

Integrated Dual Disorders Treatment (IDDT) Fidelity Scale
Item Rating Guidelines
July 23, 2009

Fidelity Scale Item

1a) Multi-disciplinary team:

To rate this item, answer the following questions:

- ✓ Do clients receive their treatment from a team of practitioners working together?
- ✓ Are ALL of the agency service providers (psychiatrists/APRN's, clinicians, nurse case manager, employment specialists) integrated on the team?
 - Collaboration and integration mean regular contacts among the team members (weekly meetings, etc.) to discuss clients with co-occurring disorders **and** input from all team members in treatment planning.
 - The greater the collaboration and integration the higher the rating
 - If only 2 of the above (clinician and psychiatrist) collaborate as a team then rate as **2**.
 - **IMPORTANT:** Since the current Fidelity Scale reviews are being conducted at individual programs or teams, it is assumed that ALL clients in that program or team receive the same level of a multi-disciplinary approach, therefore the rating is not based on the percentage (%) of clients receiving treatment from a multi-disciplinary team, but rather the thoroughness of the integration of all the service providers.
 - A rating of 5 would mean that all providers act as one team via team meetings and integrated assessments and treatment planning.
- ✓ If some of the services are provided by other agencies (employment, for example), how much collaboration is there between the various providers? Does the employment specialist attend the team meetings, etc.? If there is strong evidence that the outside provider has regular communication and input in the client's treatment, then consider him/her integrated onto the team (deserving a higher rating).

1b) Integrated Substance Abuse Specialist

- ✓ A substance abuse specialist is any staff worker in the program/team that has at least 2 years experience worker in either substance abuse or co-occurring disorder treatment settings.
- ✓ The rating is based on how well the specialist is integrated on the treatment team
AND
- ✓ The role the specialist plays on the team:
 - Are they formally identified as the substance abuse specialist?
 - Do they play an important role in planning treatment for clients with COD?
 - Do they carry a caseload of clients with COD?
 - Do they provide consultation/supervision (either formal or informal) re: IDDT to other staff on the team?
 - If the specialist meets all of the above criteria, **rate as 5**.
 - If the specialist is not fully integrated on the team, but meets the other criteria, **rate as 3**.

- If substance abuse treatment is provided through another agency department, *rate as 2*
- If substance abuse treatment is provided through referral to another agency, *rate as 1*.
- ✓ If there is not an identified specialist, but most of the staff have been cross-trained and have at least two years experience in co-occurring disorders treatment, BUT do not provide modeling and training in IDDT, *rate as 4*.

2) *Stage-Wise Interventions*

- ✓ There should be evidence from leadership, direct care staff, and documentation that staff **BOTH** understands and applies the stages of change/treatment.
- ✓ Base the rating on the percentage (%) of charts that document interventions that are consistent with the client's stage **AND**
- ✓ The percentage (%) of staff interviewed that understands **AND** applies the stage model in treatment planning and providing interventions.
- ✓ Make sure you ask staff:
 - To describe the stages of change/treatment models as they understand them
 - List all trainings received in the stage model over the past year
 - Identify stage of each disorder for each client on their caseload
 - Describe the specific interventions they provided for clients at different stages (engagement, etc.). Make sure you ask for specific details.
 - Ask to review the chart of a client they discussed
- ✓ If MOST (over 50% interviewed) of the staff understands, but do not apply stages, *rate as 2*.
- ✓ If MOST know, but apply stages **inconsistently** (41-61% of the time), *rate as three*
- ✓ If ALL know and stages are applied **fairly consistently** (61-79% of the time), *rate as 4*
- ✓ If ALL know and stages are **always** applied, *rate as 5*.

3) *Comprehensive Services*

- ✓ This rating is based on the number, of the 5 services listed on page 13 of the IDDT Fidelity Scale protocol, that are available to IDDT clients
- ✓ Available means:
 - The service exists and must be accessible within two (2) months of the initial referral
 - The service does not exclude clients with co-occurring disorders (i.e. require abstinence) **AND**
 - At least one client with co-occurring disorders from the program is currently receiving the service
- ✓ 1 point of the rating scale is given to every service that is fully available. If all 5 services are available, the *rating is 5*.
- ✓ A service can be partially available and get partial credit (.5). Example: family psychoeducation in DD is provided inconsistently; residential services are available, but extremely limited in scope.

