Learning Forum Questions and Answers:

Ensuring Quality and Fidelity to Achieve Outcomes

November 2022

This document is a compilation of questions and answers from the Comprehensive Prevention Plan Learning Forums and Q&A Sessions. These questions were submitted in writing or asked live by the participants and were answered by the presenters.

Recordings of the Learning Forums and Q&A sessions can be found on the Comprehensive Prevention Planning Learning Series website: [Comprehensive Prevention Planning Support Learning Series | (caltrin.org)]

Thank you to our community of esteemed presenters for sharing their expertise and insight. We appreciate your time and commitment to this important work in support of California's children, families, and communities.

TOPICS

Fidelity

- What does the fidelity system look like for motivational interviewing? Given folks in California are wanting to use it not only for substance abuse, but also as a cross-cutting case management intervention, what does model fidelity look like there?
    - Using the 'Train the Trainer' Model to train staff at the case manager and supervisor levels is critical to addressing both clinical and programmatic fidelity. Furthermore, engagement with a purveyor in the ongoing CQI learning environment is key for fidelity monitoring.
    - There are a few measures that are used as part of the fidelity system for motivational interviewing: the Motivational Interviewing Coach Rating Scale (MICRS) and the Motivational Interviewing Treatment Integrity (MITI) Scale. There are also reviews of videotapes, audio tapes, and role plays using a checklist of standard interactions.

- What are user-friendly fidelity tools my team could use for MST and other EBPs?
    - There are not any fidelity tools that will apply across all EBPs, because EBPs are tailored to specific target populations and are all delivered differently. An example is Brief Strategic Family Therapy (BSFT), where all therapists, with family permission, video- or audio-tape sessions as part of fidelity assessment. This method is specific to BSFT.
    - Each EBP assesses fidelity differently and they all have training and purveyor organizations that manage that process. The resources of such purveyor organizations will be the most user-friendly tools available to your team. Therefore, develop a sound contract with the purveyor organization conducting fidelity monitoring for the EBP you are interested in, alongside any contracting you may want to do for training and/or licensing. You can rely on this purveyor organization to collect the fidelity data and report it back to your team. Purveyor organizations for each EBP can be found on the California Prevention Services Clearinghouse page.

- Are there any other user-friendly fidelity tools that folks in other jurisdictions around the country have shared, or is your experience that it's all over the place?
    - Having a good relationship or contract with the EBP model purveyor is ideal because they are most familiar with fidelity requirements and the data that needs to be collected. Fidelity data for some EBPs are collected directly from practitioners in databases managed by the purveyor. Such practitioners typically either provide the raw data directly to the state/county for them to conduct their own analysis and CQI process, or the purveyor may analyze the data, summarize findings, and provide periodic reports to the state/county and/or service provider to use in their CQI process. If the latter, this work should be negotiated into the contract.

- States can also opt to conduct their own fidelity case reviews or contract with a university partner/other external entity to conduct the case reviews, observations, and other fidelity monitoring tasks. Opting for your agency to conduct its own fidelity case reviews requires strong reviewer training, a close relationship with the model purveyor to develop the case review tool, and considerable staff time and resources. It is vital that the agency maintains ongoing engagement with the purveyor to help make meaning of the data collected.

- What will the CPP assurance that the county will have to sign in the quality and fidelity area look like?
  - As part of submission of the CPP, counties will be asked to sign assurances that they will participate in the federal and state requirements in the following areas: Title IV-E reporting, Child Safety Monitoring, Workforce Development and Training, Trauma- Informed Services Delivery, Model Fidelity, Continuous Quality Improvement, Coordination with Local Mental Health Agencies, and delivery of an FFPS program that is consistent with the state's vision for racial equity, diversity, and inclusion. The assurances will be contained within one form to be signed by representatives of the Child Welfare Agency, Probation Department and Behavioral Health Agency.

