D: Agreement from all sources that this is achieved for at least 80% of service users/families (staff, service users, families)

Item 24

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
24. The CRT helps plan service users' and service responses to future crises	C	a) The CRT develops or reviews partial relapse prevention plans with service users	
	C	b) The CRT routinely develops thorough relapse prevention plans with service users	
	C, P, S, SU	c) CRT staff help service users to use structured self-management programmes to promote recovery or respond to future difficulties	
	C, SU, FF, M	d) The CRT has systems to help service users develop advance directives where appropriate and to ensure existing advance directives are followed wherever possible	
Scoring		5: All criteria are met in full 4: Three criteria are met 3: Two criteria are met 2: One criterion is met 1: No criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Score based on case note review. Score as met if multiple early warning signs of relapse and a crisis plan involving more than just contacting the crisis team are recorded for at least 60% of service users.

Criterion B: Score based on case note review. Score as fully met if a personalised relapse prevention plan, including personal triggers, early warning signs, coping strategies and service responses is present for at least 80% of service users.

Criterion C: examples of self-management resources are: recovery plans or structured symptom management programmes e.g. anxiety management. Score based on paperwork review, case note review and staff interviews. Score as met if: self-management resources are shown to reviewers; and CRT staff and manager agree that at least 50% of the staff team help service users with self-management resources; and any use of self-management resources is evident from case note review or service user interviews

Criterion D: Score as met if there is any evidence of the use of advance directives from the case note review or service user and family interviews. If no evidence is available from these sources, also score as met if the CRT manager can provide other evidence of an advance directive being developed or used by the CRT within the last month. [An advance directive is a written document shared with mental health services detailing a service user's decisions and preferences regarding their treatment should they lose mental capacity and the ability to make informed choices during a crisis.]

Item 25

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
25. The CRT plans aftercare with all service users	C (S, O, SU, FF)	a) The CRT discusses and agrees plans for ending CRT care and follow-on care with other involved secondary mental health services before a service user is discharged from the CRT	
	C (S, O, SU, FF)	b) The CRT makes referrals to health services and other organisations identified to provide support post-discharge wherever additional support is required	
	C (S, O, SU, FF)	c) A discharge meeting is arranged and service users and involved family are invited to attend;	
	C (S, O, SU, FF)	d) Other involved mental health services attend the discharge meeting;	
	S, SU, FF	e) A written discharge plan identifying providers of support following discharge from the CRT is provided to service users;	
	S, SU, FF	f) Details of how to access crisis help in the future are provided to the service user and involved family members	
Scoring		5: All criteria are met; 4: Criterion A and 4 other criteria are met; 3: 4 criteria are met; 2: At least 2 criteria are met; 1: One or no criteria are met	Item score

Item definitions and scoring guidance

Criteria A-D: base score initially on case note review: if apparently met, check no disagreement from CRT staff, other mental health staff, service users or carers (Met = provided to at least 80% of service users where relevant)

Criteria E and F: overall all source agreement from staff, service user and family/friends interviews

Item 26

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
26. The CRT prioritises acceptability to service users in how CRT care is ended	C, S, SU, FF	a) Service users and involved family are given at least 48 hours' notice before discharge from the CRT (excluding hospital admission);	
	C, S, SU, FF	b) The CRT discusses with service users and involved family regarding how and when CRT care should end;	
	C, S, SU, FF	c) The CRT will "taper" care i.e. planned decrease in frequency of care before discharge to meet service users' needs and preferences;	
	S, SU, FF (C)	d) 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);	
	S, SU, FF (C)	e) There is all source agreement that the CRT provides service users and families with information about other services they could access following CRT discharge	
Scoring		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	Item score

Item definitions and scoring guidance

Criteria A–E: require all source agreement from case notes, CRT staff, service users and family/friends

Criterion E: requires all-source agreement that the CRT provides information, where relevant, about a range of types of support which the service user can access after discharge. Do not score as met if the CRT only provides details of how to access crisis help again following discharge.

