



**Resiliency and Disease Management  
Fidelity Rapid Review Report  
FY 2005**

**August 2005**

**DSHS MH & SA Quality Management Unit**

## **Fidelity Rapid Review Report FY2005**

### **I. Overview**

The Department of State Health Services (DSHS) Community Mental Health and Substance Abuse Services required that each Local Mental Health Authority (LMHA) and NorthStar managed behavioral healthcare providers, conduct a Resiliency and Disease Management (RDM) Fidelity Rapid Review in June 2005. The Rapid Review is required in the FY2005 Performance Contract, Attachment XIX, 5, b.

The RDM Fidelity Rapid Review is an abbreviated version of the RDM Fidelity Review Process that evaluates the implementation and adherence to evidenced-based practices as it is expected that high fidelity to the service models will result in improved individual outcomes. The Fidelity Rapid Review self-assessment process will promote use of the fidelity tools, increase self-initiated improvements based on the review results, and establish a baseline during the first year of implementation.

### **II. Methodology and Data Collection**

The Fidelity Rapid Review is a self-assessment process for the LMHA and NorthStar providers to complete and return to DSHS for validation. The self-assessment checklists are standardized instruments to measure implementation of the following service models: Adult Texas Implementation of Medication Algorithms (TIMA); Adult Patient and Family Education Program (PFEP); Adult Cognitive Behavioral Therapy (CBT); Psychosocial Rehabilitation (PSR); Assertive Community Treatment (ACT); Children's Cognitive Behavioral Therapy (CBT) and Children's Skills Training.

Information related to the LMHA's Utilization Management department and an ACT Alternative checklist were also collected although not considered evidenced based practices. ACT Alternative is a performance contract waiver from the full ACT requirements; LMHAs are required to provide the Psychosocial Rehabilitation service model with the 80% in-vivo services and an average of 10.7 hours of service per individual per month and a minimum of 4 hours of service per individual per month.

The Rapid Review rating scales consist of "Yes" for current practice or "No" for not evident, the five point likert-type scale was not used. LMHA QM staff administered the Rapid Review Self-Assessment process with assistance from providers. Each LMHA was responsible for distribution and collection of the provider checklists. The LMHA and NorthStar providers were sent instructions, checklists and an evaluation form. The instructions suggested that the provider staff with the most knowledge and familiarity with each service such as Program Directors or Supervisor complete the Rapid Review checklist. A comment section was included on each checklist for staff to explain any unusual or unexpected variations and to include any scheduled or planned activities for future implementation.

### **III. Data Analysis and Trends**

The LMHA Quality Management staff were instructed to collect the checklists from each provider and aggregate the results for the Department of State Health Services. The LMHA then submitted the scored LMHA checklist with aggregated provider results, all provider checklists, and an evaluation form to DSHS. The NorthStar providers sent their provider checklists directly to DSHS.

DSHS selected ten percent of the highest scoring LMHAs to validate the rapid review results. Two service models were selected and staff training records were requested for validation. Four out of four LMHAs submitted adequate documentation within the required time frames.

