DEFINITIONS

What is meant by “client”: The term client is used to identify the person receiving services within a Strengths Model team. Some programs use the term consumer or member to describe the person receiving services.

What is meant by “direct service worker”: The term direct services worker is used to refer to staff on the Strengths Model team who have primary responsibility to help people identify and achieve meaningful and important goal using the Strengths Assessment and the Personal Recovery Plan. In most organizations, this person is called a case manager or care manager.

Overview of the scale: The Strengths Model Fidelity Scale contains program-specific items that have been developed to measure the implementation of the Strengths Model in case management programs. Each item on the scale is rated on a 5 point rating scale ranging from 1 (not implemented) to 5 (fully implemented). The standards used for establishing the anchors for the fully implemented ratings were determined through a variety of expert sources.

The scale is divided into three core areas: 1) Structure, 2) Supervision, and 3) Clinical Services. Fidelity scale items 1-2 relate to Structure; fidelity items 3-4 relate to Supervision; and fidelity items 5-9 relate to Clinical Services. High fidelity is achieved when a program reaches at least a 4 in all three areas.

What is rated? The scale is rated on current behavior and activities, not planned or intended behavior. For example, in order to get the full credit for Item 5-f (Number of clients who have a Strengths Assessment), it is not enough that the program is planning to eventually use the Strengths Assessment with all clients.

Unit of analysis: The scale is appropriate for assessing fidelity to Strengths Model practice at the agency/program level. Supervisors and direct service workers are rated as a group rather than on an individual basis.
How the rating is done:

The Strengths Model Fidelity review is conducted in person at the program site. The assessment is scheduled in cooperation with the program being assessed. The Strengths Model Fidelity review requires a minimum of 8 hours to complete and is typically scheduled over the course of one or two days with at least two fidelity raters.

We recommend a fidelity review at base line and then once every six months for the first 24 months of implementation. Following the first two years, we recommend conducting the fidelity review at least annually. Although we recommend outside raters, we encourage team leaders, program managers and the leadership team to use the fidelity scale to conduct periodic self-assessments for general program evaluation and improvement efforts.

Who does the rating:

Fidelity reviews should be administered by persons who have experience and training in interviewing and data collection procedures, including chart reviews. In addition, raters need to have an understanding of the nature and critical components of the Strengths Model and the population served.

Missing data:

Missing data occurs for a variety of reasons, some within the control of the raters. Two primary reasons for missing data are failure by the rater(s) to collect the needed information and/or failure to rate information correctly. The scale should be completed fully, with no missing data on any items. Therefore, raters should not leave an item not coded due to inadequate information. Follow-up phone calls, e-mails, or additional visits may be needed to ensure a complete assessment of fidelity. Detailed notes of responses given by interviewees are extremely useful.

Missing data may also occur if the rating scale does not fit the agency’s approach to services for people with serious mental illnesses. For example, item 2, community contact, is intended to capture the amount of time direct service worker spend providing services in clients homes or their community. If the agency does not have direct service workers record where their time is spent with clients then the correct score for this item would be 1. It would not be considered missing data.
Before the Fidelity Site Visit:

- **Establish a contact person at the program.**
  
  You should identify one key person with whom you arrange your visit and communicate with before the fidelity review. Typically this will be the supervisor of the team and/or the program director. Exercise common courtesy by scheduling well in advance and respecting the competing time demands on clinicians and other staff.

- **Establish a shared understanding with the site being assessed.**
  
  It is **essential** that the fidelity assessment team communicates to the program the goals of the fidelity assessment. Assessors should inform the program site about who will see the report, whether the program site will receive this information, and what information will be provided. The most successful fidelity assessments are those in which the shared goal among the assessors and the program site is to use to improve the program using evidence based tools and methods to improve client outcomes. If administrators or line staff fears loss of funding or a damaged image if they don’t score well, then the accuracy of the data may be compromised. It is particularly important that fidelity assessors explain during a baseline interview that the goal is to obtain an initial understanding of the program and current practices, and that high fidelity is not expected in the early stages of implementation.

- **Indicate what you will need from respondents during the fidelity visit. In addition to the purpose of the review, you will need to briefly describe what information you will need, with whom you will need to speak, and how long each interview or activity will take to complete.**

Create an agenda for the Fidelity Review:

You will need to schedule time to interview the team supervisor, the direct service workers, conduct a focus group of clients who are served by the team, observe group supervision, and review charts. Below is a sample agenda:

- 8:30-10:30- Observation of group supervision (or typical team meeting at baseline)
- 10:30-11:30- Meet with direct service workers (case managers)
• 11:30-12:30- Focus group with people receiving services (generally have workers invite 2 people from their caseloads and provide lunch)

• 12:30-1:30- Meet with team supervisor (can include other agency leadership for baseline)

• 1:30-5:00- Review of charts

Send the agenda out to the agency at least a month in advance if possible, and make sure the agency schedules rooms for all the interviews and sends you that information prior to the review.

**Random Selection of Charts to be reviewed:**

No more than one week prior to the date of the review, ask the agency to send you a list of each direct service worker’s caseload. Ask for client identification numbers or client initials, not actual names. Once you have received this list, randomly select two clients per direct service worker to use for the review and then inform the agency which charts have been chosen for the review. This notification allows an agency to have the time to make client records available for the review. It also important to remind agencies that reviewers can easily see if records have been updated shortly before a review (after they have been notified of which clients were randomly selected) and that such updates will not count in the review.

Inform the agency that fidelity reviewers will need access to the following items for the chart review:

**Strengths Assessments** for client’s randomly chosen for the review. Note: if a baseline review, not all clients will necessarily have these.

**Personal Recovery Plans for clients.** Direct service workers will need to submit 25% of the Personal Recovery Plans used with people on their caseloads within the past 90 days (a minimum of 5 Personal Recovery Plans per direct service worker). Note: if a baseline review, not all clients will necessarily have these.

**Treatment Plans**

**Progress notes**

Chart access. If the agency uses and electronic medical record (EMR), request that each reviewer have access to a computer for the review and make sure they have been granted authorization along with passwords to access the EMR.