Item 27

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	Fully met / partially met / unmet
27. The CRT has adequate staffing levels	P, (M)	a) The CRT caseload of service users receiving acute home treatment is not too high (Fully met = median CRT caseload is no more than 25 per 14 full time equivalent clinical staff; partially met = median CRT caseload is no more than 30 per 14 full time equivalent clinical staff;	
	M, S, SU, FF	b) There is all source agreement that the CRT has the resources to carry out same day crisis assessments and home visits to CRT service users;	
	M, S, O	c) There is all-source agreement that the CRT has the resources to offer home treatment wherever possible to all service users who would otherwise be admitted or who may benefit from early discharge;	
	P (M, S)	d) More than 80% of CRT staff (over the last three months) are permanent staff (not locum, bank or agency staff)	
Scoring		5: All criteria are fully met 4: Criterion A is fully met and two other criteria are met 3: Criterion A is fully met and one other criteria is met OR Criterion A is partially met and all other criteria are met 2: Criterion A is partially met and no more than two other criteria are met 1: Criterion A is not met	Item score

Item definitions and scoring guidance

Criterion A: Define active caseload as service users seen at least every other day for home treatment: do not include service users seen infrequently for tapered end to contact or phone support or inpatient service users being monitored for possible early discharge. If no median data on caseload size are available, check current and typical caseload size with CRT manager. If the CRT also fulfils other roles (e.g. running the local liaison psychiatry service, or a broader single point of access), reviewers should seek an estimate of the number of full time equivalent staff available to work on the crisis home treatment service.

Criterion B: requires all source agreement from CRT manager and staff, service users or carers that visits have not been cancelled or changed from home visits to office-based appointments at the CRT because of staffing levels more frequently than one day per month

Criterion C: requires all-source agreement from CRT manager and staff, and managers of other inpatient and community services that CRT case loads are never capped or referrals declined due to staffing levels

Criterion D: If no records available re bank/agency staff, score as fully met if agreement between CRT manager and staff

Item 28

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	Fully met / partially met / unmet
28. The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels	P, M	a) Total psychiatric cover is at least 1.0 full time equivalent (fte) per median CRT caseload size of 30, involving some cover on at least 5 days per week (fully met); at least 0.6 fte per caseload of 30 involving some cover on at least 3 days per week (partially met);	
	P, M	b) Total consultant psychiatrist time is at least 0.6fte per median caseload of 30 involving some cover on at least 3 days per week (fully met); at least 0.3fte per caseload of 30 (partially met);	
	M, S, O	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 throughout the CRT's opening hours	
Scoring		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 fully met and at least one is unmet 1: No criteria are fully met	Item score

Item definitions and scoring guidance

Criteria A and B: see item 27 re calculating median caseload size

Criterion C: requires clear explanation from CRT manager how external psychiatric advice/assessments are arranged + agreement from manager, staff and relevant other mental health service manager/staff. This item should not be scored as met if the CRT relies on advice/assessments from GPs for any of its opening hours.

Item 29

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
29. The CRT is a full multi-disciplinary staff team	P, M	CRT staffing includes dedicated time from: i) nurses; ii) occupational therapists; iii) clinical or counselling psychologists; iv) social workers; v) psychiatrists; vi) service user employees; vii) other support staff without professional mental health qualifications; viii) pharmacists ix) Approved Mental Health Professionals or equivalent; x) non-medical prescribers; xi) family therapist; xii) accredited cognitive behavioural therapist	
Scoring		5: The CRT team includes 8 or more of the listed staff groups 4: The CRT team includes 7 of the listed staff groups 3: The CRT team includes 6 of the listed staff groups: 2: The CRT team includes 5 of the listed staff groups 1: The CRT team includes 4 or fewer of the listed staff groups	Item score

Item definitions and scoring guidance

AMHP or equivalent = a non-medical professional with a legally specified role in assessment for compulsory detention in hospital. Score this as met even if the staff member does not do AMHP work at the CRT as they will bring specialist knowledge of legal criteria and thresholds for detention

Service user- 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;

