



December 6, 2007
Department of Human Services
Addictions and Mental Health Division

**Evidence-Based Practices in Mental Health and Addiction Services (AMH)
Report on the Addictions and Mental Health Division Fidelity Pilot Project**

Project Overview and Recommendations

The following is a summary of the Addictions and Mental Health (AMH) Fidelity Pilot Project conducted from March through July of 2007. This report provides you with an overview of the process, outcomes from the reviews and recommendations for future review and steps.

Fidelity Pilot Process Overview

The goals of this project were to collect information and develop protocols for the AMH fidelity review process and to prepare AMH staff and selected providers to conduct fidelity reviews while increasing their knowledge about the specific EBP practice they reviewed.

AMH selected 10 level-one practices:

- Assertive Community Treatment (ACT)
- Drug Courts
- Integrated Dual Disorder Treatment (IDDT)
- Illness, Management, & Recovery (IMR)
- Matrix Model-Methamphetamine Treatment
- Seeking Safety –Trauma
- Supported Employment (SE)
- Wraparound (Children)
- Strengthening Families –Substance Abuse Prevention

AMH opened an application process up to all addiction treatment, mental health, and prevention providers to learn about and conduct a fidelity review. We received 34 applicants and accepted eleven. Selection of external providers was based on expertise in the EBP practices selected and geographic distribution; so all areas of the state were represented. AMH asked addiction, mental health and prevention programs to apply to participate in a fidelity review of one of the practices on the list. AMH received 14 applications and accepted ten.

Once the internal and external providers and the programs were selected, the reviewers attended a one-day training. The training covered research, fidelity tools, the review process and AMH expectations. Additionally, participants created the forms that would be used during the fidelity review and throughout the process (i.e. introductory letter, evaluation form, etc). At this initial meeting the external reviewers and the AMH staff were paired, met and began to make arrangements for the fidelity reviews. Teams were given two months to complete the reviews, if possible.

Prevention programs received limited reviews during this pilot project, although there are over 100 prevention practices on the AMH EBP list, the majority do not have a fidelity tool. To ensure prevention was represented in this pilot project, AMH convened a group of five prevention specialists, with extensive experience in this field. They were charged with the task of developing a general fidelity tool/scale to help monitor compliance with researched prevention practices/programs. The tool has been developed and selected prevention providers are in the process of evaluating its effectiveness in the field. Once the evaluation is completed, results will determine changes needed. The tool will be unveiled in the Spring of 2008 to all prevention providers at a statewide prevention summit.

Some practices that have fidelity tools, have proprietary rights over their program and tools. An example of this is Functional Family Therapy (FFT). Only programs and staff that have been trained by Functional Family Therapy, Inc can implement this practice and the training facility's practitioners monitor the fidelity of this practice. Monitoring consists of three phases, which include phone consults, data, supervision and additional trainings. Programs progress through the phases each year with additional supervision hours. Currently in Oregon there are 8 programs implementing this practice to approximately 175 families. All Oregon programs are currently in Phase 1. Consideration of such programs and implications will be included in AMH's implementation strategies.

Outcomes of Program Reviews

Common themes, successes of the programs and challenges with the practice, were observed during the fidelity reviews. All programs had some degree of difficulty implementing the practices to a high degree of fidelity; reasons included limited resources, personnel turnover, lack of wraparound services and untrained staff. However, the strengths outweighed the challenges. Reviewers and clients saw all program staff as committed and dedicated to the program participant's recovery and to the program model. No practice was a perfect fit, but all programs, remained committed, spent time in making adaptations, tried numerous strategies to make the practice work and produce the expected outcomes.

In the beginning, AMH promised volunteering programs that their fidelity reports would not be public record; so the reports are not attached and are not available for review. The information collected from this process was to assist AMH in collecting data, increasing knowledge and making adaptations to this process for the future.

All program reviewers met one month following their review to discuss the process and make recommendations. Most of the recommendations centered on the need to improve the fidelity review process from the initial steps prior to even entering an agency to conduct the review. A fidelity review process was drafted, however due to the limited time frame of completion, certain areas were not clearly mapped out and the review teams needed more knowledge and time. The following are the recommendations from the fidelity reviewers and the programs reviewed.

Recommendations of program reviewers regarding the process:

- Review teams need to consist of at least three people. Best case, an EBP content expert, a quality assurance/AMH staff and a consumer
- Each review team and program should have a key contact person.
- Develop an overall fidelity review packet and checklist for each team member and the program being reviewed.
- Have the program complete a 3-4 question self assessment on their process of implementing the practice.
- Convene pre-meeting with the review team to clarify roles.
- Schedule a pre-meeting or conference call with program prior to review to address questions and clarify process.
- Increase training on the fidelity tools prior to the review. Increase training on how to use the tool including talking with the developers.
- The review team should gather organizational information from program prior to the review.

- The review team should approach the program with a “What can we do for you attitude?”
- Expand the review time if necessary to sit in on groups and interview clients and consumers.
- Conduct an exit interview prior to leaving the program and schedule a conference call to review the report upon the completion of the writing.
- The initial review for review team needs to be with a program that is implementing with at least a medium range of fidelity for the review to be instructive.
- AMH needs to clarify for reviewers what level of flexibility regarding the fidelity review process is acceptable. Example: wraparound in rural regions.
- As part of the review process and after completion of the review discuss their mechanism for increasing or maintaining fidelity.

Recommendation for next steps:

- Develop a cadre of fidelity specialists from around the state to assist other programs, including consumers.
- Assist agencies with the evaluation of their outcomes, so if fidelity is not high they can determine if they are being effective.
- Provide opportunities for cross training, so reviewers can learn about other models and practices.
- Consider building language into contracts or implementation plans for the continuation of this work.
- Hold forums on particular practices, what works, what doesn't.
- Develop training opportunities: how to conduct a fidelity review, research 101, outcome measurement, systems change and EBP implementation.
- Develop learning communities using website and distance learning strategies i.e. a “network of excellence”.
- AMH should build collaboration with Universities and Community Colleges.

Conclusion

In conclusion, the pilot fidelity project provided AMH data and recommendations on how to effectively implement future fidelity reviews. Although the time-frame for the project was not ideal, it did produce a group of experienced fidelity reviewers that can offer services in the future. Recommendations will be taken under consideration when planning for AMH EBP fidelity review program implementation.