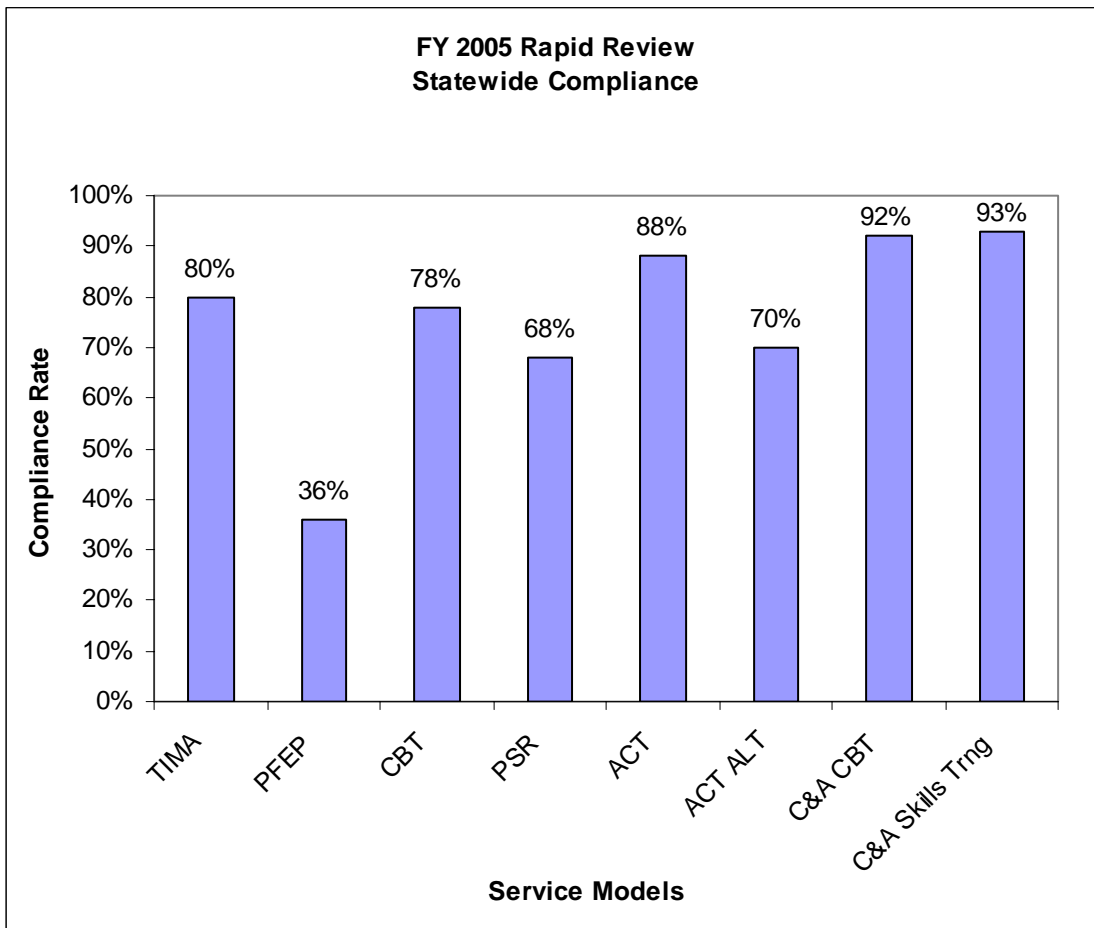
The Rapid Review report provides a snapshot of how well LMHAs have implemented the key structural program components and what technical assistance or program modifications may be needed in order to increase compliance with evidenced based practices.

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The data from each of the thirty-nine LMHA's aggregated checklists were entered into a data base. The provider checklists were used to validate results when scores appeared inconsistent or inaccurate. There were a total of ten NorthStar providers with two providing only Children's Services. One LMHA has five clinics with two clinics contracting with ValueOptions; their results are included as both an LMHA and as a NorthStar provider.

Several LMHAs did not submit their provider checklists. And one LMHA did not submit their aggregated results. Several LMHAs and NorthStar providers were contacted by telephone to confirm scores and to seek clarification when scores were left blank.

The following chart provides the overall statewide results for the service models evaluated in the Rapid Review. The subsequent charts demonstrate the compliance rate of each structural review element for each service model.



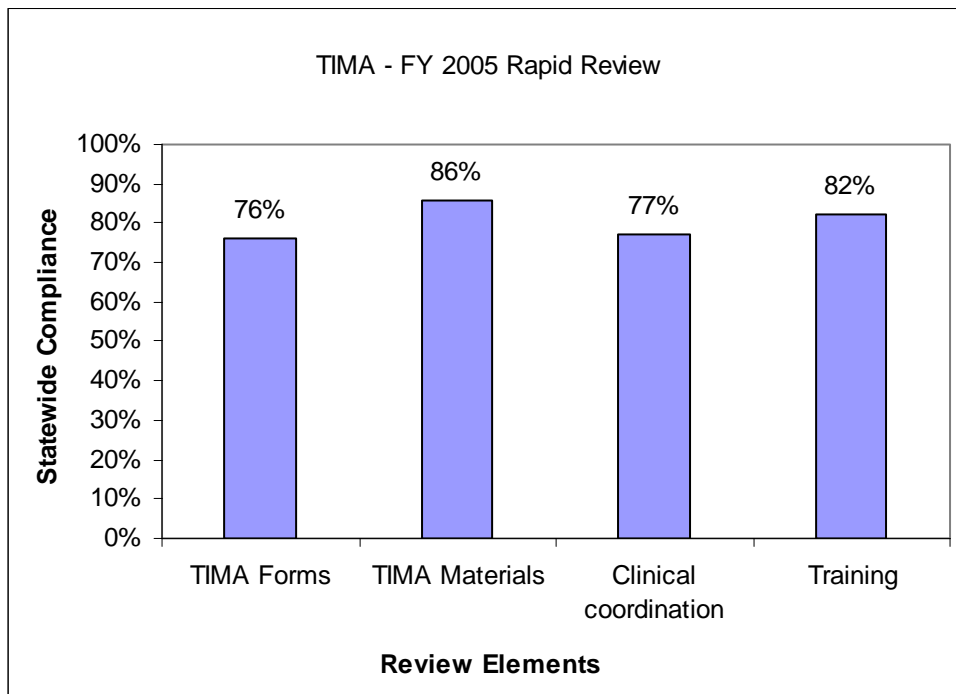
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### A. Adult Texas Implementation of Medication Algorithms (TIMA)