General CQI

- When will the measures and outcomes that align with CQI efforts that are in development be available?
  - CDSS is seeking a contract to support the development of a CQI process for the FFPS program. The contract will include plans to engage partners and stakeholders to gain input into the CQI process. CDSS anticipates that the contract will be in place by the beginning of next fiscal year. At this time, work can begin.

- How can counties use their CQI departments to maintain fidelity to an EBP and ensure promised outcomes?
  - The CQI department should be measuring, monitoring, and reporting on overall ongoing implementation of the service array described in the CPP. In addition to monitoring fidelity performance of each practitioner or provider and each EBP, the CQI department should aggregate and further analyze data across EBPs to understand how the system is doing with certain models. CQI departments will also need to collect, analyze, and report on data and evidence regarding key practice or "*reach*" measures to monitor referral processes, service uptake, service completion, and whether there are disparities in any of these processes.

- How should counties proceed with FFPSA-funded EBPs, non-FFPSA funded EBPs, and services that aren't EBPs, but that could be considered as part of the overall SFPS program (both FFPSA-funded and state block grant funded)? What does CQI look like for non-FFPSA services that are required or that have been selected and are going to be documented as required parts of the CPP? Does the same procedure pertain to non-EBP services?
    - CQI processes can broadly look the same for any service whether it's an EBP, non-EBP, or case management function. Counties should find ways to do the following: (1) identify and monitor the core components of the service to ensure they are working as intended; (2) collect data that provides information on the functioning of those core components; (3) analyze that information to identify areas of functioning that need to improve/strengths to build on; and (4) convene improvement planning meetings with key staff and stakeholders. The goals of these planning meetings should be twofold: discussing root causes of areas for improvement and planning the implementation of solutions.

- What does it look like to engage these governance structures that are steering these prevention programs in CQI activities? What are things that have worked? What hasn't worked?
    - The state and local governance structures should include an implementation team that guides, monitors, and communicates about implementation on an ongoing basis. It is critical to have frontline workers, agency leadership, community partners, service providers, judicial partners, and lived experts present in these implementation teams.
    - CQI processes within your governance structure might include: (1) provider learning collaboratives to address EBP-specific fidelity and implementation issues, (2) county-level CQI meetings as part of local implementation team responsibilities, or (3) CQI meetings to share progress on implementation and performance issues with the community.
    - In the evidence-based practice community, transparency and accountability are two values that have worked. It is important that each group's activities are visible to other agency members and that members of the team can commit themselves to addressing issues together.

EBP Implementation

- How can smaller counties implement EBPs when they frequently do not have either the workforce, the participant numbers, or a CQI department to support fidelity?
    - Smaller counties often have higher needs in certain areas. For counties that have identified a target population and need and have found an EBP that is a good match, it might be beneficial to begin talking about partnering with other counties who might have similar needs. The high-fidelity implementation of an EBP takes a lot of resources, so there are four matters that would need to be addressed.

- 1. Qualified workforce: Counties should have enough licensed staff to conduct EBP implementation. This becomes a little easier when there is a partnership with other counties.
- 2. Training Plan: Counties should have a plan for how to train staff on EBP implementation. This can be developed with the help of the purveyor, so a relationship with the purveyor organization is key.
- 3. Referrals: Counties should have a plan for how recipients will access the EBP once implementation has been completed. It would be useful to have conversations with potential stakeholders and referrals sources to ensure that once the program is ready, it will be filled up to capacity.
- 4. CQI: Data management and CQI can potentially be taken on or partially funded contractually by another one of the counties in the partnership agreement.

- In a smaller county that might not have the existing in-house capacity to do all this aggregation, and doesn't think it has the time or the initiative to stand that up, would there be more outsourcing if the county still wanted to go ahead with the EBP?
  - If a county chooses to proceed with implementing an EBP, they can enter a relationship with a purveyor organization that will provide quality or fidelity data in an aggregated fashion to answer most of the questions that the State would ask. For example, to find out how many therapists are in fidelity with PCIT, there is a training, review, and certification process. This might not require as much in-house capacity as another EBP would.
  - There are some EBPs that can still be implemented with a small workforce, including PCIT and MST. MST for example, only needs 3 therapists and 15 cases for a full team at a time, so a small county could probably implement MST.

