



**DSHS**  
**Community Mental Health**  
**and Substance Abuse Services**  
**Resiliency and Disease Management**  
**Fidelity Toolkit**

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# **DSHS Community Mental Health and Substance Abuse Services Resiliency and Disease Management Fidelity Toolkit – December 2004 I. Fidelity in DSHS Services**

## **WHAT IS FIDELITY?**

The concept of “fidelity” refers to the degree to which a program is implemented as planned or designed. More recently, as part of the national movement to implement evidence-based practices (EBPs) in health care, the term has been used more specifically to refer to the degree to which a service site/provider is implementing an EBP in a manner which is “faithful” to the key principles or elements of the EBP model. The fidelity scales are instruments that are intended to measure the extent and faithfulness of implementation of Mental Health Resiliency and Disease Management (RDM) for purposes of quality improvement and accountability to DSHS and by extension to the Texas Legislature and the citizens of Texas.

## **WHY IS FIDELITY IMPORTANT TO THE DSHS MH RESILIENCY AND DISEASE MANAGEMENT INITIATIVE?**

One of the key goals of the Resiliency and Disease Management is to enhance the predictability of both outcomes and costs by reducing variation in treatments and services provided to individuals with the same disorder and level of functioning. To address the goal of reduced practice variation, the Resiliency and Disease Management specifies types and amounts of services (service packages) to meet the needs of diagnostically and functionally similar subgroups of consumers. When R&DM is implemented, the state will pay only for the specific service types included in these service packages, thus reducing variability by limiting the service array available to each subgroup of consumers to those services which have proven effective in producing positive outcomes.

Fidelity tools contribute to the goal of reducing variation by defining with some precision what the state expects to receive when contracting for the services included in the R&DM service packages. By defining criteria and methods for determining the degree to which the service models are implemented, the fidelity tools also provide a means for local authorities and providers to demonstrate to the state agency and citizens of Texas that “they are getting what they paid for.”

In selecting the service types or models to include in the R&DM service packages, DSHS went through a process of identifying service approaches with documented efficacy. As a result, the building blocks of the various R&DM service packages are specific, evidence-based practices. Promotion of evidence-based treatments and services, along with specified guidelines for their use, is a key aspect of the disease management approach to care encompassed by the R&DM. The underlying idea is that management of chronic illnesses that require ongoing care and expenditure of resources should focus on treatments and services that are most likely to result in positive outcomes for the specified disorder. This concept becomes more compelling in a resource-constrained environment where there is little room for wasting precious funds on ineffective or unproven treatment or service strategies.

Since better outcomes have been linked to fidelity of implementation of EBPs (references 1-3), another compelling reason why the state, as purchaser of services, is placing an emphasis on faithful implementation of the service models included in the R&DM service packages is to increase the probability of achieving positive outcomes.

## **HOW WILL FIDELITY BE USED IN THE RESILIENCY AND DISEASE MANAGEMENT?**

Fidelity concepts and tools will ultimately be used for a number of the purposes within the R&DM framework. The planned uses of Fidelity methods will begin with more common applications of the techniques and gradually expand to more complex and innovative applications. The planned applications are described below.

- 1. Communicating expectations about R&DM service package components** – The fidelity tools will serve as a means of communicating to local authorities and providers what we mean by the brief labels identifying each of the services composing the R&DM service packages. The key elements

specified in the fidelity assessment instrument for a service operationally define the service model and identify the characteristics of the model considered most essential to implement. The rating criteria for the elements communicate what we consider to be non-acceptable implementation, minimally acceptable, and full or optimal model implementation. The fidelity tools, therefore, lay the groundwork for enhanced communications about contract requirements related to the R&DM service packages. In a similar fashion, the fidelity tools will also be used with the broader group of system stakeholders, including consumers, families, professional organizations, and legislative personnel, to develop a common understanding of the nature of the services supported by public funding.