- Four review elements were used to measure implementation: TIMA forms, TIMA materials, Clinical Coordination, and Staff Training.
- It is important to note the use of the state approved TIMA form was the item measured not the implementation or documentation of TIMA algorithms or clinical ratings.
- Thirty-nine LMHAs and eight NorthStar providers completed the Adult TIMA checklists.
- Statewide TIMA compliance including NorthStar providers is 80%.
- The use of TIMA forms and Clinical Coordination were the lowest scoring items at 76% and 77% respectively.

#### Provider Comments:

- Several LMHAs reported difficulty obtaining printed TIMA materials from the State. NorthStar providers reported inability to access the MHMR intranet to obtain copies of the TIMA forms or materials.
- Difficulty scheduling TIMA training with regionally-based State trained “Train the Trainers” was also reported.



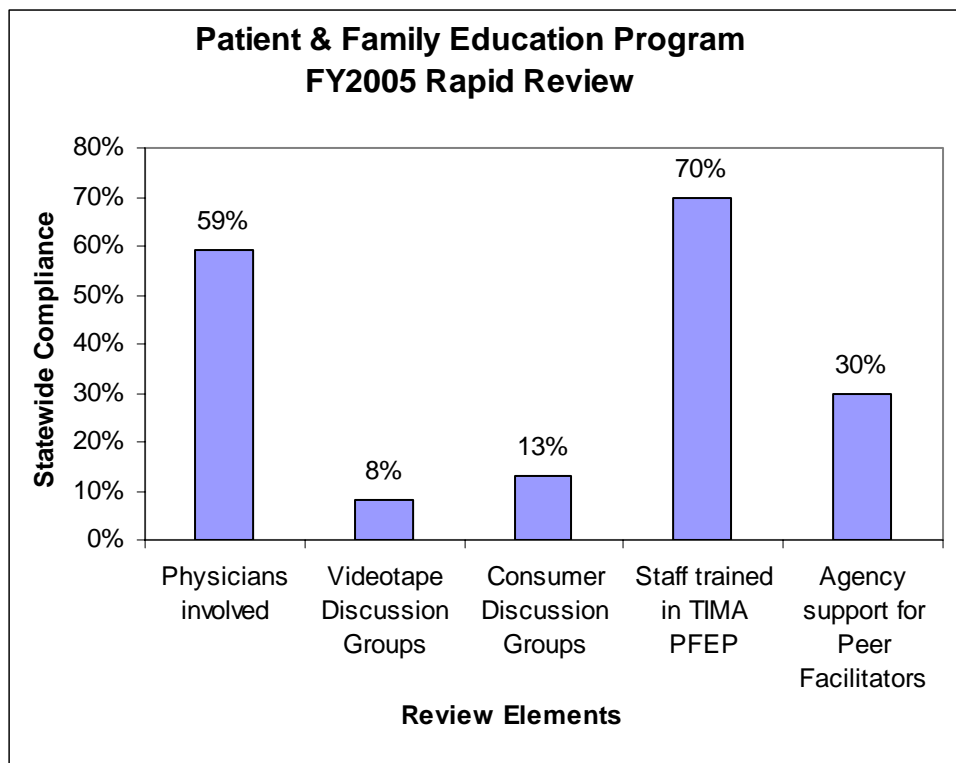
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### B. Adult Patient and Family Education Program (PFEP)

- Five review elements were used to measure implementation: Physician involvement, video discussion groups, consumer to consumer discussion groups, staff training, and agency support for Peer Facilitators.
- Thirty-nine LMHAs and eight NorthStar providers offer Adult PFEP services.
- Statewide PFEP compliance including NorthStar providers is 36%.
- The lowest scoring items were videotape and consumer to consumer discussion groups. Statewide these items scored 8% and 13% respectively.
- Nine LMHAs and three NorthStar providers report providing consumer to consumer discussion groups. There are an additional ten LMHAs providing consumer to consumer discussions groups by peers who have not yet received the state mandated peer facilitator training.