**Supervisor Interview:**

Supervisors will need to know the caseload sizes for each direct service worker.
Supervisors will need to know how many clients being served by the team have Strengths Assessments. Supervisors will need to know how many clients being served by the team have Personal Recovery Plans.

Direct Service Worker Interview:

Direct service workers will need to know how many people are on their caseload. Direct service workers will need to know how many people on their caseloads have a Strengths Assessment. Direct service workers will need to know how many people on their caseloads have a Personal Recovery Plan. Direct service workers will need to invite at least two people from their caseload to attend the client focus group.

During the Fidelity Site Visit:

Use the Strengths Model Fidelity Scale Tracking Guide and protocols to conduct the review. The fidelity tracking guide includes all the needed questions for each interview, a place to record observations from group supervision, and chart review forms for each item rated. Each reviewer should have a copy of the Strengths Model Fidelity Scale Tracking Guide to use and you will need to make multiple copies of the chart review section of the guide, depending on how many charts will be reviewed.

If conducting a baseline review, many of the questions will not be relevant since the team may not have started using the Strengths Model practice yet. It is still important to go through all of the questions however since teams may be using some tools from the Strengths Model prior to officially implementing.

Beginning with the 6-month fidelity review, fidelity reviewers may elect to have direct service workers fill out a survey as a way to respond to most of the questions they are asked during the interview. This allows reviewers time to evaluate their responses prior to the interview and gives them an opportunity to probe even further related to use of the Strengths Model tools during the interview.

After the Fidelity Site Visit:

Rate the Fidelity scale:

No more than 24 hours after a review, reviewers should compare their ratings, resolve any disagreements, and achieve consensus for rating each item. Each item should be scored according to the Strengths Model Fidelity Scale Protocols to determine which level of implementation was achieved.

Data follow up:

If necessary, follow up on any missing data (e.g., phone calls, email to the program site). This would include a discussion with the supervisor about any discrepancies between data sources that arise after the visit has been completed. In cooperation with all assessors, make necessary adjustments to the
fidelity scores based on the completed data.

**Fidelity Report:**

Send a fidelity report to the program site. This report will include an explanation of rating on the fidelity scale with accompanying observations and recommendations for improvement. The report should be informative, objective, and constructive. If the fidelity assessment is given repeatedly to the same program, it is useful to provide a visual representation (i.e. bar/pie charts, Excel spreadsheet) to show the program’s progress on the fidelity scores over time along with the impact on client outcomes. People receiving the report will vary but typically will include the key agency leadership and the team supervisor.
## Strengths Model Fidelity Scale and Protocols

Center for Mental Health Research and Innovation
University of Kansas School of Social Welfare

### Item 1. Caseload Ratios

<table>
<thead>
<tr>
<th>Item 1) Average caseload size for the team.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 32</td>
<td>28–31</td>
<td>24–27</td>
<td>20–23</td>
<td>≤ 19</td>
<td></td>
</tr>
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</table>

### Protocols for Rating Item 1

**Definition and Rationale:** Direct service workers have low caseload ratios (this varies depending on the intensity of caseload, but no more than 20:1). Direct service workers must have enough time to use the tools of the Strengths Model with everyone on their caseload in order to achieve positive outcomes. When caseload sizes exceed 20, client outcomes will likely decrease. A direct service worker is defined as the primary assigned staff person who delivers case management services and is expected to use the Strengths Model and associated tools with the clients they serve.

**Item Rating:** Record the number of clients served by each direct service worker. Add caseloads for all direct service workers together and divide by the total number of direct service workers on the team. Use this number to determine the final rating. Do not include auxiliary members of the team such as vocational workers, supervisor, therapists, etc. in this count. The rating for caseload ratio is based on a full-time equivalent position (40 hours). If a direct service worker is part-time, their caseload needs to be adjusted to reflect a full-time equivalent. For example, a direct service worker who works part-time at 20 hours a week with a caseload of 10 clients, actually has a caseload of 20 clients based on a full-time equivalent position.

**Methods:** Supervisor interview, direct service worker interview, direct service worker survey. When interviewing the supervisor and direct service workers find out if they have duties outside of case management such as conducting groups, covering crisis clinic, etc. If they report that such duties impact their ability to provide the full range of Strengths Model practice to people on their caseloads, make sure to note this in their fidelity report as a recommendation for improvement. Find out if any direct service worker’s serve a high number of special populations. This would include, but is not limited to, persons with a substance use disorders, homeless, older adults, people under 21, developmental disabilities, physical disabilities, high rates of hospitalization, etc. If direct service workers serving a high number of people with intensive needs they may need to have a lower caseload in order to provide effective services and this should be included as a recommendation in the fidelity report.
**Item 2. Community Contact**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Percentage of client contact that occurs in the community.</td>
<td>≤ 49% or information cannot be determined.</td>
<td>50–64%</td>
<td>65–74%</td>
<td>75–84%</td>
<td>≥ 85%</td>
</tr>
</tbody>
</table>

**Protocols for Rating Item 2**

**Definition and Rationale:** In order to promote client self-determination and the reliance on naturally occurring resources, office based interventions are contraindicated. Direct service workers should be providing the majority of their services in people’s homes and communities versus a formal office setting. Office contact with clients should be limited to the few instances where the client prefers it and even in this case, it should be rare and time limited.

**Item Rating:** Review all progress notes for a period of 90 days prior to the date of the review. If the progress notes state where the contact occurred, then record on the chart review form, in the community contact section where each contact occurred (i.e. office, home, or community). If a progress note is not marked, see if you can determine from the language in the progress note where the contact occurred. If you are not able to decide, skip over this progress note and do not count it as anything. Do not include targeted case management or brokerage services as part of the community contact count as these services are office based interventions meant for resource acquisition on behalf of the client when they are not present. Once all charts have been reviewed for the team, add the total number of home and community contacts and divide by the total number of contacts. Use this number to determine the final rating. If there are not enough progress notes to deduce this information (less than 75% of progress notes read), then rate this item as a “1” and give them the feedback that this information will need to be tracked in order to give them additional credit for location of contact in the community.