Examples of other support staff without professional mental health qualifications include: recovery workers, assistant psychologists, graduate mental health workers

family therapist = post-graduate family work/therapy qualification (Do not include staff with undergraduate qualifications or equivalent only)

Direct CRT employees or dedicated sessional time exclusively for the CRT (e.g. from pharmacist or family therapist) both count for scoring this item

Item 30

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
30. The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff	M, S (P)	a) Induction for new staff involves at least 12 hours of CRT-specific training for staff who have not previously worked in CRTs;	
	M, S, P	b) At least 80% of CRT staff have received supervision at least monthly during the last 6 months;	
	M, S (P)	c) The CRT has a programme of ongoing CRT service-specific training for CRT staff with sessions at least every two months;	
	P	d) The CRT manager or senior staff conduct field mentoring of at least 80% CRT staff at least once each year	
	P	e) At least 80% of CRT staff have had a formal appraisal within the last year	
Scoring		5: all 5 criteria are met 4: 4 criteria are met 3: 3 criteria are met 2: 2 criterion is met 1: 1 or no criteria are met	Item score

Item definitions and scoring guidance

Criterion A-D: Look at records/protocols of induction and training and logs of supervision/field mentoring if available.

Criterion A: Do not include generic organisational (e.g. NHS Trust) inductions for all staff in scoring this item – include CRT-specific induction and training only

Criterion B: include both clinical supervision (group or individual) by manager or senior clinician and individual management supervision in scoring this item. (Do not count shift handovers or regular clinical review meetings as group supervision in scoring this item.) Monthly supervision is required for full time staff: pro-rata supervision is acceptable for part time staff (e.g. every two months for someone employed 0.5 full time equivalent).

Criteria B, D and E: these items require evidence from paperwork/records that the CRT manager records and monitors frequency of supervision, field mentoring and appraisals

Criterion D: Requires a written log or record of field mentoring to be scored as met. [Field mentoring = the CRT manager or senior staff accompanying other staff on visits to service users, to observe their performance, record this formally and provide feedback. Do not score this criterion as met if the CRT manager merely goes out with staff in the event of staff shortages, but does not formally use this as a training activity.]

Criteria A and C: may be met if there is all-source agreement from CRT staff and manager

Item 31

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met / unmet
31. The CRT has comprehensive risk assessment and risk management procedures, including procedures for safeguarding children and vulnerable adults living with CRT service users	C	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 for at least 80% of service users;	
	C	b) Risk management: there is an individualised risk management plan covering all identified risks, which states the current CRT response and plans in the event of an increase in risk, for at least 80% of service users	
	C	c) There is evidence that risk assessments and management plans are reviewed by staff during CRT care and changed where appropriate as perceived risks change and/or management plans require change	
	P	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; (met = at least 80% of staff team trained within time period specified in national and local guidelines)	
	M, S	e) High risk service users are identified and prioritised at CRT team level (e.g. specifically discussed at handovers, on team boards);	
	M, S	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)	
Scoring		5: All criteria are met 4: 5 criteria are met 3: 4 criteria are met 2: 3 criteria are met 1: Two or fewer criteria are met	Item score

Item definitions and scoring guidance

Criteria A and B: score based on case note review. Score as unmet if assessments/management plans are not fully completed, even if a risk assessment/plan exists for at least 80% of service users

Criterion B: mark as unmet if risk plans display no individualisation (i.e. if it is hard to differentiate plans for different service users), even if plans are present for at least 80% of service users. To be met, risk management plans should include where appropriate; names of others who can help and individualised risk reduction strategies and plans considered for all children living with CRT service users

Criterion C: Score as met if there is some evidence in case notes of risk assessments and management plans being amended/updated in case note review (Score as unmet if all risk assessments and plans remain unchanged throughout the period of CRT care or if there is evidence from case notes of obvious failure to update risk assessment in response to changing circumstances.)

Criterion D: Requires paperwork/records evidence that safeguarding training is monitored and up to date in line with national and local requirements

Criteria E and F: score based on clear articulation from manager of processes for identifying/prioritising high risk service users and arranging extended stays + agreement from CRT staff and managers that these processes are followed

Reviewers please double-check you are shown all relevant risk documents (e.g. if risk updates or contingency plans are stored separately from an initial risk assessment).