- Even if the population of a county is small, if it is rural, people might be spread out over the counties and might be difficult to get to.
  - Many of the EBPs are in-home and therapists can travel up to 90 min in one direction and still be in fidelity with the model. Other EBPs, like PCIT, tend to be office- or clinic-based.

- I noticed your bar chart shows that San Francisco has a high level of providers compared to the need and compared to other counties. However, on the ground level we hear that is not the case. How can we dig further and get to the next level of data to explore that problem?
  - Access to care is a very complex question. The first level is proximity but then there are many other questions about language, payment, service type and eligibility. Again, I think in most cases 211 is a good place to start. Some places started with 211 data and then followed-up with surveys. There is another resource that might be useful called www.findhelp.org which is a private service referral company, and they allow public access to a limited slice of

their data. I have found that site very useful in terms of finding information such as payment type.

- Are there any EBPs that are approved virtually to meet fidelity standards that might be a feasible solution for smaller counties to be able to utilize?
    - It was not until COVID that virtual administration of EBPs was a point of focus. For many EBPs, there is currently a strong preference for them being in-person, especially if there is a crisis.
    - There are some aspects to work out, such as training personnel on virtual administration, but virtual EBPs have been described as an area for growth.

- Even as a medium-sized county, Sonoma County has similar capacity concerns when we think about implementation for all the reasons stated. We are thinking about the client engagement rate and client participation in services. One of the strategies we are looking at is being able to use motivational interviewing in a way that has fidelity to the model, but in conjunction with an array of other services, in order to access a broader population. Is it suitable to use MI for something other than cross-cutting case management conversations?
    - There is evidence both that the federal government has approved MI, and that it has been successfully used in a jurisdiction as a cross-cutting case management strategy, in addition to a substance abuse treatment strategy as it has traditionally been used. When MI is used with a county's case management workforce as a cross-cutting case management strategy, it is important to add use of the fidelity monitoring tools best to ensure appropriate delivery of the EBP as a cross-cutting case management strategy. Given there could be a selection of fidelity tools to choose from to measure delivery of MI, one might work best for the case management use and another might work better for the substance abuse use.

General Questions

- Could we have the polling questions to use as conversation starters locally?
    - Yes, the polling questions will be included in the follow-up materials from this session.

- Should counties be planning to implement their own tool for well-being longer-term and, outcome measurement, or is the state planning the setup measures that counties will be required to measure and report on?
    - Counties will be expected to participate in any statewide evaluation system; however, they may also choose to also track their own outcomes.

- Will we have already developed our contracts with purveyors before the state develops the measures?
    - This may occur but will vary across counties. CDSS will seek input from counties on the outcomes to be monitored but

counties may want to anticipate that contract amendments may be necessary to conform with state requirements.

- <u>We are currently working on creating a single system of support. Is this part of the creation of a 'No Wrong Door' system of care?</u>
    - The right thing to do is ultimately to build a 'No Wrong Door' system. Service processes should be interconnected; internally there should be a 'No Wrong Door' approach to a particular system or an organization. It is vital that when there are multiple agencies and multiple contracted providers, the CQI system can address process measures, measure handoffs and aggregate outcomes for a child or family that might be receiving more than one service or components of the service from different places.

- <u>Also do you know what will happen if, for whatever reason, ACYF does not approve our plan?</u>
    - It will likely be similar to the process we experienced when we submitted our original draft in August 2021. They may ask questions that we'll need to respond to. However, we have been in communication with ACYF while we have developed this second iteration and have a better understanding of what they want to see. We are also working with other organizations such as Chapin Hall who have been through this process with many other states. We believe that we have made changes to the plan that will be acceptable to ACYF.