

Role of Context, Resources, and Target Population in the Fidelity of Critical Time Intervention/Online Only Supplemental Materials

The fidelity study was conducted using the CTI Fidelity Scale Manual™ (9). The fidelity manual suggests reviewing a sample of all active cases and randomly selecting three cases from each case manager at each phase of the intervention when there are only two case managers on the team. Therefore, a sample of 18 service users' charts was randomly selected for chart review (3 cases per case manager for each of the three phases; no pre-CTI cases were reviewed as contract prior to release was minimal). In addition and accordance with the fidelity manual, team meetings were observed, the program supervisor was interviewed, and case managers were accompanied on community visits.

The assessment is organized into three major categories: Components (compliance fidelity), Structure (context fidelity), and Quality (competence fidelity). Each chart was reviewed by two researchers and scored according to the criteria for each item as outlined in the fidelity manual. Researchers reviewed two charts independently then reviewed scores for each item and discussed discrepancies in scoring items until a consensus on scoring criteria for each item was achieved. The rest of the charts were reviewed and scored independently, but researchers conducted the review at the same time and could clarify additional scoring concerns as they arose.

As directed by the manual, scores were tallied for each fidelity item across charts and then percentage of compliance for each item was determined by dividing the number of met criteria by the total number of criteria for all cases reviewed for each section. Not all charts were reviewed for all items since individuals in phase one of the intervention could not be evaluated on a fidelity item for phase three of the intervention. For example, early engagement is measured on three criteria, obtaining the institutional record, meeting with the service user at least once a

month, and a completed intake form. Each eligible chart for that section is reviewed on the three items as being met or not met. If 10 cases were reviewed for this section, then the number of met items is divided by 30, giving the percentage of compliance for this component. These percentages were then converted to a score based on a 5-point scale, ranging from “not implemented” to “ideally implemented” (see Table 1 below). These scores were then averaged for an overall fidelity score.

The overall fidelity score is a 3.5 putting it squarely between a fairly implemented program and a well-implemented program. Moderate to low scores on items in the components and quality sections that indicate some problems with compliance and competence fidelity, but the team score well on structure which is context fidelity (Table 1). Problems with competence fidelity, or quality, stemmed mostly from not meeting the documentation requirements in progress notes, closing notes, and treatment plans. Case managers tended to follow the documentation standards and guidelines of the agency rather than the CTI documentation guidelines. For example, CTI documentation guidelines recommend having a treatment plan developed prior to institutional release, and a new treatment plan at the start of each phase. Case managers did not follow this timeline for treatment plans, but instead followed the agency guideline of initial treatment plan development within one month of intake and every six months. This discrepancy in timing of treatment plans accounted for the low score on phase planning. Similar documentation issues accounted for low scores on progress notes, closing note, three phases, and fieldwork coordination. Compliance fidelity items with moderate to low scores not accounted for by documentation errors include early engagement, early linking, monitoring phase three, and 9-month follow-up. Compliance fidelity items with high scores include outreach, focused, and time-limited. Competence fidelity items with high scores include intake

assessment, worker's role with client, worker's role with linkages, clinical supervision, and organizational support.

The fidelity study showed that many of the items associated with poor fidelity stemmed from errors in documentation. Documentation errors mostly stemmed from either not documenting properly events that occurred (i.e. closing note) to using agency timelines instead of CTI timelines for documentation (i.e. phase planning). Over half of the items (55%) scored a 4 or 5 meaning they were well or ideally implemented showing competence from the team in implementing this model program. Fidelity items with poor implementation not attributable to documentation errors are discussed in the main article. The CTI treatment team received feedback on the fidelity study and together with the research team developed strategies to improve documentation compliance and program compliance.

Table 1. Results of CTI Fidelity Assessment

Criteria	%	Score*
Components (Compliance Fidelity)		
Early Engagement	65	3
Early Linking	59	3
Outreach	76	4
Three Phases	<40	1
Focused	98	5
Monitoring, Phase 3	<40	1
Time-limited	100	5
9-month Follow-up	64	3
Structure (Context Fidelity)		
Caseload Size	--	4
Team Meetings	--	5
Case Review	--	4
Quality (Competence Fidelity)		
Intake Assessment	100	5
Phase Planning	65	3
Progress Notes	56	3
Closing Note	<40	0
Worker's Role with Client	93	5
Worker's Role with Linkages	80	5
Clinical Supervision	--	4
Fieldwork Coordination	--	3
Organizational Support	--	5
Total Fidelity		3.5

* 1 = Not Implemented (< 40%)

2 = Poorly Implemented (41%-55%)

3 = Fairly Implemented (56-70%)

4 = Well Implemented (71%-85%)

5 = Ideally Implemented (> 85%)