The Development of Fidelity Measures for Youth Transition Programs

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Objective

- Provide an overview of the development of the Comprehensive Program for Transition-Age Youth - Program Fidelity Assessment protocol.

Program Fidelity can be defined as...

- The degree of fit between the developer-defined components of a transition program and its actual implementation in a given organizational or community setting. In other words, how well does a promising model program match the specifications of the original? In essence, the developer provides a "recipe" for replicating the program.
- What we call "fidelity" here also has been called program "adherence" or "integrity" in some of the literature on this subject.

Why Program Fidelity is Important

- To ensure that your intervention adheres to program model in program evaluation
- To document relationship between program measures (including key ingredients that predict outcomes such as using a strength-based approach, caseload ratio and location of services).
- To monitor and guide program implementation over time.
- Significant evidence that the greatest impact from programs results when there is program fidelity with respect to certain key elements.
- Many of the highest quality programs fail to take adequate steps to monitor and verify program integrity. This weakens the conclusions that can be drawn regarding the program outcomes and reduces the likelihood that replications will resemble the original program.

Background to the Development of Comprehensive Program for Transition-Age Youth - Program Fidelity Assessment protocol.

- Partnerships for Youth Transition (PYT)
- Transition to Independence Process (TIP) system
- TIP Case Study Protocol for Continuous Quality Improvement

Partnerships for Youth Transition (PYT)
Five Community Sites - Across the Nation
Funded by SAMHSA and U.S. DOE

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Partnerships for Youth Transition (PYT)

- PYT sites are to develop, implement, stabilize, and document models of comprehensive community-based programs to improve outcomes for youth and young adults with serious emotional disturbances or serious mental illnesses (SED/SMI) as they enter the period of emerging adulthood.
- Participating PYT sites have each undertaken an effort to serve this population of transition age youth with SED/SMI.
- PYT sites use intervention strategies that focuses on changes in the planning and delivery of services and supports for these young people and their families.
- Ideally, the strategies will shape organizational policies, regulations, and funding mechanisms; drive the development of services; and shape practice for transitioning youth and young adults with SED/SMI.
- Preliminary PYT outcome data are encouraging.

Fidelity Assessment - Grant requirement

- During the course of the fourth and last year of the Partnerships for Youth Transition cooperative agreement, PYT sites were to continue the implementation and stabilization of the proposed Cooperative Youth Transition models.
- Fidelity measures were to be developed and applied to determine the degree of model development and adherence.

Transition to Independence Process (TIP) system

The TIP system was developed to assist youth and young adults (14-25 years old) with emotional and/or behavioral difficulties (EBD) in making successful transitions into adulthood, with all of them achieving their potential and progressing on their personal goals in the transition domains of employment, education, living situation, personal effectiveness, and community life functioning.

7 Practice Guidelines

To accomplish this service system goal, personnel at all levels of the system must:

- Guideline 1: Engage young people through relationship development, person-centered planning, and a focus on their futures.
- Guideline 2: Tailor services & supports to be accessible, coordinated, developmentally appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.
- Guideline 3: Acknowledge and develop personal choice and social responsibility with young people.
- Guideline 4: Ensure a safety net of support by involving a young person’s parent, family members, and other informal and formal key players.
- Guideline 5: Enhance young person’s competencies to assist them in achieving greater self-sufficiency and confidence.
- Guideline 6: Maintain an outcome focus in the TIP system at the young person, program, and community levels.
- Guideline 7: Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

TIP Case Study Protocol for Continuous Quality Improvement

Developed to study the implementation of the Transition to Independence Process (TIP) system within an organization or a transition site.

- The TIP Case Study Protocol for Continuous Quality Improvement represents an application of the case study methodology (Yin, 1994), in which individual young persons, along with a helping network of formal and informal helpers, provide the primary source of information concerning their experience and satisfaction with the transition process.
- The TIP Case Study Protocol for Continuous Quality Improvement allows for the identification and description of common features of practice (e.g., strengths needed, transition planning, coordination, supports and services provided, gaps in support/service provision, effectiveness, and satisfaction) as they relate to transition of youth and young adults with EBD.
In a system improvement framework, the information gathered allows for the establishment of a "baseline" on the current operation, the identification of system development successes to date, and areas needing further planning and management attention. It assists stakeholders in determining how well they are doing in regard to the implementation of the transition system. Findings help stakeholders define how support and services can be improved for students and young people in the transition program. Results from the TIP Case Study Protocol for Continuous Quality Improvement can also be used by program managers and site stakeholders to monitor progress over time, allowing for continuous system improvement in the delivery of transition services in a particular area.

Application of the TIP Case Study Protocol for Continuous Quality Improvement: TIP System Guideline Scores

Scale Development: Preparation

- Reviewed the Fidelity Toolkit (HSRI)
- Communications with Experts in the field: HSRI; SAMHSA; FMHI.
- Reviewed Literature & Identified Existing Fidelity Scales/Protocols:
  - TIP Case Study protocol
  - ACT Fidelity Scale
  - Supported Employment Fidelity Scale
  - Others Scales (e.g., FACIT, Medical, supported Education) were also examined.
- Determined need to create new Fidelity Scale to:  
  - Assess the adequacy of implementation of youth transition programs.
  - Assess the fidelity of implementation at the transition practices at the program level, rather than at the level of a specific service provider or a young person.