Item 32

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
32. The CRT has systems to ensure the safety of CRT staff members	P, S, M	a) The CRT/local organisation has clear lone worker and safety check-in policies which are adhered to;	
	M, S	b) The CRT adopts practical solutions where required to allow a service to be provided to higher risk service users (e.g. visits in pairs, same gender workers, facilities to see service users on health service premises);	
	P	c) At least 80% of staff are up to date with local safety training procedures (e.g. “break away” or conflict resolution training);	
	M, S	d) The CRT manager or senior staff provide same day debriefing/reflection for CRT staff following a threatening or upsetting incident;	
	P, S, M	e) Serious untoward incidents involving staff safety are specifically recorded and reviewed at least annually to identify necessary changes to safety arrangements	
Scoring		5: all criteria are met 4: Criteria A and B and two other criteria are met 3: Criteria A and B are met and fewer than 2 other criteria are met 2: Either criterion A or criterion B is not met 1: Criterion A and criterion B are both not met	Item score

Item definitions and scoring guidance

Criteria A and E: require all source agreement from paperwork, staff and manager to be scored as met

Criteria B and D: agreement required between CRT manager and staff to score these items as met

Criterion C: requires paperwork/electronic training record to be scored as met.

Criterion D: to score as met, the CRT manager and staff must both describe a clear process by which senior staff are always alerted to an upsetting incident and discuss with staff involved and check their welfare. Do not score as met merely based on report that the manager has “an open door” or is generally available.

Item 33

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
33. The CRT has effective record keeping and communication procedures to promote teamwork and information sharing between CRT staff	M, S	a) The CRT has handover meetings between each CRT shift;	
	M, S	b) All day time shifts start with handovers reviewing clinical status and immediate action steps for all current CRT service users;	
	M, S	c) The CRT has whole-team meetings at least once per month to address staff issues, team procedures and organisation (clinical discussions of clients are not held at these meetings);	
	M, S (C)	d) CRT staff contacts with service users are written up in patient records the same day at least 90% of the time;	
	M, S	e) CRT staff have immediate out-of-office access to read and write patient records	
Scoring		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	Item score

Item definitions and scoring guidance

Criterion A-E: require agreement between CRT manager and staff to be met

Criterion D: score as met if unanimous shared understanding from staff and manager that case notes must be written the same day and that this is adhered to + no evidence from case note review of late record writing

Criterion E: requires access for staff to complete notes while working out of office (e.g. using tablets): not sufficient for staff to be able to access notes from a computer at their home

Item 34

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
34. The CRT works effectively with other community services	C (S, O, SU)	a) Communication and joint meetings between CRT and involved staff from other community mental health services are evident for at least 80% of service users with involved community services during CRT care;	
	C, S, M, O	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 (for at least 80% of service users);	
	M, S O	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;	
	M, S O	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;	
	M, S O	e) There is all source agreement that there are good working relationships between the CRT and other community teams	
Scoring		5: All criteria are met 4: Criterion A and E and two other criteria are met 3: At least 3 criteria are met 2: 2 criteria are met 1: One or no criteria are met	Item score

Item definitions and scoring guidance

Criterion A: score initially based on case note review: if apparently met, check no contradiction from CRT staff, service users and other community mental health staff that joint working occurs at least 80% of the time

Criterion B: all source agreement from case notes, CRT staff and manager and other service managers

Criteria C, D and E: all source agreement required: CRT manager, staff and other community service managers

Item 35

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
35. The CRT takes account of equality and diversity in all aspects of service provision	M, S (C, SU, FF)	a) The CRT can access interpreters to attend in person/video conference within 24 hours and by phone within 4 hours for at least 90% of service users for whom this is needed;	
	P, M	b) The CRT monitors service accessibility	
	M, S	c) The CRT team broadly reflects the demographics of the local population;	
	P, M, S	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	
	SU, FF (C, M, S)	e) There is all-source agreement that the CRT provides a service which is sensitive to diversity and responds to service users' and families' needs regarding disability, race, gender, ethnicity or sexuality.	
Scoring		5: All criteria are met 4: Criteria A and E and 2 other criteria are met 3: Criterion A and E are met but other criteria are met 2: One of criteria A and E is met 1: Neither criterion A nor criterion E are met	Item score

