# GOI Fidelity Action Planning Guidelines

## G1. Program Philosophy

Definition: The program is committed to a clearly articulated philosophy consistent with the *specific* evidence-based practice (EBP), based on the following 5 sources:

- Program leader
- Senior staff (e.g., executive director, psychiatrists)
- Practitioners providing EBP
- Clients and/or family members (depending on EBP focus)
- Written materials (e.g., brochures)

Rationale: In psychiatric rehabilitation programs that truly endorse EBPs, staff members at all levels embrace the program philosophy and practice it in their daily work.

### *1. What are the next steps towards achieving this standard?*

### *2. Who is responsible for this next step?*

### *3. When will we accomplish this next step?*

## G2. Eligibility/Client Identification

Definition:

*For EBPs implemented in a mental health center:* All clients in the community support program, crisis clients, and institutionalized clients are screened using standardized tools or admission criteria that are consistent with the EBP.

*For EBPs implemented in a service area:* All clients within the jurisdiction of the services area are screened using standardized tools or admission criteria that are consistent with the EBP. For example, in New York, county mental health administrations are responsible for identifying clients who will be served by assertive community treatment programs.

- The *target population* refers to all adults with severe mental illness (SMI) served by the provider agency (or service area). If the agency serves clients at multiple sites, then **assessment is limited to the site or sites that are targeted for the EBP.** If the target population is served in discrete programs (e.g., case management, residential, day treatment, etc.), then ordinarily all adults with SMI are included in this definition.
- *Screening* will vary according to the EBP. *The intent is to identify any and all for who could benefit from the EBP.* For Integrated Dual Disorder Treatment and Assertive Community Treatment, the admission criteria are specified by the EBP and specific assessment tools are recommended for each. For Supported Employment, all clients are invited to receive the service because all are presumed eligible (although the program is intended for clients at the point they express interest in working). The screening for Illness Management & Recovery includes an assessment of the skills and issues addressed by this EBP. For Family Psychoeducation, the screening includes the assessment of the involvement of a family member or significant other. In every case, the program should have an explicit, systematic method for identifying the eligibility of every client.
- Screening typically occurs at program admission, but for a program that is newly adopted an EBP, there should be a plan for systematically reviewing clients already active in the program.

Rationale: Accurate identification of clients who would benefit most from the EBP requires routine review for eligibility, based on criteria consistent with the EBP.

***1. What are the next steps towards achieving this standard?***

***2. Who is responsible for this next step?***

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**G3. Penetration**

Definition: *Penetration* is defined as the percentage of clients who have access to an EBP as measured against the total number of clients who could benefit from the EBP. Numerically, this proportion is defined by:

$$\frac{\textbf{\# of clients receiving an EBP}}{\textbf{\# of clients eligible for the EBP}}$$

**As in the preceding item, the numbers used in this calculation are specific to the site or sites where the EBP is being implemented.**

Rationale: Surveys have repeatedly shown that persons with SMI often have a limited access to EBPs. The goal of EBP dissemination is not simply to create small exclusive programs but to make these practices easily accessible within the public mental health system.

***1. What are the next steps towards achieving this standard?***

***2. Who is responsible for this next step?***

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**G4. Assessment**

Definition: All EBP clients receive standardized, high quality, comprehensive, and timely assessments.

*Standardization* refers to a reporting format that is easily interpreted and consistent across clients.

*High quality* refers to assessments that provide concrete, specific information that differentiates between clients. If most clients are assessed using identical words, or if the assessment consists of broad, noninformative checklists, then this would be considered low quality.

*Comprehensive* assessments include: history and treatment of medical, psychiatric, and substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.

*Timely* assessments are those updated at least annually.

Rationale: Comprehensive assessment/re-assessment is indispensable in identifying target domains of functioning that may need intervention, in addition to the client's progress toward recovery.

***1. What are the next steps towards achieving this standard?***

***2. Who is responsible for this next step?***

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**G5. <u>Individualized Treatment Plan</u>**

<u>Definition</u>: For all EBP clients, there is an explicit, individualized treatment plan (even if it is not called this) related to the EBP that is consistent with assessment and updated every 3 months. *"Individualized" means that goals, steps to reaching the goals, services/ interventions, and intensity of involvement are unique to this client. Plans that are the same or similar across clients are not individualized. One test is to place a treatment plan without identifying information in front of the supervisor and see if they can identify the client.*

<u>Rationale</u>: Core values of EBP include individualization of services and supporting clients' pursuit of their goals and progress in their recovery at their own pace. Therefore, the treatment plan needs ongoing evaluation and modification.

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**G6. Individualized Treatment**

Definition: All EBP clients receive individualized treatment meeting the goals of the EBP. "*Individualized*" treatment means that steps, strategies, services/interventions, and intensity of involvement are focused on *specific* client goals and are unique for each client. Progress notes are often a good source of what really goes on. Treatment could be highly individualized despite the presence of generic treatment plans.

