

Collecting Information on Barriers & Successes, Tracking Fidelity

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About me

- **Project Manager**
- **Working with CT ACT Teams**
- **Internship at a Community Mental Health Center and Newington VA**



About you:

- Your role in agency?
- How many of you know what fidelity is?
- Have any of you been involved in a fidelity review?
- Who did the review?



Overview of today

- What is fidelity?
- Does fidelity really matter (barriers and strengths)?
- Examples.
- How its done.
- Becoming a fidelity champion.



Our experience with numbers

- Grade School
- Checkbook
- Blood pressure
- State of the art treatment
- Fidelity to an EBP by staff
- Fidelity of a team



What is Fidelity?

- *Fidelity* refers to the degree to which a particular program follows the designed intervention/model.
- A *program model* is a well-defined set of interventions and procedures to help individuals achieve some desired goal.
- *Fidelity measures* are tools that assess the implementation of program models.

A proposed example for RP

Monitor	1	2	3	4	5
Staff to Consumer Ratio of 1:30	<19 or >42 consumers/ staff	19 - 21 or 39 - 41	22 - 24 or 36 - 38	25 - 27 or 33 - 35	28 - 32 consumers /staff

The Big Picture

Draft

#	Standard	Contract monitor	1	2	3	4	5
1	Staffing	Team Leader / Licenced Practioner	Less than .10 FTE	.10 – .39 FTE	.40 – .69 FTE	.70 – .99 FTE	1 FTE
		1 Certified Recovery Support Specialist	Less than .10 FTE	.10 – .39 FTE	.40 – .69 FTE	.70 – .99 FTE	1 FTE
2	Staff to Client Ratio	20 to 1	< 9 or > 31 consumers/staff	9 - 11 or 31 - 29	12 - 14 or 26 - 28	15 - 17 or - 25	18 - 22 consumers/staff
3	In-vivo services	At least 55% of contacts occur in the community.	≤ 10% of face-to- face contacts in community	≥ 10 & < 25%	≥ 25 & < 40%	≥ 40 & < 55%	≥ 55% of total face-to-face contacts in community
4	Contacts and Service Intensity	All clients receive 3 face-to-face contacts or attend groups at least 3 times per month.	Average of no face-to-face contacts or groups/month	≥ .5 & < 1 contacts/month	≥ 1 & < 2 contacts/month	≥ 2 & < 3 contacts/month	Average of at least 3 face-to- face or group contacts/month
		All clients receive at least 3 hours per month of direct service (i.e., 35+ hours/year).	Average of < 1.5 hours/month of face-to- face/group contact	≥ 1.5 & < 2 hours/month	≥ 2 & < 2.5 hours/month	≥ 2.5 & < 3 hours/month	Average of at least 3 hours/month of face-to-face/group contact
5	Staff Supervision	CSP staff receive a minimum of 3 hours of clinical supervision per month by Team Leader	Average of < 1.5 hours/month supervision for all CSP staff	≥ 1.5 & < 2 hours/month	≥ 2 & < 2.5 hours/month	≥ 2.5 & < 3 hours/month	Average of at least 3 hours/month supervision for all CSP staff
6	CSP Team Availability	CSP team available at least 10 hrs/day, 5 days/week	Team is available < 4 hours per day, and/or ≤ 1 day/week	Team available ≥ 4 & < 6 hours/day, and/or ≥ 2 & < 3 days/week	Team available ≥ 6 & < 8 hours/day, and/or ≥ 3 & < 4 days/week	Team available ≥ 8 & < 10 hours/day, and/or ≥ 4 & < 5 days/week	Team available at least 10-hours per day, 5 days /week

Fidelity Scales

- Usually contain between 15 to 30 items.
 1. Staffing (composition & roles)
 2. Organizational structure (program size, team approach)
 3. Nature of services (location of services, frequency of contact, includes EBPs like IDDT)

Why become a champion of fidelity?

- Guides you/your team - what are the critical ingredients of CSP/RP.
- Shows your development over time (feedback).
- Shows your strengths and successes.
- Shows areas that may need improvement (barriers, additional training, discussions with DMHAS).

Why become a champion continued?