Item definitions and scoring guidance

Criterion A: requires agreement from CRT staff and manager + no evidence to the contrary from case note review or service user and carer interviews

Criterion B: requires paperwork evidence of monitoring + awareness from the manager of characteristics of CRT service users (e.g. gender, ethnicity, age) and how these compare with the catchment area population or local inpatient service population

Criterion C: broadly representative of the local population (i.e. at least 30% male and female staff; at least one CRT staff member from any ethnic group comprising >20% of the catchment area population; BME staff +/- 20% of the catchment area population)

Criterion D: examples of active attempts to cater for minority groups include: leaflets in non-English languages; adjustments to the built environment to increase accessibility for physically disabled; adapting self-management resources for people with learning difficulties, active engagement/meetings with local organisations supporting minority groups (e.g. black minority ethnic or lesbian, gay and transsexual community groups) to promote CRT understanding of communities' needs and access to the CRT. (Do not include classroom training in equal opportunities/diversity to score this item as met)

Criterion E: Score mainly based on service user and carer interviews. If apparently met, check there is no contradictory evidence in case note reviews or other interviews. This criterion may be scored as met if no respondents identify needs relating to diversity, as long as there is no evidence of the CRT failing to be sensitive to diversity

Item 36

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
36. The CRT has systems to provide consistency of staff and support to a service user during a period of CRT care	M, S	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;	
	C, SU, FF	b) Service users and carers are made aware who their named worker is (at least 80% of service users);	
	M, S	c) The CRT has effective systems to limit the number of staff seen by a service user during an episode of CRT care;	
	S, SU, FF	d) There is all-source agreement that CRT staff arrive with up-to-date information about the service user and treatment and succeed in avoiding unnecessary duplication of questions/information and provide a coherent treatment approach	
Scoring		5: all criteria are met; 4: criterion D and 2 other criteria are met; 3: criterion D and one other criterion are met; 2: criterion D is met but no other criteria are met; 1: criterion D is not met	Item score

Item definitions and scoring guidance

Criterion A: Base scoring on agreement from CRT manager and staff team

Criterion B: Score based on case notes + Service user and family/friends interviews

Criterion C: Examples of efforts to limit the number of staff: 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; not rostering “double shifts” (– i.e. working days of 12 hours or more) for CRT staff, as these tend to reduce the number of days each staff member works. At least one strategy and agreement from the CRT staff and manager that it is proving effective is required to score as met: do not score as met on basis only of CRT aspiring to limit number of staff seen

Criterion D: consult CRT staff, service users and carers: clear prevailing view from each group that continuity is achieved is required to score as met

Item 37

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
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	M, S	a) The CRT can refer to a residential crisis service	
		b) There is all-source agreement that the CRT has good access to beds at a residential crisis service	
		c) The CRT can refer to an acute day service	
		d) There is all-source agreement that the CRT has good access to an acute day service	
Scoring		5: All criteria are met in full 4: Three criteria are met 3: Two criteria are met 2: One criterion is met 1: No criteria are met	Item score

Item definitions and scoring guidance

Define crisis residential service as either: a staffed crisis house; or designated crisis beds in another type of mental health hostel; or adult family crisis placement; or private hotel/bed and breakfast rooms used exclusively by the CRT and with training and CRT support provided to the accommodation provider

Acute day service = day hospital or similar, focusing primarily on acute, crisis care

Staff and management agreement required to score re good access to beds/places [Good access not more than one referral per month declined for lack of spaces]

