



December 30, 2008
Department of Human Services
Addictions and Mental Health Division

Report on the 2008 Addictions and Mental Health Division Fidelity Project

Project Overview and Recommendations

Fidelity Process Overview

In order to facilitate incorporation of fidelity reviews in standard clinical practice, the Addictions and Mental Health (AMH) Division, piloted a Fidelity Monitoring Project in 2007. The goals of the project included; development of protocols for the AMH fidelity review process; preparation of AMH staff and providers to conduct fidelity reviews and increased provider knowledge about the core components of the practice reviewed. The 2007 Fidelity Pilot Project report is on the AMH EBP web site at

<http://egov.oregon.gov/DHS/mentalhealth/ebp/fidelity/fidelity-pilot-amh.pdf>.

AMH implemented the recommendations from the 2007 report in the 2008 project.

The following is a summary of the 2008 Fidelity Project conducted from March through September of 2008. This report provides an overview of the process, outcomes from the reviews and recommendations for future reviews and steps.

AMH selected 5 level-one practices:

- Motivational Interviewing(MI)
- Cognitive Behavioral Therapy (CBT)
- Integrated Dual Disorder Treatment (IDDT)
- Matrix Model-Methamphetamine Treatment
- Cannabis Youth Treatment- Motivational Enhancement Therapy (MET) - CBT 5

The focus was on addiction practices and programs in order to meet the “peer review” requirements of the Federal Substance Abuse Prevention and Treatment

Block Grant requirements. AMH invited past external reviewers and applicants with expertise in addiction practices to learn about and conduct a fidelity review. AMH teams consisted of nine external providers, ten AMH staff and one consumer. We selected eight programs in middle or late stage of practice implementation representing statewide geographic distribution for review.

Selected internal and external reviewers attended training. The training covered research, fidelity tools, the review process and AMH expectations. AMH provided timelines and forms to help with the structure of the reviews.

For two of the practices, the fidelity tools were specific to counselor competencies. All previous fidelity reviews have observed the organizational implementation of the practice and not a specific person's competency. In order to be consistent with other reviews and the information collected for AMH, cognitive behavioral therapy (CBT) and motivational interviewing (MI) teams developed a process for reviewing the practices on an organizational level in addition to using the specific fidelity tools developed to review an individual. The teams consulted with experts in the practices, decided on the use of an adapted version of the General Organizational Index (GOI), along with the practices specific fidelity tool.

One program required additional training in the use of the fidelity tool. In order for the MI teams to adequately review counselor's competency, AMH offered participants the MIA-STEP training. Four reviewers did attend.

Outcomes of Program Reviews

The teams observed common themes, successes of the programs and challenges with the practice, during the fidelity reviews. All programs had difficulty implementing the practices to the highest degree of fidelity; reasons included limited resources, time, personnel turnover, and supervisory experience. The strengths outweighed the challenges. Reviewers and clients reported program staff were dedicated to supporting the client's recovery and committed to the program model.

The information collected from this process was to assist AMH in collecting data, increasing knowledge and making adaptations to this process for the future, so individual program reviews are not public.

All program reviewers met one month following their review to discuss the process and make recommendations. The recommendations centered on the need to improve the fidelity review process before entering an agency to conduct the review. AMH provided teams with a fidelity review checklist and timeline;

however limited staff time resulted in less than full implementation. Prior communication with the agency regarding implementation status, program history, data requests, review of the practice tool and possible resources did not happen before some of the reviews.

The following recommendations are from the fidelity reviewers and the programs reviewed.

Recommendations and findings of program reviewers regarding the process:

- Motivational Interviewing is a difficult practice to review on a program level.
- Increase use of telephone/video conferencing for reviews and communicating with programs.
- Important to communicate and request program information prior to the review.
- Important to review and educate self on practice prior to review.
- Provide ability to conduct reviews that are more frequent for reviewers on same practice.
- Always have a practice expert on the team.
- Need to create infrastructure for continuing technical assistance after review.
- External provider need to work/live outside of area.
- Create pre-requisites/expectations for the programs participating in the process.
- Need for ongoing support and training for reviewers and programs.
- Process would benefit with better agency selection including agency readiness for process, ability to gather information and communication from agency.

AMH asked each program for feedback. Overall, the programs were satisfied with the outcomes and the reviews. They were pleased about the face to face contact, informed feedback, encouragement and level of expertise of reviewers, assessment of skills and validation from outside their organization. Suggested improvements were exposure to the tool and technical assistance before, during and after the review. They requested help for collecting outcomes and data, evaluation of data and education on the practices.

Recommendation for next steps:

- AMH create a strategic plan regarding fidelity of EBPs with goals and guidance for this process.
- Construct an ongoing process, not a one time event.

- Create tool or process for programs to determine implementation status in order for teams to cater their resources to specific stage.
- Integrate fidelity monitoring/reviewing into agencies policies and priorities (regular business practice).
- Consideration of team development. Should state be on teams? No peers from same geographical/competing location?
- More training for reviewers and program staff.

Conclusion

In conclusion, the 2008 fidelity project provided AMH data and recommendations on how to effectively conduct fidelity reviews and next steps to provide sustainable services. If we are to meet the long-term goal of this project, “develop a learning community comprised of “peer reviewers” and providers that will conduct fidelity reviews”, additional funding and support from AMH management is essential.