- Helps consumers/families by assuring they're getting the best treatment (a program with high fidelity).
- Provides a way to compare program models
- Provides a way to compare fidelity with outcomes.
- May later provide information on what parts of the model were most important (e.g., community based services).
- Not assessing - leads to drift and poorer outcomes.

High fidelity has been related to:

↑ retention

↓ hospitalization

↑ satisfaction

↓ crisis center contacts

↑ employment

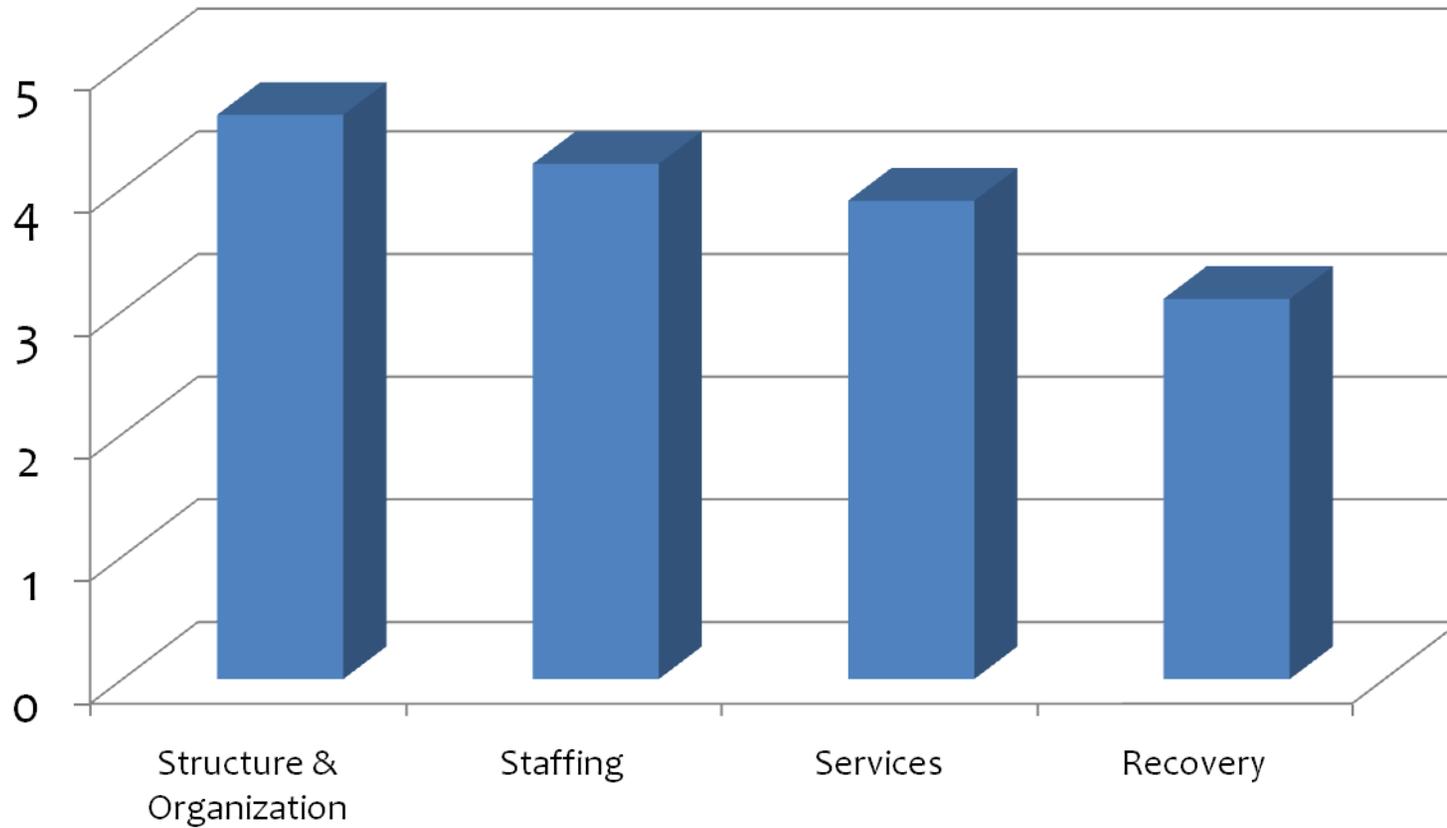
↓ depression

↑ independence

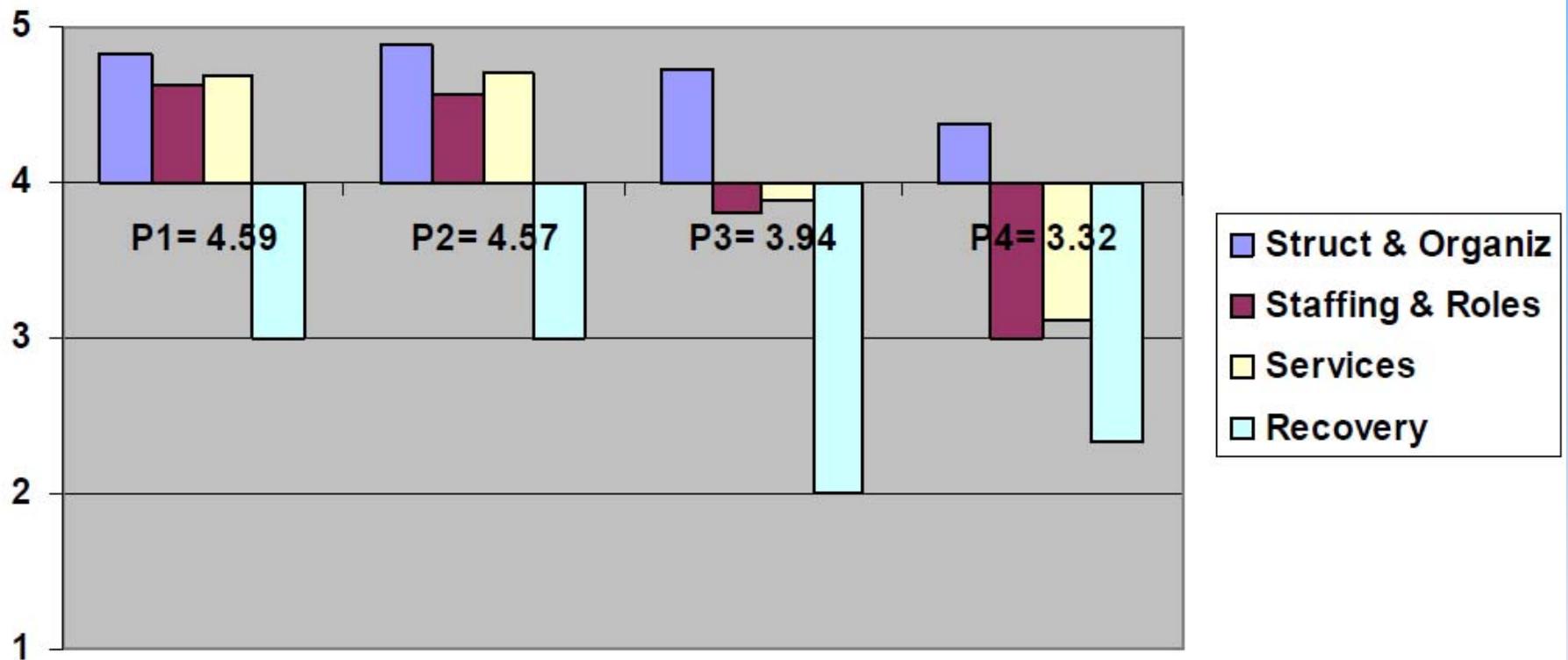
↓ symptoms & substance