4) *Time Unlimited Services*

No notes needed

5) Outreach

- ✓ This item has two criteria
 - Do clinicians understand and use a variety of engagement strategies to engage new and re-engage old clients? Strategies such as: asking open questions, using reflective listening, helping clients with practical needs, exploring client's personal goals and values, using a person-centered approach.
- AND
 - If a client has stopped coming to the clinic, is there BOTH a plan and committed resources for community outreach? Is there someone on the team available to provide services to the client in his/her community?
- ✓ Sending a letter and making a telephone call does not meet criteria two. If criteria 1 is met, but not criteria 2, then give **rating of 3 (Program attempts outreach only as convenient)**.
- ✓ If criteria one is met, but community outreach is only available for a portion of the clients that can benefit from it (i.e., those with assigned case managers), then give **rating of 4**.
- ✓ **Give rating of 5** to programs that provide assertive community outreach to ALL clients that are in need of it.

6) Motivational Interviewing

- ✓ Staff must show both understanding AND application of motivational interviewing
- ✓ Definition for rating clinician understanding of MI based on information gathered through the interviews:
 - None understand = 0 staff interviewed
 - Some = Less than ½ of staff interviewed
 - Most = More than ½, but not all
 - All = 100% of staff interviewed
- ✓ Criteria two (application) is based on interviews and chart reviews
 - When interviewing staff ask for specific examples of MI interventions/strategies they have used with clients in the persuasion stage. Get details.
 - Ask to review these charts
- ✓ Application is defined by interventions that are based on motivational interviewing. Criteria based on cutoff scores (percentages):
 - <20% = almost none of interventions are based on MI
 - 21%-40% = less than half
 - 41%-60% = more than half
 - 61-79% = most
 - >80% = almost all
- ✓ Therefore to give a **rating of 1**, none of the staff understands MI **and** very few interactions are based on MI approaches.
- ✓ To give a **rating of 3**, more than ½ of the staff interviewed understand MI and approximately 50% of all interventions are based on MI.
- ✓ To give a **rating of 5** all of the staff understands motivational interviewing and almost all of client/staff interactions (80%) are based on MI approaches.

7) Substance Abuse Counseling

- ✓ Use similar criteria as MI except that there are six (6) SA counseling techniques that are enumerated in the definition listed on page 18 of the IDDT FS protocol.
- ✓ Additionally, the percentage of clients that are taught these CBT techniques is based on the percentage of IDDT clients **only** in the Active Treatment and Relapse prevention stages.

8) Group DD Treatment

- ✓ Rating based on 2 criteria
 - First, are there any groups available that address both disorders; integrate both the psychiatric and substance use disorders?
 - These do not have to be stage based groups, although programs that provide stage based groups are given special credit in the narrative.
 - Second, what is the percentage of clients with co-occurring disorders (COD) IN persuasion, active treatment or relapse prevention stages that attend a DD group regularly (at least monthly) relative to the total number of clients with COD enrolled in the program?
 - Do not include engagement stage clients in calculating this percentage.
 - If there are DD groups available **and** over 80% of all IDDT clients in the persuasion, active treatment and relapse prevention stages attend one of these groups regularly, then **rate as 5**.

9) Family Psychoeducation on DD

- ✓ The rating is based on a percentage of the number of families or significant others (SO's) of the clients that have regular contact (at least monthly) with their family members or SO's.
- ✓ To be counted as receiving family psychoeducation, the family or SO must:
 - Receive education in dual disorders, either verbally or written or both
 - Be taught coping skills (communication, problem solving)
 - Collaborate with the treatment team
 - Receive support from the team
- ✓ Percentages for the 1-5 ratings of families receiving psychoeducation in DD, relative to all families eligible for these services, are derived from staff estimates, as well as information gathered from the client interviews and the chart reviews.
- ✓ Psychoeducation can be provided through individual family interventions or multifamily groups or both: **BUT** a program does not have to have a multi-family group to receive a rating of 5.

10) Participation in Alcohol and Drug Self-help Groups

- ✓ Rating based on the percentage of clients in the **active treatment or relapse prevention stages only that** regularly attend (at least monthly) an AA/NA community self-help group.
- ✓ Percentage is based on staff estimates, client interview reports and the chart reviews.