**Methods:** Chart review, supervisor interview, direct service worker interview, direct service worker survey, consumer focus group. While home visits are counted as “community”, it can be helpful for sites to distinguish between time spent in the home versus community time. In some instances, a significant percentage of home visits could suggest more “maintenance” type of service provision rather than goal-oriented. You should see time in the community outweigh the time spent in the home. In the fidelity report provide feedback on any specific barriers observed that keep direct service staff from providing services in the community.
## Item 3. Strengths Based Group Supervision

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3a)</td>
<td>Group supervision occurs once a week lasting between 90 minutes and 2 hours.</td>
<td>Does not occur</td>
<td>&lt; 1 hour per week, or less than once per week</td>
<td>1 hour, once per week</td>
<td>90 minutes, once per week</td>
<td>≥ 2 hours, once per week</td>
</tr>
<tr>
<td>3b)</td>
<td>Group supervision focuses primarily on discussion of clients rather than administrative tasks.</td>
<td>≤ 40% client-focused</td>
<td>41–50% client-focused</td>
<td>51–69% client-focused</td>
<td>70–79% client-focused</td>
<td>≥ 80% client-focused</td>
</tr>
<tr>
<td>3c)</td>
<td>A specific set of clients are present using the formal group supervision process.</td>
<td>Formal group supervision not used</td>
<td>1 client presented</td>
<td>2 clients presented</td>
<td>≥ 3 clients presented</td>
<td></td>
</tr>
<tr>
<td>3d)</td>
<td>Strengths Assessments are distributed to each team member for all presentations.</td>
<td>Never</td>
<td>Occasionally</td>
<td>Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3e)</td>
<td>The direct service worker clearly states the client’s goal(s) during the presentation.</td>
<td>Never</td>
<td>Occasionally</td>
<td>Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3f)</td>
<td>The direct service worker clearly states what they want help with from the group during the presentation.</td>
<td>Never</td>
<td>Occasionally</td>
<td>Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3g)</td>
<td>The team asks constructive questions based on the client’s Strengths Assessment (SA) during the presentation.</td>
<td>No questions are based on the client’s SA</td>
<td>Minority of questions are based on the client’s SA</td>
<td>Majority of questions are based on the client’s SA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3h)</td>
<td>The team brainstorms constructive suggestions related to the Strengths Assessment to help the client achieve their goal or help the direct service worker engage with the client and/or develop a goal.</td>
<td>0–4 ideas per presentation</td>
<td>5–9 ideas per presentation</td>
<td>10–14 ideas per presentation</td>
<td>15–19 ideas per presentation</td>
<td>≥ 20 ideas per presentation</td>
</tr>
<tr>
<td>3i)</td>
<td>At the end of each case presentation, the presenting staff person will: State when they will see the person next or their plan to contact the person and state what ideas they will present to the person or what strategy they will use to engage with the person.</td>
<td>No plan, next steps, or strategy clearly stated in any presentation</td>
<td>Clear plan, next steps, or strategy stated in some presentations</td>
<td>Clear plan, next steps, or strategy clearly stated in all presentations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definition and Rationale: The formal group supervision process replaces traditional team meetings where workers and supervisors come together to discuss client crisis situations, coverage issues, agency policy changes, productivity requirements, etc. Traditional team meetings often leave workers feeling tired, uninspired, and unarmed with new ideas to apply to client situations. Group supervision is a mechanism for workers to feel connected to a group sharing the same mission and challenges. Its aim is to affirm workers: their efforts, their ingenuity, and their accomplishments. The central task of group supervision is the generation of promising ideas to more effectively work with clients. Group supervision should also facilitate learning for everyone who participates. When a direct service worker presents a client situation, other members of the team have an opportunity to learn things that would apply to similar situations. Group supervision is a highly structured process that includes six specific steps (items 3d-3f) that teams follow for each presentation.

Protocols for Rating Item 3a

Item Rating: Find out how often and for how long the team meets for formal, group supervision and use that information to rate this item. For small teams (3 or less) direct service workers, if they meet for 90 minutes each week score this item as a 5. If they meet for 60 minutes each week score this item as a 4.

Methods: Supervisor interview, direct service worker interview, direct service worker survey

Protocols for Rating Item 3b

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, group supervision section, note the amount of time spent on formal group supervision presentations, celebrating client successes, and follow up discussions from previous group supervision presentations and how client’s responded to the ideas that were generated. Many teams will also discuss new resources available for client’s in the community, receive updates related to efforts by the employment specialist, peer support, etc. It is fine to count these discussions as part of the time spent for this item as long as such discussions are related to clients being served by the team. What should not be included are general program announcements, policy changes, paperwork requirements, productivity standards, etc. Some teams may elect to formally end the group supervision time and then transition into other tasks related to the teams work and this should not be counted against their group supervision time. If a team however mixes presentations with agency updates, policy changes, etc. then take the total amount of time that specific clients were discussed and divide that by the total time of the meeting and use the time that clients were discussed to score this item.

Methods: Observation of a group supervision session, supervisor interview, direct service worker interview

Protocols for Rating Item 3c

Item Rating: Determine the number of presentations the team regularly conducts for each group supervision session. For small teams (3 or less) direct service workers, if they conduct two presentations score this item as a 5. If they conduct one presentation, score this item as a 4.

Methods: Supervisor interview, direct service worker interview, direct service worker survey
Protocols for Rating Item 3d

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, group supervision section, to record whether a copy of the Strengths Assessment is available to all team members for each presentation. While it is preferable that all team members have their own copy of the Strengths Assessment to refer to, if the team uses an overhead projector and it does not seem to interfere with their ability to fully participate in the process, then they should receive a 5 for this item. If the use of an overhead projector or other means of sharing information from the Strengths Assessment interferes with participants being able to easily access the information on the Strengths Assessment in order to ask questions of clarification or brainstorm suggestions, then they should receive a 3 for this item. Of the formal case presentations, count the number of presentations that used the Strengths Assessment and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

Note if the Strengths Assessments used for the group supervision session to rate fidelity seem dated or of poor quality and include this information in the final report.