#### Provider Comments:

- There is high turnover of peer facilitators.
- External providers indicate that they do not have access to the Department's intranet where TIMA/PFEP materials are located.
- Several LMHAs report difficulty obtaining TIMA/PFEP printed material and difficulty scheduling department mandated training from DSHS.



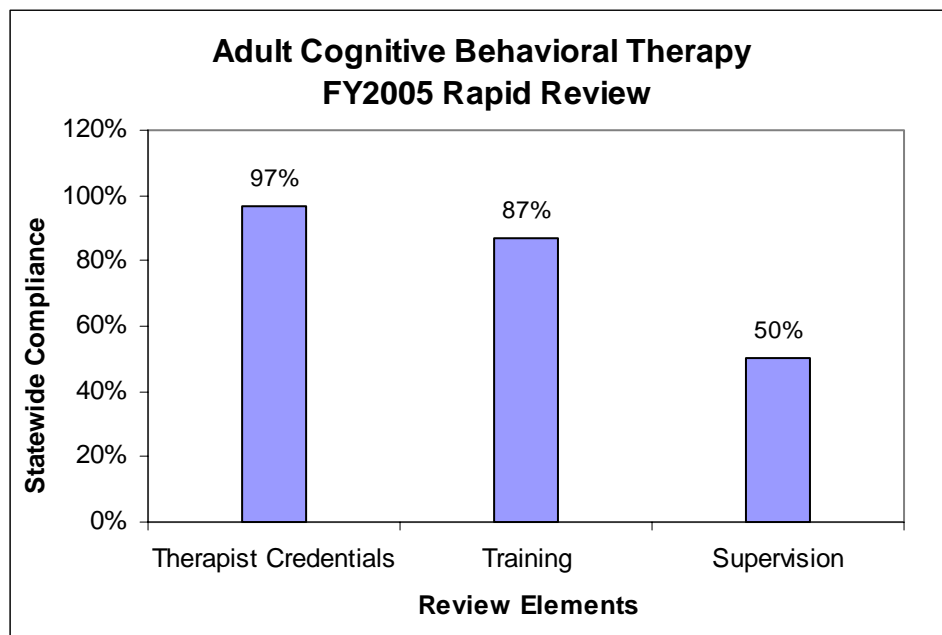
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### C. Adult Cognitive Behavioral Therapy (CBT)

- Three review elements were used to measure implementation: therapist credentials, training, and supervision.
- Thirty-nine LMHAs and seven NorthStar providers offer Adult CBT services.
- Statewide CBT compliance including NorthStar providers is 78%.
- The lowest scoring item for CBT is supervision at 50%. This element requires therapists to be supervised until competency is reached. Several LMHAs scored this item as N/A; however this item must be scored as “Yes” or “No”, “N/A” is not a valid response. Either supervision or competency must be evident. It should be noted that supervision for Adult CBT is different from Children’s CBT which can be scored as “N/A” if the provider is an LPHA.
- LMHA checklists that scored “N/A” for Adult CBT supervision were contacted by the State to ensure correct measurement of this element.
- NorthStar providers indicate that their clinicians have been trained and have experience in CBT but have not received the state-approved CBT training program.

#### Provider Comments:

- During the Rapid Review Comnet on June 9, 2005 several LMHAs expressed that they had received conflicting instructions from the State’s trainer that are different from the Fidelity requirements. The State’s CBT trainer indicated that once clinicians received the state-approved training in CBT they were competent. The Fidelity Manual requires supervision for clinicians until competency is reached.