11) Pharmacological Treatment

- ✓ To receive a ***rating of 5*** there must be evidence that the program prescribers use all 5 strategies as listed for this item in the Fidelity Scale protocol.
- ✓ Score 1 for each strategy used. If only 3 strategies used, ***rate as a 3.***
- ✓ If none of the strategies are used, ***rate as a 1.***

12) Interventions to Promote Health

- ✓ This item is a measure of how well staff understands and applies harm reduction strategies
- ✓ There are 5 major areas to consider in your rating. Do staff
 - Teach clients how to avoid infectious diseases?
 - Encourage clients to connect with community medical care (PCP's, Health Clinics)?
 - Teach clients health related functions such as dieting, good nutrition and exercise?
 - Teach clients how to avoid high-risk situations and victimization?
 - Find clients safe housing and teach street safety strategies?
- ✓ These services can be provided either through individual or group work
- ✓ Look for an overall program philosophy that endorses harm reduction
- ✓ Consider the availability of each of the 5 harm reduction interventions AND probe clinicians for their best estimate on the percentage of clients that are receiving these services. ***However, base your rating on the number of harm reduction services provided consistently (provided weekly by more than 50% of staff).***
 - Only one service = ***rate 1***
 - Two services = ***rate 2***, etc.

13) Secondary Interventions for Substance Abuse Treatment Non-Responders

- ✓ This item has two (2) criteria:
 - Are clients that are not responding to basic IDDT services flagged systematically?
Is there a specific agency plan for identifying non-responders?
 - Are non-responders referred to secondary (more intensive) interventions?
- ✓ In order to score a rating of 5 for this item a program should have:
 - A written protocol for identifying non-responders
 - An algorithmic approach for identifying appropriate secondary interventions based on current knowledge and best practices
 - Examples of secondary interventions are listed on page 24 of the IDDT Fidelity Scale protocol
- ✓ If a program has organizational structures (i.e. clinical staff meetings) through which non-responders are identified, but do not have a written protocol AND staff are able to identify only a few secondary interventions they have used, then ***rate as 2.***
- ✓ If 50% of all identified non-responders are appropriately referred to secondary interventions, ***rate as 3*** even if there is not a written protocol.
- ✓ ***Only rate as 4*** if there is a written protocol and most non-responders (over 50%) are referred to appropriate secondary interventions.

- ✓ **Only rate as 5** if there is a written protocol, staff uses an algorithmic approach for identifying best practice secondary interventions and almost all (over 80%) clients identified as treatment non-responders are referred to a secondary, more intensive intervention. The percentage of referred clients is based on leadership and staff interviews as well as chart reviews.

General Organizational Index
Item Rating Guidelines
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G1) Program Philosophy

- ✓ For a ***rating of 5***, need evidence from all 5 data sources that the treatment philosophy of the agency/program welcomes clients with co-occurring disorders and is consistent with IDDT principles.
- ✓ ***Important:*** you DO NOT have to include evidence from family members as a data source since the FS survey does not include a family interview.

G2) Eligibility/Client Identification

- ✓ There are two criteria for this item
 - 1- The agency uses a standardized instrument for screening all clients at admission for both psychiatric and substance use disorders
 - 2- There is a written screening procedure and tracking system in place that:
 - Lists the procedure to follow for all clients that have positive screens for the psychiatric and substance use disorders;
 - For those clients identified as having co-occurring disorders (those eligible for IDDT services) types of services they receive are then tracked in some way to ensure they are receiving integrated mental health and substance use services.
 - **Important Note: The method of rating this item has been changed**
 - If there are no standardized screens = ***rating is 1***
 - If there are standardized screens, but no written screening procedure = ***rating 2***
 - If standardized screens and written procedure, but eligible IDDT clients' services are not tracked = ***rating is 3***
 - If standardized screens, written procedure and most of the clients (over 50% but <80%) are tracked = ***rating is 4***
 - If standardized screens, written procedure and all of the clients are tracked = ***rating is 5***

G3) Penetration

- ✓ ***Do not complete this item***

G4) Assessment

- ✓ There are 4 criteria that must be met for this item:
 - Standardized: is the same format used for all clients?
 - High Quality: Is the assessment concrete and specific to the individual client or is it a generic template, boilerplate, or drop down menu checklist?
 - Comprehensiveness:
 - Does it include the history and treatment of the psychiatric disorder? The substance use disorder? Any medical conditions?
 - Are the stages of change for each disorder identified?