2. **Initial training of providers in R&DM service models** – The fidelity tools will be used to plan and structure the content of the training that will be offered to R&DM providers on each service model. The fidelity instruments are useful training materials because they can distill or summarize the essential content of lengthy program manuals. When learning about a new service approach, it is often difficult to see how the approach differs from one's current practice. The observable, measurable implementation indicators included in fidelity measures can help point out distinctions between the new model and other practices. So, the fidelity instruments will be reviewed during these training sessions to assist providers in developing a picture of ideal implementation that they can strive towards.
3. **Self-monitoring and assessment of service model implementation** – As part of the service model training discussed above, providers will be instructed in how to use the fidelity tools to assess one's own progress towards implementation, both at an individual provider and program level. A fundamental concept of continuous quality improvement is that to bring a process (i.e. treatment or service provision) under control one must be able to describe and measure it. An initial assessment of fidelity serves as a baseline from which adjustments and improvements can be made. The tools indicate what to measure, how to do so, and how to interpret the result. The fidelity assessment processes assist the provider in identifying and prioritizing areas to target to move toward increased alignment with the service model. Repeated assessments help the provider determine whether or not the targeted improvement strategies have resulted in change, as well as where to focus next in one's continued improvement efforts.
4. **Technical assistance in service model implementation** – Model experts associated with DSHS Central Office (staff and/or external consultants) will use the fidelity assessment tools during R&DM site visits to provide a focus for technical assistance on service model implementation. Central Office staff and consultants can provide an external perspective in interpreting the data on current implementation status and can share implementation strategies used at other sites that providers might incorporate into their own improvement plans. These technical assistance visits will also provide useful information for refining the fidelity tools and developing more formal external review procedures.
5. **External Review and Accountability** – R&DM site representatives, consumer representatives and other stakeholders will be invited to join Central Office staff in developing formal procedures for external review of fidelity. This workgroup will call upon experiences with Quality System Oversight (QSO), Central Office and local quality management procedures, as well as other established continuous quality improvement methods in the development of the external fidelity assessment processes. For example, the workgroup might decide to adopt the QSO definition of external review as the validation of internal (self-) assessment results and processes. Whatever external review processes are adopted, the goal of providing external feedback to providers for the purpose of service delivery improvement will be maintained. In addition, the workgroup will define strategies and procedures for use of external fidelity review findings for accountability purposes. Issues regarding the interrelationship between fidelity assessment, quality management standards and review, and contract compliance criteria will need to be resolved as accountability uses are determined.

#### **WHAT IS RATED IN A FIDELITY ASSESSMENT?**

Actual program implementation, as indicated by reported and documented activities and behaviors rather than planned or intended activities, is rated. For example, if training for staff is scheduled, but has not yet occurred, these plans are not included in the assessment of items pertaining to staff training.

A time frame representing "current practice" is designated as the focus of the review. This period is partly dependent on considerations such as the date of initiation of the program or the date of the last review; however, a reasonable time frame to consider is the last six months. A specifically defined time period

that is fairly recent and short like this facilitates review of lengthy records and provides a manageable focus for staff and consumer interviews.

The focus of the assessment may be a specific clinic or all providers funded by a local mental health authority to deliver the service. While some of the items can be helpful to individual providers in assessing their own implementation of the program, fidelity measures are not designed to be an assessment of individual providers.

### **HOW IS FIDELITY ASSESSED?**

Fidelity assessment within the mental health field has been accomplished with “fidelity scales” that have evolved to have a common format. Generally, a limited number (10-30) of elements or components of the program model are identified that define the model and distinguish it from other practices. These “key” components reflect, or are a means of objectifying, the underlying program principles and values of the program. An operational definition is provided for each element. Fidelity measures generally include a five point likert-type scale for each key element representing varying levels of implementation, from “1” indicating that the element is not implemented, to “3” indicating an acceptable level of implementation, to “5” indicating full or optimal implementation. Measurable indicators are associated with each of the five ratings. Finally, the ratings for each element are averaged to derive a mean fidelity score for the program. Mean scores represent different levels of implementation (from “not program model”, to fair or acceptable, to good or full) and are provided to help the user interpret the score. (See program scoring tools in Resources section of the toolkit.) It is important to note that fidelity ratings are supposed to capture current, actual implementation, rather than planned or future implementation.