Developing the fidelity scales What has been done

- Began to identify Model Dimensions
  - Look at TIP Model
  - Models being implemented - PYT Sites
  - Look at GPA
- Began to DRAFT New Fidelity Scale
- Identify Items/Critical Ingredients
  - Practice Guidelines (7)
  - Organization and Structure (12)
- Defined Items/Critical Ingredients
  - Developed 5-points behaviorally anchored scales for each item
  1 = Not the model - Not implemented
  5 = Closest to Standard - Full implementation
- Used a modified Delphi Technique (collaborative, multi-disciplinary workgroup - including PYT partners, youth and families, program developers) to develop a set of common fidelity indicators.
Fidelity Measures: Dimensions & Criticality *

Practice Guidelines (7)
- Staffing
- Caseload
- Staff Management and Supervision
- Access to consultants/Experts
- Continuity of Services
- Skills Training
- Program Management
- Admission Criteria
- Outreach
- Location of Services
- Hours of Operation
- Cost

*Criticality: Low (1)  ____ Med (2)  ____ High (3)_____
In Logic Model(Y/N): ____ Comments:

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Developing the fidelity scales
What has been done (Cont’d)

- Identified sources of data:
  - Document review
  - Youth – Focus Group Interview & survey.
  - Informal Supports – Focus Interview & Survey
  - Program Personnel (Transition Facilitators) - Interview & Survey
  - Program Administrators - Interview & Survey.

- Constructed a crosswalk between agreed upon model dimensions/ingredients (62 items) and data sources.
- Developed data collection protocol (e.g., interview guides, surveys, document review form).

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<tr>
<th>Ingredient/Definitions</th>
<th>Evidence/Data Sources</th>
<th>Anchored Scale</th>
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<td>Caseload size:</td>
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| Transition Facilitators coach up to 15 young people as they progress through their levels of service needs: active status, maintenance status, and follow-along status. | DOC, ENT | 1. Transition Facilitators coach 50 or more young people per TF.  
2. Transition Facilitators coach 35-49 young people per TF.  
3. Transition Facilitators coach 21-34 young people per TF.  
4. Transition Facilitators coach 16-20 young people per TF.  
5. Transition Facilitators coach 15 youth or fewer young people per TF. |

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Table of Content

1. Administration Guide
2. Process Diagram
3. Anchored Scale
4. Scoring Guide
5. Document Review
6. Young Person Survey & Focus Group Protocols
7. Informal Key Player Survey & Focus Group Protocols
8. Transition Program Personnel Survey & Interview Protocols
9. Administrator Survey & Interview Protocols
10. Glossary

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Piloting the Fidelity Scale

- A. Small Sample
  - Include Primary Researchers
- B. Determine feasibility of locating information
- C. Give interviewers and observers practice
- D. Identify process problems (pace & time)
  - Aim for realistic circumstances & anticipate any possible respondent discomfort
- E. Identify content problems (order & jargon)
- F. Identify difficult or sensitive questions
- G. Modify Scale only if pattern emerges
Fidelity Assessment
Data Collection Process

- Obtain IRB approval
- Develop schedule with transition site for site visit (2-3 days)
- Obtain consents
- Identify stipends
- Select participants
- Conduct document reviews
- Conduct focus groups & interviews - gather surveys
- Complete rating sheets - All elements are rated (individual & cross-ratings).

Definition | Anchored Scale | Rating
---|---|---
Engage young people through relationship development, person-centered planning, and a focus on their futures. | 1 2 3 4 5

Ingredient 1.1.1 Strength-Based

- Planned services and supports address the deficits of the YP.
- Planned services and supports address the needs of the YP as identified by formal assessment or observation by formal providers.
- Planned services and supports address the needs of the YP as identified by the YP and formal providers.
- Planned services and supports are built on some relevant strengths of the YP.
- Planned services and supports are built upon all relevant strengths of the YP. The relationship between strengths and individual goals is documented, clear, and current.

1 2 3 4 5

Comments and Questions

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Report Findings

- A fidelity assessment report is drafted where evaluators shared scores as well as some direct quotes taken from the actual interviews. The report allows the stakeholders to discuss the findings, celebrate program strengths and examine possible actions for system improvement.

Conclusion
- A Comprehensive Program for Transition-Age Youth - Program Fidelity Assessment scale has been developed and refined using a modified Delphi Technique. The purpose of the scale is to assess the adequacy of implementation of youth transition programs. It assesses the fidelity of implementation at the transition practices at the program level.
- The development of a new and innovative scale can be, at time, quite challenging. The modified Delphi process used in the development of the scale proved to be a worthwhile participatory process. It also allowed for the model to be better defined at the end. Researchers are currently planning to link fidelity items to outcomes to better determine key ingredients for transition to adulthood.