**Methods:** Observation of group supervision session

Protocols for Rating Item 3e

**Item Rating:** Use the tracking form for the Strengths Model Fidelity Scale, group supervision section, to record whether the direct service worker states what the client’s goal(s) is during their presentation. If they state what the client’s goal is, score this item as a five. If they do not state what the client’s goal is but the supervisor or another team member prompts them for clarification and they respond by stating the goal(s), score this item as a five. Ideally this would start at the beginning of the presentation, but as long as the client’s goal(s) is stated at some point in the presentation, it should be counted. Often what the direct service worker wants help with is also the client’s goal, even though it is not explicitly stated as such. For example, a direct service worker might start off a presentation saying he/she needs help with helping a client get an apartment, but not explicitly state this as the client’s goal. Unless the discussion clearly indicates that this is not the client’s goal, go ahead and count it as being the client’s goal. Listen for whether the presenting staff provides a brief and concise statement of what the client’s goal(s) is. If they are just beginning their work with a client or the client has recently accomplished their agreed upon goals, it is fine for the direct service worker to simply state that there is not an identified goal at the present time. Note if the presenting staff spends a lot of time discussing why they think the client they are working with is not making movement on a stated goal. It is fine to provide a brief statement about barriers that may be getting in the way of goal work (a person’s criminal history is preventing them from qualifying for subsidized housing), but judgmental statements (they are unmotivated) should be noted in the fidelity report. Also note if a presenting staff states what the client’s goal is but they are seeking to modify or change the goal somehow (the client’s goal is “I want to go to school” but I think they need to learn how to take their medication regularly). Of the formal case presentations, count the number of presentations that included a statement of the client’s goal(s) and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

**Methods:** Observation of group supervision session
Protocols for Rating Item 3f

**Item Rating:** Use the tracking form for the Strengths Model Fidelity Scale, group supervision section, to record whether the direct service worker provides a clear statement of what they are seeking help with. This should be explicitly stated prior to beginning discussion of the client situation. If they state what they are seeking help with, score this item as a five. If it is not clear what they want help with but the supervisor or another team member prompts them for clarification and they are able to state what they need help with, score this item as a five. Note whether the direct service worker spends a lot of time discussing the client's history, diagnosis, lack of motivation, etc. and if so, note this in the report. Of the formal case presentations, count the number of presentations that included a clear statement of what the presenter is seeking help with and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

**Methods:** Observation of group supervision session

Protocols for Rating Item 3g

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, group supervision section, record each time someone asks a question and determine whether the question is related to further clarifying information from the Strengths Assessment or uncovering a possible strength not recorded on the Strengths Assessment. Questions that count toward this item should be based on something that is written on the Strengths Assessment and/or seek to elicit strengths that have not been recorded (I see that this person loves to garden, can you tell me what they are good at growing? I see that this person is working on a farm, what specific skills do they have to use in their work?). Also record each time someone asks a question that is not related to the Strengths Assessment (is the person still drinking?, are they attending groups?, what is their diagnosis?). Compare the number of questions asked about clarifying information from the Strengths Assessment or seeking to elicit client strengths to those that are not to score this item. Of the formal case presentations, count the number of presentations that included questions related to further clarifying information and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

**Methods:** Observation of group supervision session

Protocols for Rating Item 3h

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, group supervision section, record each time someone makes a suggestion. You do not need to write the suggestion down, just use tick marks to get a count. Note suggestions that include naturally occurring resources versus formal resources and provide that information in the report. Note whether the team limits suggestions to the presenting staff’s statement of need and/or the client’s goal and provide that information in the report. It does not matter whether the suggestions are good or bad ones. The intent is that good brainstorming should generate a lot of ideas. Tally up the number of suggestions made for each presentation. The team needs to generate at least 20 ideas per presentation in order to score a five on this item. Of the formal case presentations, add the number of ideas the team came up with for each presentation and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

**Methods:** Observation of group supervision session, supervisor interview, direct service worker interview
Protocols for Rating Item 3i

**Item Rating:** Once the brainstorming step of the group supervision process is over, listen for the presenting staff to state what their plan is based upon the suggestions they received. At minimum, to score a 5 on this item, the staff must state when they will see or contact the person next, state what ideas they will present to the person, or what strategies they will use to engage with the person. This should sound more like “I like the idea of making a referral to supported employment. I will meet with her (the client) this Thursday and get a little more clarity on her interest in working. I also like the idea of using a 1-10 scale with her to assess any ambivalence she might have about working. I’ll try that as well.” versus “I’ll give her a call this week and go from there”. A staff person may also say that their plan is to present all of the generated ideas to the client and as long as they state when they will do this, score this item as 5. Of the formal case presentations, count the number of presentations that included a clear plan and divide by the number of total case presentations for that meeting. Use this number to determine the final rating.

**Methods:** Observation of group supervision

**Final Scoring for Item 3**

Add 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i and divide by 9
### Item 4. Supervisor

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a) Supervisor spends at least 2 hours per week providing a quality review of tools related to the Strengths Model (i.e. Strengths Assessments and Personal Recovery Plans) and integration of these tools into actual practice.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4b) Supervisor spends at least 2 hours per week giving direct service workers specific and structured feedback on skills/tools related to the Strengths Model of Case Management.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</tr>
<tr>
<td>4c) Supervisor spends at least 2 hours per week providing field mentoring for direct service workers.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4d) Ratio of direct service workers to supervisor.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
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</table>

**Definition and Rationale:** Skills of direct service staff do not improve without regular feedback and supervisory support. Strengths model supervisors regularly devote time to reviewing the tools of the model, provide direct service staff feedback, and conduct structured field mentoring with direct service staff. Depending on the size of the team, supervisors spend approximately eight hours per week providing these activities (2 hours facilitating group supervision, 2 hours reviewing tools, 2 hours providing feedback, and 2 hours conducting field mentoring). More supervisory time should be devoted to teams who have more than seven direct service staff. The two hours a week for items 4a-4c accounts for the team as a whole, not each individual direct service staff.