dependence

↑ med. management

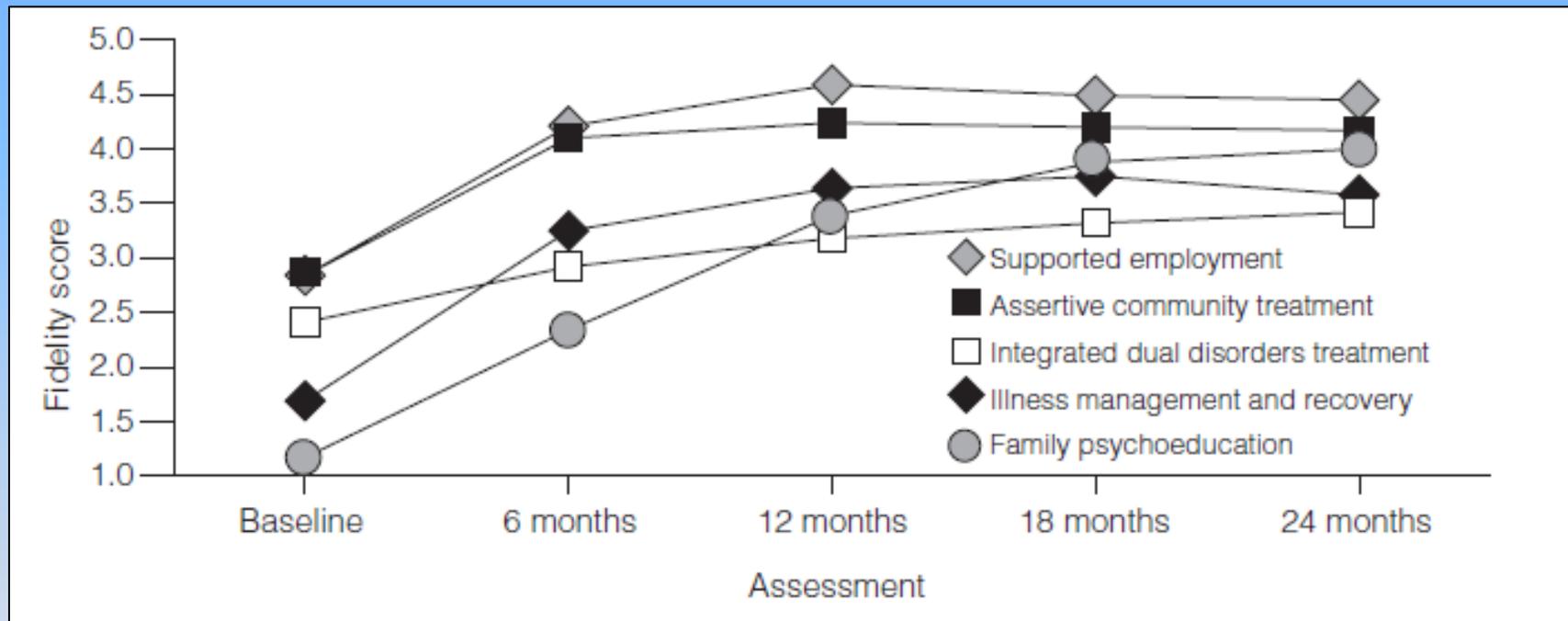
Example of Fidelity Scores



Comparing Teams

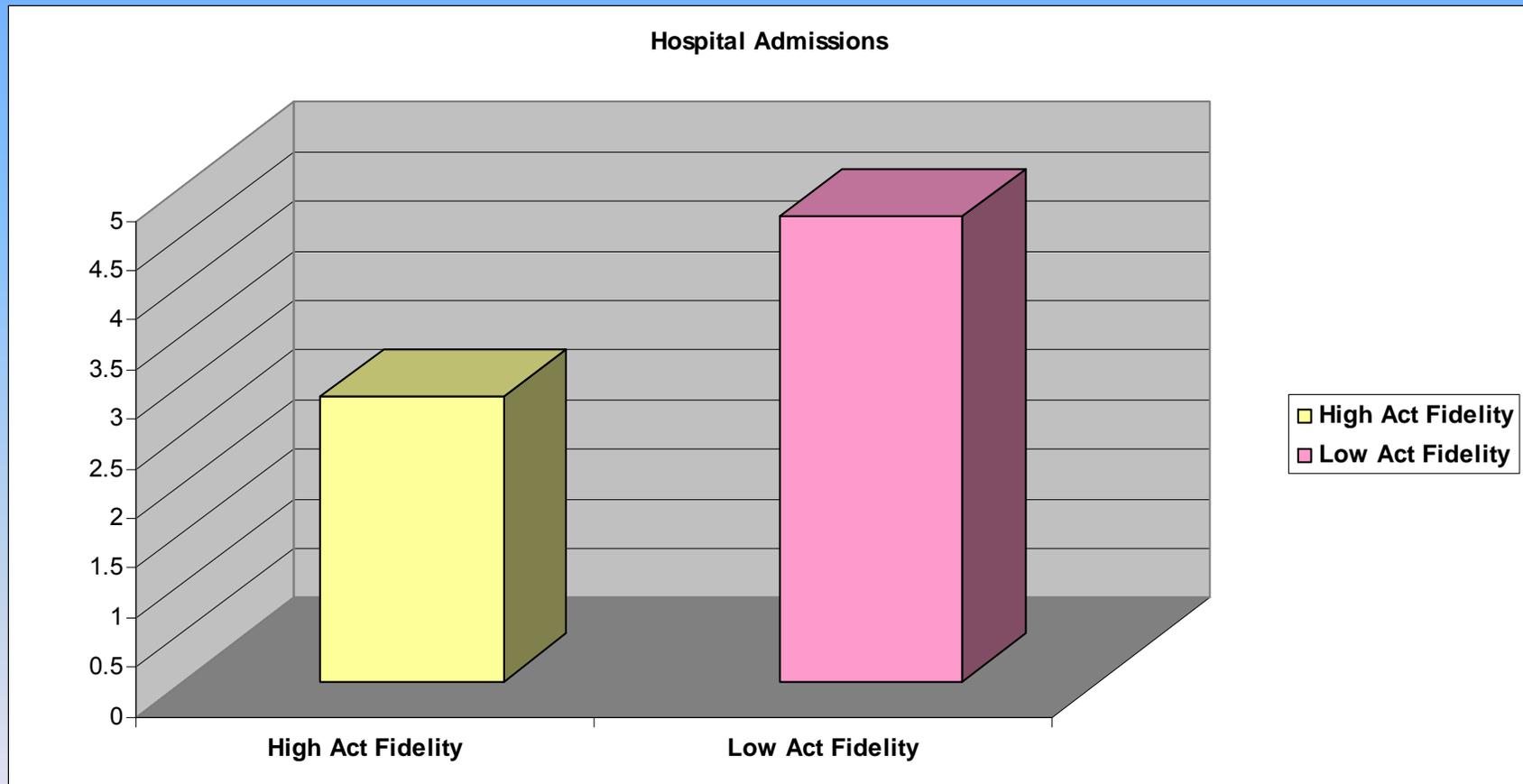


Total Fidelity Scores over time for different EBPs