(An example of a low score on this item for Integrated Dual Disorders Treatment: a client in the engagement phase of recovery is assigned to a relapse prevention group and constantly told he needs to quit using, rather than using motivational interventions.)

Rationale: The key to the success of an EBP is implementing a plan that is individualized and meets the goals for the EBP for each client.

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**G7. Training**

Definition: All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).

Rationale: Practitioner training and retraining are warranted to ensure that evidence-based services are provided in a standardized manner, across practitioners and over time.

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**G8. <u>Supervision</u>**

<u>Definition</u>: EBP practitioners receive structured, weekly supervision from a practitioner experienced in the particular EBP. The supervision can be either group or individual, but CANNOT be peers-only supervision without a supervisor. The supervision should be client-centered and explicitly address the EBP model and its application to *specific client situations.*

Administrative meetings and meetings that are not specifically devoted to the EBP do not fit the criteria for this item. The *client-specific* EBP supervision should be at least one hour in duration each week.

<u>Rationale</u>: Regular supervision is critical not only for individualizing treatment, but also for ensuring the standardized provision of evidence-based services.

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***2. Who is responsible for this next step?***

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**G9. <u>Process Monitoring</u>**

<u>Definition</u>: Supervisors/program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Process monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators. An example of a process indicator would be systematic measurement of how much time individual case managers spend in the community versus in the office. Process indicators could include items related to training or supervision. The underlying principle is that whatever is being measured is related to implementation of the EBP and is not being measured to track billing or productivity.

<u>Rationale:</u> Systematic and regular collection of process data is imperative in evaluating program fidelity to EBP.

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**G10. Outcome Monitoring**

Definition: Supervisors/program leaders monitor the outcomes of EBP clients every 3 months and share the data with EBP practitioners in an effort to improve services. Outcome monitoring involves a standardized approach to assessing clients.

Rationale: Systematic and regular collection of outcome data is imperative in evaluating program effectiveness. Effective programs also analyze such data to ascertain what is working and what is not working, and use the results to improve the quality of services they provide.

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**G11. Quality Assurance (QA)**

Definition: The agency's QA Committee has an explicit plan to review the EBP or components of the program every 6 months. The steering committee for the EBP can serve this function. Good QA committees help the agency in important decisions, such as penetration goals, placement of the EBP within the agency, hiring/staffing needs.

QA committees also help guide and sustain the implementation by reviewing fidelity to the EBP model, making recommendations for improvement, advocating/promoting the EBP within the agency and in the community, and deciding on and keeping track of key outcomes relevant to the EBP.

Rationale: Research has shown that programs that most successfully implement evidence-based practices have better outcomes. Again, systematic and regular collection of process and outcome data is imperative in evaluating program effectiveness.

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**G12. Client Choice Regarding Service Provision**

Definition: All clients receiving EBP services are offered a reasonable range of choices consistent with the EBP; the EBP practitioners consider and abide by client preferences for treatment when offering and providing services.

Choice is defined narrowly in this item to refer to services provided. This item does not address broader issues of client choice, such as choosing to engage in self-destructive behaviors.

To score high on this item, it is not sufficient that a program offers choices. The choices must be consonant with EBP. So, for example, a program implementing supported employment would score low if the only employment choices it offered were sheltered workshops.

A *reasonable range of choices* means that EBP practitioners offer realistic options to clients rather than prescribing only one or a couple of choices or dictating a fixed sequence or prescribing conditions that a client must complete before becoming eligible for a service.

*Sample of Relevant Choices by EBP:*

- Supported Employment
  - *Type of occupation*
  - *Type of work setting*
  - *Schedules of work and number of hours*
  - *Whether to disclose*
  - *Nature of accommodations*
  - *Type and frequency of follow-up supports*
- Integrated Dual Disorders Treatment
  - *Group or individual interventions*
  - *Frequency of DD treatment*
  - *Specific self-management goals*
- Family Psychoeducation
  - *Client readiness for involving family*
  - *Who to involve*
  - *Choice of problems/issues to work on*
- Illness Management & Recovery
  - *Selection of significant others to be involved*
  - *Specific self management goals*
  - *Nature of behavioral tailoring*
  - *Skills to be taught*
- Assertive Community Treatment
  - *Type and location of housing*
  - *Nature of health promotion*
  - *Nature of assistance with financial management*
  - *Specific goals*
  - *Daily living skills to be taught*
  - *Nature of medication support*
  - *Nature of substance abuse treatment*

Rationale: A major premise of EBP is that clients are capable of playing a vital role in the management of their illnesses and in making progress towards achieving their goals. Providers accept the responsibility of getting information to clients so that they can become more effective participants in the treatment process.

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