**Protocols for Rating Item 4a**

**Item Rating:** Ask the supervisor if he/she reviews Strengths Assessments and/or Personal Recovery Plans. Ask when this occurs and if they have a set time devoted to this. Ask him/her to describe the process he/she goes through when reviewing Strengths Assessments and/or Personal Recovery Plans. Listen for differences between reviewing these tools for document compliance purposes (e.g. present in the chart, signed and dated by client and direct service worker, up-to-date, etc.) versus reviewing for quality. For example when reviewing the Strengths Assessment, they should be looking to make sure the information is detailed and specific, uses client language throughout, captures the interests and aspirations of the client, has specific priorities generated by the client, etc. The supervisor might also be looking to see if information generated from the Strengths Assessment is being incorporated into actual practice by reviewing progress notes. If the supervisor is reviewing Personal Recovery Plans, they should be looking to make sure the goal was obtained from the Strengths Assessment and used the client’s language, had specific and measurable steps, contained target dates to generate forward movement, evidence that the tool was being used on a regular basis with the client, etc.
Try to come to some agreement with the supervisor about how much time they actually spend conducting this type of quality review of the tools. This should be an average over the 90 days leading up to the fidelity review. Some supervisors may conduct their review of tools differently. For example, some supervisors might set aside a specific time of the week to review tools while others might review the tools as part of a larger quality review of the chart. Some supervisors might review the tools together with direct service staff during individual supervision, group supervision and /or while conducting field mentoring. Others still might have direct service workers turn in Strengths Assessments and Personal Recovery Plans directly to their supervisor who reviews them prior to being filed in the chart. While it may be difficult to determine an exact time, especially when it may occur at various times throughout the week, try to negotiate a time with the supervisor that can most accurately reflect this as possible. Only count time that is spent on quality review of the tools. Make note if they only review one of the tools (e.g. only reviews Strengths Assessments). While they would still rate a “5” on this item if they only reviewed Strengths Assessments for at least two hours per week, we would want them to know that if their agency started using the Personal Recovery Plans, they would want to include this tool in their quality review process.

Methods: Supervisor interview, direct service staff interview

Protocols for Rating Item 4b

Item Rating: Ask the supervisor if they devote any specific time during the week to giving direct service workers feedback on skills/tools related to the Strengths Model. If the answer is yes, have them describe this process. Write down the type of feedback they typically give and where/when this occurs. What you are looking for in this item is an active approach toward giving staff feedback on skills/tools related to the model. Here are few examples: 1) sitting down with a direct service worker to review one of their Strengths Assessments and discussing how areas could be expanded or how to engage the person to obtain additional information; 2) having the direct service worker practice how to introduce the Strengths Assessment in a context that a client would find meaningful through a role play; 3) sitting down with a direct service worker who is struggling with several clients who are not taking medications and discussing how they might help the person process any decisional ambivalence; or 4) reviewing Personal Recovery Plans with the direct service worker to show them how to break down the goal into smaller measurable steps to generate movement. Try to come to some agreement with the supervisor about how much time they actually spend giving this type of specific feedback. This should be an average over the 90 days leading up to the fidelity review. Most supervisors will probably give feedback to new direct service workers when they are just starting. If this is the only time that the supervisor gives any structured feedback on skills/tools, this would not count in the rating. The intent of this item is that feedback on skills/tools should be an on-going process for the professional development of all staff in implementing and sustaining Strengths Model practice.

Methods: Supervisor interview, direct service staff interview

Protocols for Rating Item 4c

Item Rating: Field mentoring is a structured form of supervision where the supervisor and direct service worker meet together with a client for the specific purpose of the direct service worker learning, developing, and/or enhancing skills or use of tools related to the model. Field mentoring sessions most often occur in the client’s home or in the community but they can be conducted at the office in some circumstances as long as it is structured as a learning opportunity for the direct service worker. Ask the supervisor if they go out into field with direct service workers. Ask them how often they do this, whether or not they do this with all direct
service workers on the team, and whether they meet with staff prior to going out to determine a focus for the field mentoring session. Have them describe some of the typical things they do when they go out in the field with direct service workers. List these things down. Listen for differences between field mentoring and other supervisory activities in the field (e.g. doubling up with a direct service worker for extra support, having the supervisor meet the client, etc.). If the supervisor describes doing any type of field mentoring, try to negotiate the time that it actually occurs. This should be an average over the 90 days leading up to the fidelity review.

**Methods:** Supervisor interview, direct service staff interview

**Protocols for Rating Item 4d**

**Item Rating:** Ask the supervisor how many direct service workers they directly supervise. It is possible that a supervisor may supervise direct service workers on more than one team. Supervising other staff does not count against this item unless it interferes with the supervisor’s ability to review tools, give feedback and provide field mentoring. If it is evident that supervising other staff interferes with the supervisor being able to carry out this item, then note it in the fidelity report.

**Methods:** Supervisor interview

**Final Scoring for Item 4**

Add the ratings for 4a, 4b, 4c, and 4d and divide by 4.
### Item 5. *Strengths Assessment*