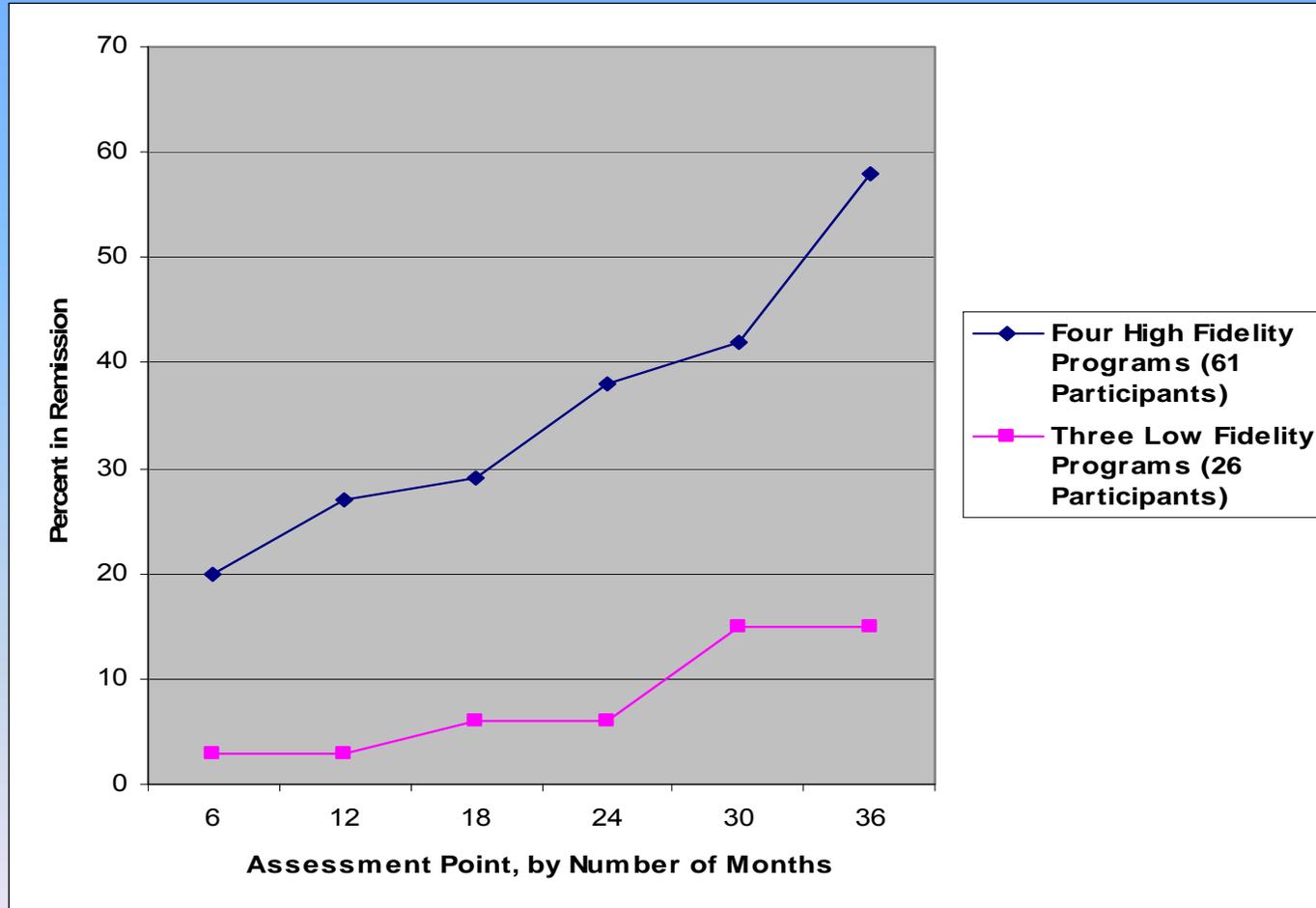
McHugo, Drake, et al. (2007). Fidelity Outcomes in the National Implementing Evidence-Based Practices Project. *Psychiatric Services*, 58, 1279 – 1284.