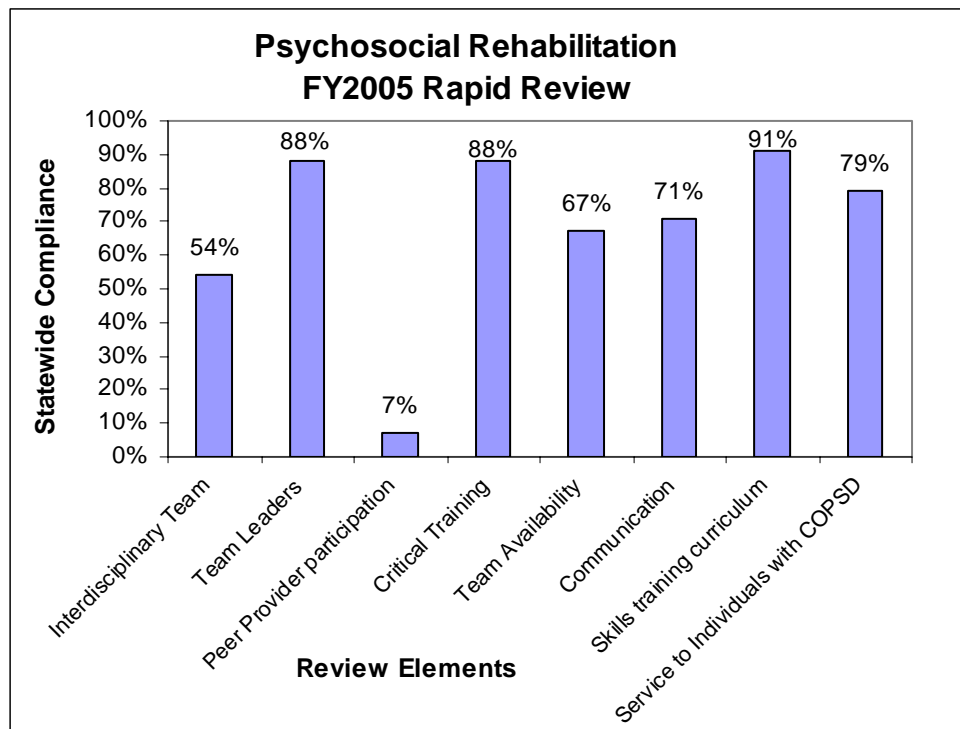
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### D. Psychosocial Rehabilitation (PSR)

- Eight review elements were used to measure implementation: interdisciplinary team, team leaders, peer provider, critical staff training, team availability, communication, skills training curriculum, and service to individuals with co-occurring psychiatric and substance abuse.
- Thirty-nine LMHAs and eight NorthStar providers offer PSR services.
- Statewide compliance including NorthStar providers is 68%.
- The lowest scoring item was peer provider participation at 7%. Six LMHAs and two NorthStar providers report having peer providers on PSR teams.
- The statewide score for interdisciplinary team is 54%; many providers scored this item as “0” when a peer provider was not a member of the team.

#### Provider Comments:

- Comments indicate confusion whether the interdisciplinary team review element is a measure for team composition, team meetings or individual’s treatment planning. The Interdisciplinary Team measure is to ensure there is a full range of professionals on the team.
- The team availability element measures that PSR teams are available for consultation after hours and for crisis services, comments indicate that although PSR team members are not on call, the crisis hotline is able to contact the team as needed after hours. Review element may have been confusing by identifying source information as an on-call log.