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<tbody>
<tr>
<td>5a) There is evidence that the Strengths Assessment is used regularly in practice.</td>
<td>≤ 60% used and updated at least monthly</td>
<td>61–70% used and updated at least monthly</td>
<td>71–80% used and updated at least monthly</td>
<td>81–90% used and updated at least monthly</td>
<td>91–100% used and updated at least monthly</td>
</tr>
<tr>
<td>5b) Client interests and/or aspirations are identified with detail and specificity.</td>
<td>≤ 60% identified at least 3</td>
<td>61–70% identified at least 3</td>
<td>71–80% identified at least 3</td>
<td>81–90% identified at least 3</td>
<td>91–100% identified at least 3</td>
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<tr>
<td>5c) Client language is used (e.g. “I want more friends” rather than “increase socialization skills”) and it is clear that client was involved in developing the SA.</td>
<td>≤ 60% demonstrate predominant use of client language</td>
<td>61–70% demonstrate predominant use of client language</td>
<td>71–80% demonstrate predominant use of client language</td>
<td>81–90% demonstrate predominant use of client language</td>
<td>91–100% demonstrate predominant use of client language</td>
</tr>
<tr>
<td>5d) Talents and/or skills are listed on the SA in some detail and specificity.</td>
<td>≤ 60% identified at least 6</td>
<td>61–70% identified at least 6</td>
<td>71–80% identified at least 6</td>
<td>81–90% identified at least 6</td>
<td>91–100% identified at least 6</td>
</tr>
<tr>
<td>5e) Environmental strengths are listed on the SA in some detail and specificity.</td>
<td>≤ 60% identified at least 6</td>
<td>61–70% identified at least 6</td>
<td>71–80% identified at least 6</td>
<td>81–90% identified at least 6</td>
<td>91–100% identified at least 6</td>
</tr>
<tr>
<td>5f) Percent of clients who have a Strengths Assessment.</td>
<td>≤ 60%</td>
<td>61–70%</td>
<td>71–80%</td>
<td>81–90%</td>
<td>91–100%</td>
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</table>
Definition and Rationale: The Strengths Assessment is one of the primary tools used in Strengths Model practice. It should be used regularly with all clients and capture what is meaningful and important to clients, reflect their talents/skills, unique attributes and abilities, environmental strengths they rely on, and ultimately reflect the overall essence of the person. Strengths Assessments should be an inventory about what is right with people versus what is wrong thus information about a person’s diagnosis, health concerns, substance use, etc. should not be included.

Protocols for Rating Item 5a

Item Rating: Look for Strengths Assessments in all of the charts that have been pulled for the review. Using the tracking form for the Strengths Model Fidelity Scale, chart review section, check to see when each Strengths Assessment was started and whether there is evidence of them having been used with clients at least monthly over the 90 day period prior to the fidelity review. It should be easy to see whether a direct service worker is using the Strengths Assessment regularly in practice by looking for dates on the Strengths Assessment when new information was added, dates when aspirations were achieved or added, or references to using the Strengths Assessment in progress notes. With few exceptions, there should be a corresponding progress note to match when a direct service worker adds information to the Strengths Assessment. If there is not a Strengths Assessment in the chart, it is counted as outdated, unless someone at the agency can locate a Strengths Assessment that has been completed but not yet filed. Add the total number of Strengths Assessments that have been used monthly over the 90 day period leading up to the fidelity review and divide by the total number of charts reviewed. Use this number to determine the final rating.

Methods: Chart review, supervisor interview, direct service worker interview, client interview

Protocols for Rating Item 5b

Item Rating: Use the tracking form for the Strengths Model Fidelity Scale, chart review section. For each Strengths Assessment that you review, check the middle column (Individual’s Desires; Aspirations) and note the level of detail and specificity provided. Look for detail and specificity like “I want to go back to school and get my degree”, “I want to learn how to play the guitar”, “I want to buy my own car”, etc. What would not count are one word aspirations like “school”, “friends”, “hobbies”, etc. or vague statement like “improve heath”, “have more fun”, etc. While it is okay to have some vague statements on a Strengths Assessment if it is still early on the relationship and the Strengths Assessment is being further developed, there should be evidence of detail and specificity in some areas. A good place to check is the priorities section of the Strengths Assessment. At minimum these priorities should have some detail and specificity. Give credit to overall detail and specificity if the priorities reflect this and there are at least three areas of detail and specificity in the middle column of the Strengths Assessment. Add the total number of Strengths Assessments that meet the criteria for listing client’s interests and aspirations in some detail and specificity and divide by the total number of charts reviewed. Use this number to determine the final rating.

Methods: Chart review
Protocols for Rating Item 5c

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review all Strengths Assessments for use of client language. Use of “I” statements are good indicators of client language. Look for language that would be in the person’s own words “I want a girlfriend” versus professional jargon “increase social relationships”. To meet the criteria for this item, a majority of the statements on the Strengths Assessment should clearly reflect the client’s language and be written from their perspective. When reviewing Strengths Assessments note any deficit-based comments or information. Deficit-based information would include anything that is not considered a strength (“has schizophrenia”, “has diabetes”, “can no longer work”, “unemployed”, “is homeless”, “no family support”, “kicked out of school”). Strengths Assessments should also capture what people want, versus what they don’t want (“no desire to work”) or in aspiration column (“N/A” or “not interested”). If any deficit-based language or information is included on a particular Strengths Assessment score this item as a 1 for that assessment. Add all of the Strengths Assessments that meet the criteria for use of client language and divide by the total number of charts reviewed. Use this number to determine the final rating.

Methods: Chart review

Protocols for Rating Item 5d

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review all Strengths Assessments for evidence of talents and skills listed in some detail and specificity. Examples of talents and skills would include statements like “has painted landscapes that are hung in apartment”, “can type 50 words per minute”, “knows a lot about baseball cards”, etc. At least six talents or skills should be listed in some amount of detail and specificity on a Strengths Assessment to receive a 5 for this item. Add all of the Strengths Assessments that meet the criteria for talents and skills listed in some detail and specificity and divide by the total number of charts reviewed. Use this number to determine the final rating.

Methods: Chart review

Protocols for Rating Item 5e

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review all Strengths Assessments for evidence of environmental strengths listed in some amount of detail and specificity. Environmental strengths are strengths that exist outside of the person that helps or has helped them in their recovery or well-being. For example, family, friends, neighbors, pets, car, job, church, bowling league, support group, etc. To meet the criteria for this item, the environmental strengths should contain some detail about how it is used as a strength. For example, “mom has a car and is able to get me to appointments”, “playing with my dog keeps my stress level low”, “I have two friends at church (Mary and Elizabeth) who I go to lunch with”. Entitlements such as “receives social security benefits”, “receives food stamps”, “has Medicaid”, should not be counted toward environmental strengths. While entitlements can certainly be reflected on Strengths Assessments, they are viewed as neutral information. The Strengths Assessment should capture environmental strengths the person has outside of formal services, supports, and entitlements. At least six environmental strengths should be listed in some detail and specificity on a Strengths Assessment to receive a 5 for this item. Add all of the Strengths Assessments that meet the criteria for environmental strengths listed in some detail and specificity and divide by the total number of charts reviewed. Use this number to determine the final rating.
Methods: Chart review

Protocols for Rating 5F

**Item Rating:** Ask the direct service workers and supervisor during their interviews how many people who are served by the team have Strengths Assessments and record this on the tracking form for the Strengths Model Fidelity Scale, chart review section. Add the number of clients who have Strengths Assessments and divide by the total number of clients who are served by the team to score this item. Use this number to determine the final rating.