In addition to the fidelity scale itself, there is an instruction manual or interpretive guide that provides information to both providers and assessors regarding sources of data to make the rating, along with rating rules and criteria. Fidelity assessments generally include multiple information sources, such as the client medical record or chart, other forms of documentation (e.g., encounter data, group or training attendance lists), interviews with program administrators and staff, and interviews with consumers. Some manuals include more specific guidelines for conducting the assessment and supplementary tools, like consumer or staff interview protocols.

A critical piece of the fidelity assessment process is the provision of detailed feedback and suggestions that can be used to develop a quality improvement plan. Feedback should be provided directly to the program administrators and staff. Feedback provided in person, with opportunities for discussion and consultation, are most likely to result in use of the assessment results for quality improvement.

### **WHO PARTICIPATES IN THE REVIEW**

Fidelity is assessed by one or more individuals who have expertise relevant to the program model and its implementation, as well as in the process of conducting fidelity assessments. The type of assessors chosen to do the review may differ by the type of review being conducted and its purpose but most of the persons who participate in the review should have some expertise with the particular service component in either a development, operational or review capacity. They can be internal or external to the provider agency, but must be able to assume an objective stance on the program for the findings to be useful. Assessors can include developers of the model, academic program experts, peer providers from other implementation sites, and consumers or advocates. In all cases the assessors should have a level of knowledge and experience with the program such that their ratings have credibility and their suggestions for improvement have utility for the providers.

Additional information about who should participate in the review will be included within each manual, specific to that service model and the individual fidelity review elements. The DSHS Fidelity Review Toolkit also includes the names of local and national experts in the service models.

### **PLANNING AND CONDUCTING A FIDELITY REVIEW**

- 1. Provider Initiated Reviews** –Advantages to the provider initiated review include the increased likelihood of the single practitioner or provider staff taking ownership of the findings and making the commitment to improvement, rather than viewing the process as adversarial. As part of the service model training, providers will be instructed in how to use the fidelity tools to assess their progress

towards implementation, both at an individual provider and program level. An initial assessment of fidelity serves as a baseline from which adjustments and improvements can be made. The provider may self-identify a subgroup of indicators to monitor on a more frequent basis to bring about more rapid improvements in key areas.

- 2. Local Authority/MCO Initiated Reviews** –Use of an external review team can provide a validation of the ratings obtained internally and can serve as a calibration tool in further quality improvement. External reviewers should be provided information so that they are familiar with the agency and/or provider, DSHS Resiliency and Disease Management and the program area to be reviewed. Independence from the provider/agency and representation of an objective community viewpoint can be beneficial. During the planning phase of the review, the purpose of the review should be identified and an appropriate team selected.
- 3. State Authority Initiated Reviews** - When a review is conducted by DSHS; the review may be implemented by central office quality management and policy staff, staff from other local mental health authorities, and/or independent clinicians and experts. During the development phase of the review processes, a SA initiated fidelity review will include CO staff and R&DM site representatives. When the external review process is fully operational it may also include consumer and/or advocacy representatives, peer reviewers from LMHAs and providers state wide and national experts.