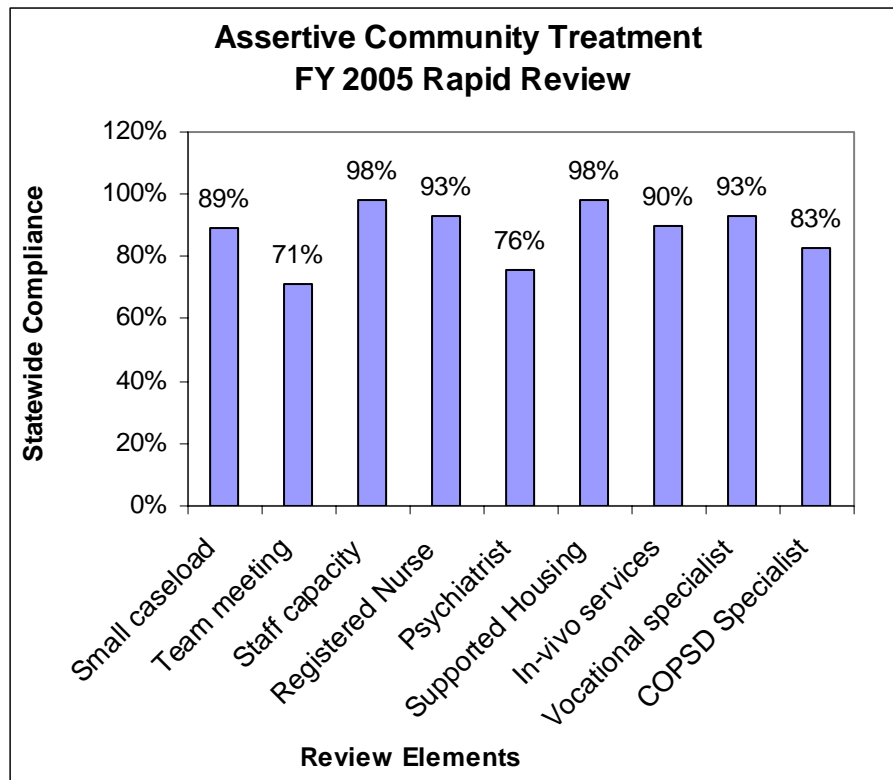
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### E. Assertive Community Treatment (ACT)

- Nine review elements were used to measure implementation: small caseload, team meetings, staff capacity, registered nurse, psychiatrist, supported housing specialist, vocational specialist, in-vivo services, and co-occurring psychiatric and substance abuse specialist.
- Sixteen LMHAs and five NorthStar providers offer ACT services.
- Statewide compliance including NorthStar providers is 88%.
- The lowest scoring items were team meetings which scored 71%; five LMHA and one NorthStar provider indicate their teams meet but not five times per week as required.
- Psychiatrist participation was the next lowest scoring item, two LMHAs do not have a psychiatrist on the ACT team and three LMHAs report not having enough psychiatrist time to meet the ACT review element.

#### Provider Comments:

- Two LMHAs reported problems maintaining the small caseload requirement of 10:1 consumer to staff ratio.
- Two NorthStar providers indicate they do not have a COPSD specialist on their ACT teams.





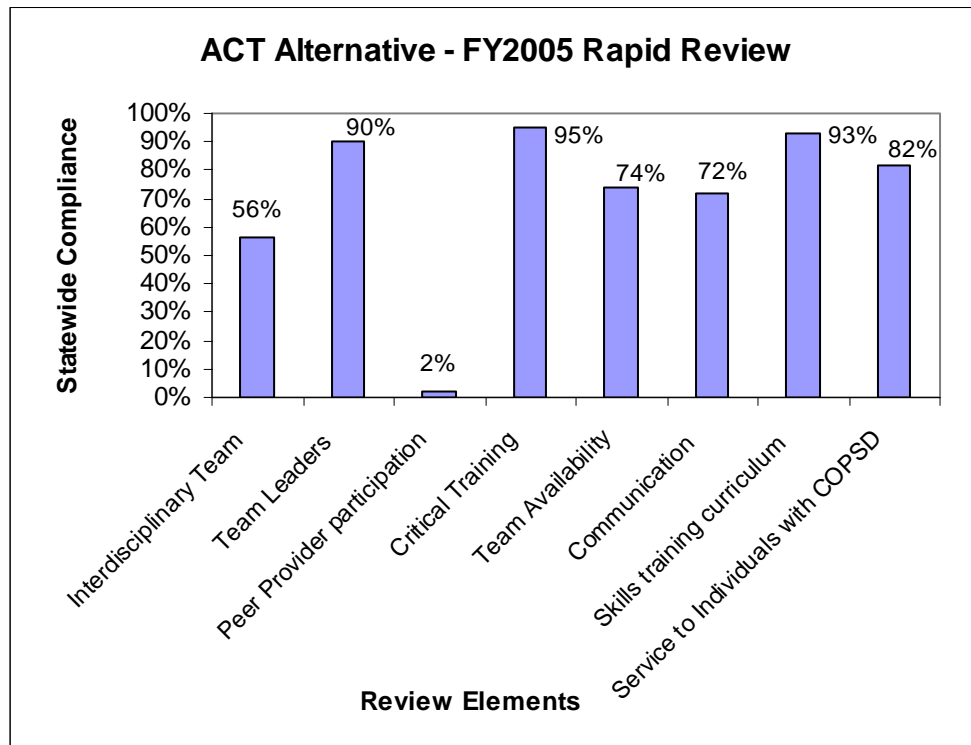
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### F. Assertive Community Treatment Alternative (ACT Alternative)