Item 38

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
38. The CRT provides frequent visits to service users	C	a) At least 50% of service users are visited twice a day for a period of 3 consecutive days during their episode of CRT care;	
	C, SU, FF	b) The CRT visits service users more than twice a day when needed;	
	C	c) At least 50% of service users are seen/visited at least 7 times during their first week of receiving CRT support;	
	C	d) At least 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);	
	P	e) The CRT actively monitors frequency of contacts with service users	
Scoring		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	Item score

Item definitions and scoring guidance

Criteria A, C, D: base scoring on case note review or service data

Criterion B: Requires some evidence from either case notes or service user or carer interviews that at least one person was visited more than twice a day on at least one occasion. If evidence is not available from these sources, this item may be scored as met if the CRT manager can provide evidence of this happening within the last month

Criterion E: score based on paperwork review

Item 39

Evidence sources: C = case notes review; P = paperwork review; M = manager interview, S = staff interview;
SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
39. The CRT mostly assesses and supports service users in their home	C (SU, FF)	Scoring criteria: Where the service user has not actively expressed a preference to meet elsewhere:	
		5: At least 80% of CRT contacts with service users take place in the service user's home or current place of residence	
		4: At least 70% of CRT contacts with service users take place in the service user's home or current place of residence	
		3: At least 60% of CRT contacts with service users take place in the service user's home or current place of residence	
		2: At least 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	
Scoring		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	Item score

Item definitions and scoring guidance

Score based on case note review: if apparently met, check no disagreement from service user and family respondents

CORE CRT Fidelity Scale – Guidance for Reviewers

CRT fidelity reviews will consist of the following elements: review of 10 consecutive service users' records; review of paperwork (policies, protocols and other documents relevant to the team); interview with CRT manager; interview with members of the CRT staff team; interviews with CRT service users; interviews with CRT carers; interviews with managers or staff from other services. An example of the schedule for a review is provided in the document 'Preparing for your CRT Fidelity Review'.

When conducting a review, reviewers should use the following the interview schedules and checklists of information:

- CRT Manager interview schedule
- CRT staff interview schedule
- CRT service user interview schedule
- CRT carer interview schedule
- Managers from other acute services interview schedule
- Managers from community services interviews schedule
- CRT case note review checklist
- CRT paperwork review checklist

Please use evidence collected with these schedules and refer to the CORE CRT fidelity scale criteria and scoring guidance when scoring a CORE CRT fidelity review. Reviewers should confer and come to an agreed score for each item following the review.

General Scoring Guidance

In addition to the item-specific scoring guidance included within the CORE CRT fidelity scale, reviewers should follow the general scoring guidance below:

- Work down the scale for each item when scoring – i.e. does the CRT meet the criteria to score 5; if not does it meet the criteria for 4...?
- All source agreement need not mean unanimous reports that a criterion is met. If there is a clear prevailing view among a respondent group (e.g. service users, or CRT staff) that a criterion is met, then this may constitute agreement even though a single respondent may have a different view.
- For scoring based on percentages of service users receiving an intervention, combine information from case note reviews and service user and family interviews where appropriate. For example, if 7 out of 10 case notes but all service user and family respondents reported that something was done, an 80% target could be scored as met.
- If scoring guidance is not explicit, then prioritise direct evidence in deciding whether criteria are met. For example, rely heavily on evidence from case notes and reports from service users about whether interventions are provided, prioritising these over written policies or the CRT manager's report.
- Additional evidence may be considered in scoring items where available and relevant. For example, good quality audit data for a CRT may provide stronger evidence than a review of 10 sets of case notes in scoring an item.

Scoring the CORE CRT Fidelity Scale

The CORE CRT Fidelity Scale generates a total score ranging from 39-195 by summing the scores from all 39 fidelity items.

Four subscale scores can also be generated from the scale, by summing the scores for items within each subscale. The four CORE subscales are:

1. Access and referrals – items 1-10
2. Content and delivery of care – items 11-26
3. Staffing and team procedures – items 27-36
4. Timing and location of care – items 37-39

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*The CORE CRT Fidelity Scale constitutes independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme (Reference Number: RP-PG-0109-10078). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. The CORE Programme is managed by Camden and Islington NHS Foundation Trust and University College London. Please do not use or adapt without permission from the developers