#### **IMPLEMENTING THE FIDELITY REVIEW TOOLKIT**

Since an important goal of the DSHS MH Resiliency and Disease Management initiative is to enhance the predictability of both outcomes and costs by reducing variation in treatments and services, maintaining service model fidelity is critical to success. Developing processes for conducting fidelity reviews within the DSHS community service delivery system will evolve and be perfected based upon the experience of the Resiliency and Disease Management sites and DSHS. Additional knowledge will be collected from the sites about the need for and ability to use information about fidelity and the amount of resources that can be dedicated for this purpose. Fidelity reviews will further evolve as all Local Mental Health Authorities become experienced with Resiliency and Disease Management and as providers familiarize themselves with review processes and their effectiveness in assisting continuous improvement in service model fidelity. Service model fidelity may be measured in a variety of ways from the well-established, to less traditional methods. This toolkit will describe several methodologies and their expected use over the course of the next year, with the understood expectation that changes may occur.

DSHS will initially implement the MH R&DM Fidelity Review process in 4 stages: education & program development, rapid review, baseline review prior to statewide rollout and ongoing fidelity assessment. Each phase will use a similar process although the purpose of the reviews varies slightly.

- 1. Education & Service Development** - The fidelity manuals and review instruments will be used to communicate expectations of the service package components and as training resources. The fidelity manual operationally defines each service model and identifies the characteristics considered most essential. Each fidelity manual summarizes the content of program manuals and can be used as a training resource. The fidelity instruments can be reviewed during training sessions to assist providers in developing a picture of ideal implementation they can strive towards.
- 2. Rapid Review (RR)** - In February 2004, six months after R&DM implementation, the State along with the four LMHAs developed a Rapid Review self-assessment tool to evaluate whether key structural elements were in place for the provision of the service models. The LMHA self-assessment results were submitted to TDMHMR in March 2004. Improvements were made to the self-assessment tools and fidelity tools based on the self-assessment findings.

The Rapid Review process has been developed to serve as both a readiness measure and to ensure that critical structural elements remain in compliance on an ongoing basis. A subgroup of the fidelity review elements will be reviewed as a part of the Rapid Review process, these items are designated by gray fill and (RR) on the Fidelity Instrument. The Rapid Review Instrument is a self-assessment checklist designed to be administered by LMHA/MMCO quality management staff with assistance from provider staff. All internal and external providers of each service model should be assessed.

Provider staff most familiar with the service should complete a checklist for each service model. The LMHA/MMCO staff will collect the provider checklist to compile the aggregate results. The Rapid Review rating scales will consist of "Yes" for current practice or "No" for not evident, the five point likert-type scale will not be used. The results will be used both internally and externally to monitor structural adherence to the service models. The Rapid Review process may involve different elements over time, allowing for a more complete picture of service. The rapid review elements will be evaluated until readiness is achieved. Both state and local authorities will use fidelity data to improve internal processes and compliance. At a yet to be determined date, the State Department of Health Services will require the LMHA/MMCOs to submit their Rapid Review results to the Quality Management Unit.

- 3. Baseline Fidelity Review** - In August 2004, approximately one year after R&DM implementation, TDMHMR conducted on-site reviews at Texas Panhandle MHMR, Lubbock Regional MHMR Center, MHMR of Tarrant County and Hill Country Community MHMR Center. The goals of the reviews were twofold. The first goal was to assess the usefulness and validity of the fidelity rating scale instruments through actual application by external reviewers. The second goal was to understand how the implementation sites were progressing with their deployment of the R&DM model and to identify technical assistance needs and program elements that might require modification in the statewide rollout.

Fidelity reviews of R&DM sites will be conducted by a team comprised of provider, LMHA and CO reviewers. The purpose will be 3 fold: 1) to use objective information to inform R&DM sites and their providers about their progress towards implementation of the R&DM service models and focus their improvement efforts, 2) to provide DSHS with information critical to evaluating and setting realistic expectations, and 3) to continue the development of the fidelity review process itself to improve efficiency and effectiveness.

- 4. Ongoing Fidelity Assessment** - Ongoing assessments will include continued use of the fidelity review process for service development, regular rapid reviews to evaluate maintenance of fidelity, and ongoing reviews which will be conducted by joint DSHS and LMHA fidelity review teams. The fidelity review process and frequency is yet to be determined.

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