- Eight review elements were used to measure implementation (same as PSR): interdisciplinary team, team leaders, peer provider, critical staff training, team availability, communication, skills training curriculum, and service to individuals with co-occurring psychiatric and substance abuse.
- Twenty-three LMHAs offer ACT Alternative services. One LMHA is providing ACT Alternative without a Performance Contract, Attachment IX waiver.
- Statewide compliance for ACT Alternative is 70%.
- The lowest scoring item was peer provider participation at 2% for all LMHAs.
- The statewide score for interdisciplinary team is 56%; many providers scored this item as “0” when a peer provider was not a member of the interdisciplinary team.

#### Provider Comments:

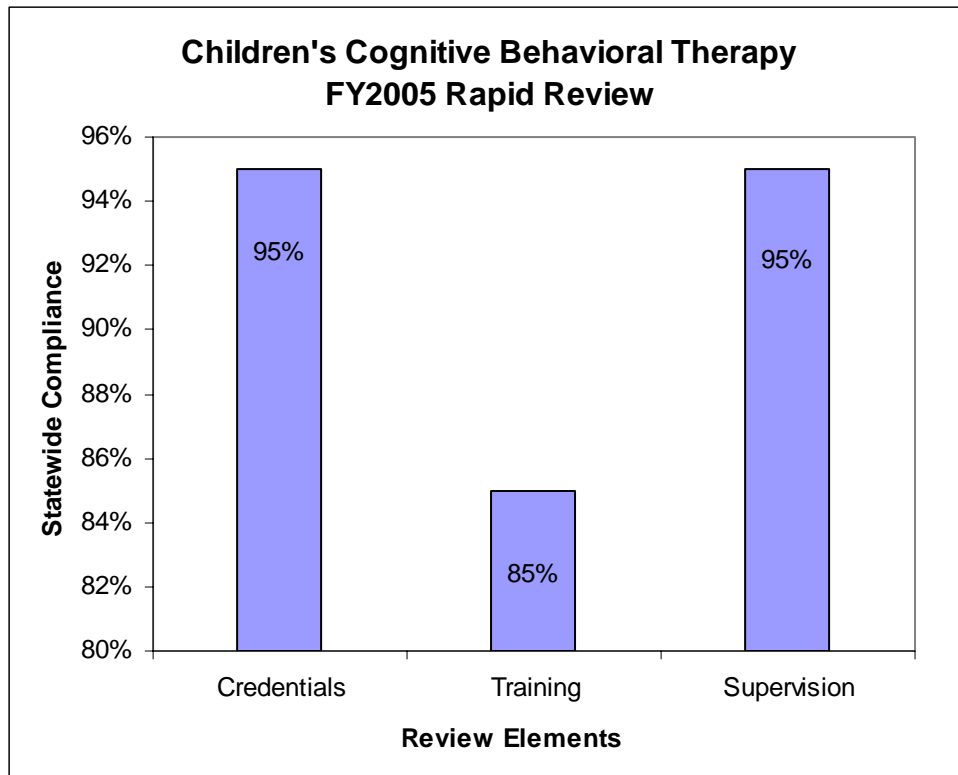
- Comments indicate confusion whether the interdisciplinary team review element is a measure for team composition, team meetings or individual’s treatment planning. The Interdisciplinary Team measure is to ensure there is a full range of professionals on the team
- The team availability element measures that ACT Alternative teams are available for consultation after hours and for crisis services, comments indicate although ACT Alternative team members are not on call, the crisis hotline is able to contact the team as needed after hours. Review element may have been confusing by identifying source information as an on-call log.



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### G. Children's Cognitive Behavior Therapy (CBT)

- Three review elements were used to measure implementation: therapist credentials, training, and supervision.
- Thirty-seven LMHAs and eight NorthStar providers offer Children's CBT. Two LMHAs do not provide CBT because they do not have LPHAs.
- Statewide CBT compliance including NorthStar providers is 92%.
- The lowest scoring item for CBT was training at 86%. Four LMHAs indicated problems with keeping staff trained due to staff turnover.
- Several LMHAs did not accurately score the supervision element. If the provider is an LPHA, supervision is not required. Providers who met the credentialed element but marked the self-assessment as "0" for supervision were contacted to ensure that the item was scored correctly.