Methods: Supervisor interview, direct service worker interview

**Final Scoring for Item 5**

Add the ratings for 5a, 5b, 5c, 5d, 5e, and 5f and divide by 6.

<table>
<thead>
<tr>
<th>Item 6. <strong>Integration of Strengths Assessment With Treatment Plan</strong></th>
</tr>
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<tbody>
<tr>
<td>6) Strengths Assessment is used to help clients develop treatment plan goals.</td>
</tr>
<tr>
<td>≤ 60% of treatment plan goals link directly to the SA</td>
</tr>
</tbody>
</table>

**Definition and Rationale:** Desires, aspirations, and priorities from client Strengths Assessments are used to develop treatment plan goals. Treatment plan goals reflect something that is meaningful and important to clients and are not solely focused on symptom management and clinical jargon. There should be a clear link between desires, aspirations, or priorities as listed on a client’s Strengths Assessment and each treatment plan goal the direct service worker is responsible for carrying out.

**Protocols for Rating Item 6**

**Item Rating:** Use the tracking form for the Strengths Model Fidelity Scale, chart review section. For each chart reviewed, list all of the goals on the client’s most
recent treatment plan. Only review treatment plan goals written or intended for direct service workers (e.g. do not include psychiatrist, therapists’, nurses’ goals, etc.). Compare these with the client’s priorities and other interests and aspirations listed in middle column of Strengths Assessment. Count all of the treatment plan goals that have a clear relationship to a priority or interest and aspiration on the Strengths Assessment. You will need to use some discretion if a treatment plan goal is written in professional jargon, but seems to have a link to what the person is saying they want. For example, a treatment plan goal might vaguely state “Improve mental health”, while the top priority for the client might read “I want to think clearly without all the voices”. While it is ideal that two match up almost exactly, an example such as this would count as meeting criteria. Some agencies use treatment plan objectives to illustrate the link with the Strengths Assessment and this would also count as meeting criteria as long as there is a clear link within the objective. If an agency insists on using professional jargon for treatment plan goals, make a recommendation in their fidelity report that they at least put the client’s own words in quotes next to the goal, so that it clearly shows the link. Add the total number of goals that were clearly derived from the Strengths Assessment and divide by the total number of goals that the direct service worker is responsible for. Once this item has been reviewed for all charts, add the total number of goals that were clearly derived from all of the Strengths Assessments reviewed and divide by the total number of goals specific to direct service workers that were found in treatment plans. Use this number to determine the final rating.

**Methods:** Chart review
### Item 7. Personal Recovery Plan

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<thead>
<tr>
<th>Item</th>
<th>1</th>
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<tbody>
<tr>
<td><strong>7a)</strong> Agency uses the Personal Recovery Plan (PRP) as a tool for helping clients achieve goals.</td>
<td>Not used</td>
<td>1–25% of clients used a PRP in the last 90 days</td>
<td>26–50% of clients used a PRP in the last 90 days</td>
<td>51–75% of clients used a PRP in the last 90 days</td>
<td>≥ 76% of clients used a PRP in the last 90 days</td>
</tr>
<tr>
<td><strong>7b)</strong> Goals on the Personal Recovery Plan should use the client’s own language, the actual passion statement, and state why the goal is important to the person.</td>
<td>≤ 44% of goals use client’s language</td>
<td>45–59% of goals use client’s language</td>
<td>60–74% of goals use client’s language</td>
<td>75–89% of goals use client’s language</td>
<td>≥ 90% of goals use client’s language</td>
</tr>
<tr>
<td><strong>7c)</strong> Long-term goal on the Personal Recovery Plan is broken down into smaller, measurable steps.</td>
<td>≤ 44% of steps on the PRP are broken down and measurable</td>
<td>45–59% of steps on the PRP are broken down and measurable</td>
<td>60–74% of steps on the PRP are broken down and measurable</td>
<td>75–89% of steps on the PRP are broken down and measurable</td>
<td>≥ 90% of steps on the PRP are broken down and measurable</td>
</tr>
<tr>
<td><strong>7d)</strong> Specific and varying target dates are set for each step on the Personal Recovery Plan.</td>
<td>≤ than 44% of dates on the PRP are specific and have variation</td>
<td>45–59% of dates on the PRP are specific and have variation</td>
<td>60–74% of dates on the PRP are specific and have variation</td>
<td>75–89% of dates on the PRP are specific and have variation</td>
<td>≥ 90% of dates on the PRP are specific and have variation</td>
</tr>
<tr>
<td><strong>7e)</strong> There is evidence that Personal Recovery Plans are used during nearly every contact with the client.</td>
<td>≤ 44% of PRP’s are used nearly every contact with the client</td>
<td>45–59% of PRP’s are used nearly every contact with the client</td>
<td>60–74% of PRP’s are used nearly every contact with the client</td>
<td>75–89% of PRP’s are used nearly every contact with the client</td>
<td>≥90% of PRP’s are used nearly every contact with the client</td>
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*Only rate Items 7b through 7e if the agency stated they use the Personal Recovery Plan; otherwise, the rating for 7a will serve as the final rating for this item.*
Definition and Rationale: The Personal Recovery Plan is one of the primary tools used in Strengths Model practice. It should be used when a client has expressed a meaningful and important recovery goal that they would like assistance from the direct service worker to carry out. The Personal Recovery Plan may also be used for goals related to basic needs such as obtaining entitlements, locating needed housing, etc. and it can also be used for exploratory purposes such as helping a person to define what a life worth living might mean for them. When using the Personal Recovery Plan for basic needs or exploratory purposes, the direct service worker should strive toward identifying additional meaningful and important goals the client may have versus continued use of the Personal Recovery Plan in exploratory or basic areas.