Number of Hospitalizations in high versus low fidelity ACT programs



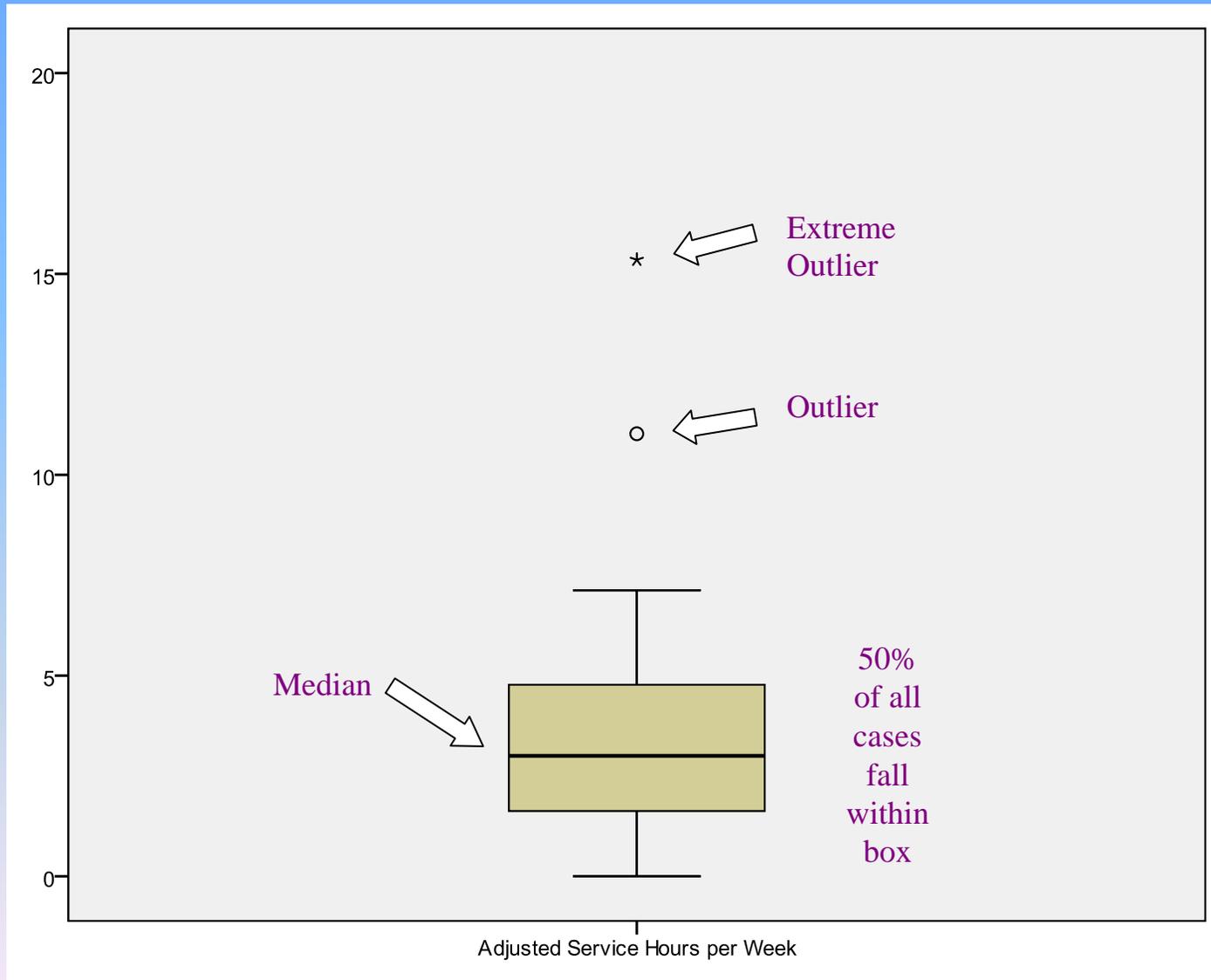
McHugo, G. J., Drake, R. E., Teague, G. B., et al (1999) Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study. *Psychiatric Services*, 50, 818-824.

Percent of consumers in SA remission in high versus low fidelity programs



McHugo, G. J., Drake, R. E., Teague, G. B., *et al.* (1999) Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study. *Psychiatric Services*, 50, 818-824

Example from ACT - High intensity monitor:



Median
Service
Hours per
Week = 3

Sources of data for CSP/RP

- As a champion get involved.
- Data already submitted from your agency to DMHAS monthly.
- Your own tracking or self ratings (no surprises).
 - Form a bridge with your QA/Data staff.
- Chart reviews.
- Meetings with staff and consumers.

What happens at the time of the assessment



We gather our team outside your agency



Before we start

- We look for your feedback on the scale.
- Set up initial appointments (meeting, chart review).
- We may ask you to bring specific information to the meeting (e.g., staff resumes, staff schedule, group schedule, list of consumers' LOCUS scores).
- You may want to bring a consumer roster.

CHART Reviews

- We may ask you to give us access to 5-10 charts (files and electronic access).
- Looking to see that assessments, treatment plans, and LOCUS completed at specified time points.
- May look for use of specific skill building tools.

Meeting with staff

- Review Fidelity Monitors
- Assess staff credentials
- Learn about exceptions (e.g., consumers not being seen – low intensity)
- Barriers (e.g., difficulties with engagement)
- Successes (specific changes among your team and/or consumers)

Potential Meeting with Consumers

- You would ask consumers to attend.
- We'll ask questions related to the fidelity monitors.
 - How often do you see someone on your team?
 - Where do you meet them?
 - Has a natural support/family member been involved?
 - Have you worked on any specific skills?
- Suggestions to improve CSP/RP?



- Expectations.

- Feedback.

- Suggestions.

- Watch your team grow and change.

- Take action.

- Challenge.

- Build bridges.



Thank you!

“When we long for life without difficulties, remind us that oaks grow strong in contrary winds and diamonds are made under pressure”

~ Peter Marshall