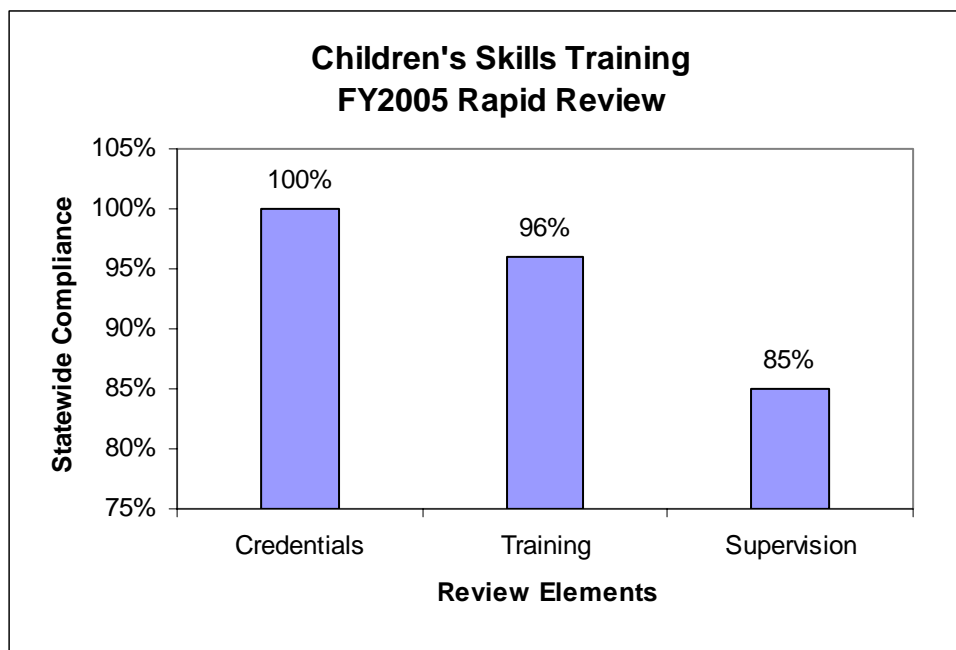
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### H. Children's Skills Training

- Three review elements were used to measure implementation: credentials, training, and supervision.
- Thirty-nine LMHAs and nine NorthStar providers offer Children's Skills Training.
- Statewide skills training compliance including NorthStar providers is 93%.
- The lowest scoring item for skill training was supervision at 84%.

#### Provider Comments:

- Several LMHAs commented that although supervisors received the state approved skills training; the supervisors had not provided skills training using the department-approved models which is required by the fidelity measure.



### III. Evaluation of Rapid Review Process

Each LMHA and NorthStar provider received a Rapid Review Evaluation Form to assess the amount of time to complete the self-assessment and to communicate any issues or suggest any improvements. The majority of respondents indicated that each service model checklist required 10 to 30 minutes to complete. Six respondents indicated at least one hour and one indicated 21 hours to compile all the data. The majority of evaluations had positive comments regarding ease of use and instructions. Some found the distinct between LMHA and provider checklist confusing since many LMHAs do not have external providers and did not understand the need to complete separate checklists for each clinic or service site. Rural areas cited problems rating team review elements because many of their providers are on several teams or the small number of consumers in rural locations does not warrant a full team. Recommendations were made to eliminate the yes/no scoring and to include rating scales in future Rapid Reviews. Many respondents indicated this was their first review of Fidelity and it helped them identify strengths and weaknesses within their programs. Several respondents indicate that although staff were trained they do not have copies of the training rosters as evidence.

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### **IV. Quality Improvement and Follow-up**

This report will be shared within DSHS, Community Mental Health and Substance Abuse to identify future training needs and possible program clarifications such as revisions to the Fidelity Toolkit or Evidenced Based Practices. Each LMHA and NorthStar provider as well as ValueOptions will receive this report to compare their individual aggregated results to the statewide results.

- TIMA/PFEP materials were posted to the DSHS internet site on July 27, 2005 at the following address: <http://www.dshs.state.tx.us/mhprograms/PtEd.shtm>.
- Changes to the Fidelity Manual are in progress and will be posted by December 1, 2005.
- Technical assistance on how to recruit and retain peer facilitators will be provided.