- Are the interactions between the disorders identified either through a time-line or a pay-off matrix?
 - Are risk factors identified? Employment history? Legal history?
 - Are environmental supports assessed (network analysis)?
 - Are the client's strengths and assets identified?
- Timeliness: Is the assessment updated annually?
- ✓ In order to receive a **rating of 5**, all 4 criteria must be met in all assessments reviewed
- ✓ If there are **deficits** in 1-2 criteria (i.e. missing some of the areas covered under comprehensiveness) = **rating is a 4**
- ✓ If there are **pervasive deficiencies** in one of the criteria (i.e. missing most areas in comprehensiveness) = **rating is a 3**
- ✓ If there are **pervasive deficiencies** in two of the criteria = **rating is 2**
- ✓ If assessments are absent or non-standardized = **rating is 1**

G5) Individualized Treatment Plan

- ✓ This item can be scored high even if the assessment item is scored low
- ✓ Definition: Goals, objectives and interventions are unique to the client; not a checklist, boilerplate, drop down menu.
- ✓ There are two criteria to be met for rating this item
 - Quality of the treatment plan
 - Frequency of the treatment plan
- ✓ The plan should include client centered goals and the interventions should be based on the client's stage of recovery
- ✓ **Important note:** To be rated above 1 the treatment plan has to be updated quarterly.
- ✓ **Percentage of individualized treatment plans based on the charts reviewed.**

G6) Individualized Treatment

- ✓ Scoring is pretty straight forward
- ✓ Percentage of clients receiving individualized IDDT treatment is derived from the staff and client interviews
- ✓ Treatment provided should match the client's stage of change and focus on the client's personal goals (person centered)
- ✓ Treatment can be individualized even though treatment plans are generic

G7) Training

- ✓ There are two criteria for rating this item
 - Does the agency/program provide standardized IDDT training (based on existing research, core competencies and available curriculums that cover the core components of IDDT) to all new staff within 2 months of the hire date?
 - Is there annual refresher workshops in IDDT provided to existing staff?
- ✓ To answer these questions review the agency's training schedule for the past 12 months
- ✓ Review individual staff training logs or documentation

G8) Supervision

- ✓ In order to rate this item at a 5, several criteria have to be met
 - There must be weekly supervision (can be individual or group) provided in IDDT to all staff
 - Periodic discussion of clients with co-occurring disorders at team meetings does not count as supervision
 - Supervision should be at least 1 hour
 - The supervisor must be experienced in IDDT
 - The supervision must explicitly address IDDT and its application to specific client situations
- ✓ Supervision rating is based on the number of staff receiving IDDT supervision **AND** the frequency of supervision. The number and frequency data is derived from leadership and staff interviews and any records/logs of supervision provided. Rate as follows:
 - <20% of program staff receive supervision = **rating 1**
 - 21%-40% of staff receive weekly IDDT supervision from an IDDT experienced supervisor **OR ALL** staff receive IDDT supervision informally = **rating 2**
 - 41%- 60% of staff receive weekly IDDT supervision from an IDDT experienced supervisor **OR ALL** staff receive IDDT supervision monthly = **rating 3**
 - 61-80% of staff receive weekly IDDT supervision from an IDDT experienced supervisor **OR ALL** staff receive IDDT supervision twice a month = **rating 4**
 - Almost all staff (greater than 80%) receive structured weekly supervision in IDDT as per above criteria = **rating 5**

G9) Process Monitoring

- ✓ Replace “completed every 6 months” to “completed annually” as one of the three criteria used in the **ratings of 3, 4, and 5**.
- ✓ If this is the first FS survey (baseline), base rating on what the program has done in the 12 months prior to the this baseline survey.
- ✓ Standardized monitoring in IDDT implementation means using the validated IDDT Fidelity Scale from the SAMHSA IDDT toolkit.

G10) Outcomes

- ✓ Outcomes must be specific to clients receiving IDDT services.

G11) Quality Assurance

- ✓ If there is a QA committee or an IDDT implementation steering committee **AND** two or more Fidelity Scale reviews have been completed, then **rate as 5**.
 - **Note: change the criteria for a rating of 5 to:** “Explicit review every year by a QA group or steering IDDT committee”.

G12) Client Choice: No notes or changes