Protocols for Rating Item 7a

Item Rating: Find out if the agency uses the Personal Recovery Plan. If the agency uses the Personal Recovery Plan ask the direct service workers to report how many active Personal Recovery Plans they have used with clients during the 90 day period leading up to the fidelity review. Divide that number by the amount of clients on their caseload. Once you have this information for each direct service worker, add the percentages from each direct service worker and divide by the total of direct service workers on the team. In order to receive a 5 on this item, the team as a whole needs to average using the Personal Recovery Plan with at least 76% of people served by the team. Use the tracking form for the Strengths Model Fidelity Scale, chart review section to record the final rating for this item.

Methods: Supervisor interview, direct service worker interview

Note for Rating Item 7b-7e

To rate items 7b-7e ask each direct service worker to submit 25% of the Personal Recovery Plans used with people on their caseloads within the past 90 days (a minimum of 5 Personal Recovery Plans per direct service worker). It does not matter whether the Personal Recovery Plan is associated with the charts randomly chosen for the review since it is possible a person may not yet have a specific recovery goal in which to use the Personal Recovery Plan with. If direct service workers are not able to submit at least five Personal Recovery Plans yet reported high use of the tool, you will need to clarify this with the direct service worker and/or supervisor and depending on what you learn, you may need to recalculate item 7a. Reviewers then pick two Personal Recovery Plans per direct service worker to use to rate items 7b-7e. Only rate items 7b through 7e if the agency has stated they use the Personal Recovery Plan. Otherwise the rating on 7a will serve as the final rating for this item.

Protocols for Rating Item 7b

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review the goal(s) on each of the Personal Recovery Plans. The goal is located at the top of the page where it says “My goal” and “Why this is important to me”. This should be written in the client’s own language and reflect why it is important to the person. If any professional jargon is listed in order to tie it more closely to a goal on the treatment plan, there should still be a clear statement that is quoted from the client as to what their exact goal is. These goals should reflect something the client is passionate about. You should not see goals like “take medications as prescribed” or “improve hygiene”. Even if this is something a client might have said it is the responsibility of the direct service worker to go beyond these words and get at why this might be important to the person and use their language on the Personal Recovery Plan. No deficit-based language or negative
comments should be included on the Personal Recovery Plan. This might include a goal such as “improve hygiene” without including from the client’s perspective why this would be important to them. It might also include negative statements in the comment section such as “client not motivated to take this step”, or using the steps on the Personal Recovery Plan to clearly carry out an agenda that may be important to direct service worker but not the client. If any deficit-based language or negative information/comment is found anywhere on a particular Personal Recovery Plan then item 7b should be scored as a one for that Personal Recovery Plan. Add all the goals on the Personal Recovery Plans that use the client’s language and divide by the total number of Personal Recovery Plans reviewed. Use this number to determine the final rating.

Additional information to consider when scoring 7b: If only a few direct service workers submit Personal Recovery Plans, you would still count the total number required for the review (2 per direct service worker) as being what you would have had to review if all direct service workers had turned in at least two. Include information in the fidelity report if any of the Personal Recovery Plans included deficit-based comments or information.

Methods: Chart review

Protocols for Rating Item 7c

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review all of the steps on each of the Personal Recovery Plans you are reviewing. These steps are located on the far left column of the Personal Recovery Plan under the heading of “What will we do today or before our next meeting?” Rather than vague steps like “explore employment” or “get apartment”, you should see steps like “Pick up application for Henry’s Restaurant”, “Practice job interview by doing role play” or “Fill out application for apartment” or “Fill out Section 8 application”. Steps should also reflect what clients will do, not what they won’t do, “Attend an AA meeting one time this week” versus “I won’t go to my friend’s house to drink beer this week”. It is recommended that only one to three steps are identified at each contact with the client and the steps should always relate back to the stated goal on the Personal Recovery Plan. If this is not evident, note this in the fidelity report. For each Personal Recovery Plan record a yes or no regarding whether the majority of the steps were broken down, measurable, and related to the stated goal. Add all Personal Recovery Plans that included steps that were broken down and measurable and divide by the total number of Personal Recovery Plans reviewed. Use this number to determine the final rating.

Methods: Chart review

Protocols for Rating Item 7d

Item Rating: Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review each of the steps listed on the Personal Recovery Plan and look for evidence that specific target dates (“Dates To be Accomplished”) are being set. If all of the steps have the same target date this would not count as meeting criteria. An exception to this would be if you are reviewing a Personal Recovery Plan that was recently started and the client and direct service worker had only identified a few steps. Only review newly started Personal Recovery Plans if the direct service workers are unable to submit further established plans. Check the date on when the Personal Recovery Plan was started. If it is less than a month old, consider it a “new” Personal Recovery Plan. Otherwise, you should see multiple dates on the plan, ideally with steps that show that something is being done each time the client and direct service worker meet. For each Personal Recovery Plan reviewed record a yes or no regarding whether specific target dates were set. Add all Personal Recovery Plans that have steps with specific and varying target dates
and divide by the total number of Personal Recovery Plans reviewed. Use this number to determine the final rating.

**Methods:** Chart review

**Protocols for Rating Item 7e**

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, chart review section, review the dates on the Personal Recovery Plans to determine if they are being frequently used and that progress is noted (“Date Accomplished and Comments”). Look for evidence that they are being used during the majority of client contacts with the direct service worker and if so, you can count this as being regularly updated. An exception to this would be a newly started Personal Recovery Plan which only has a few steps. If the Personal Recovery Plan has at least three steps in the last month, and has a date of accomplishment noted for each step, count it as being regularly updated. If you are noticing that a large number (half or more) of Personal Recovery Plans are new, note this in the fidelity report. It is possible that some direct service workers might start new Personal Recovery Plans after learning a review is taking place, when they actually do not use these regularly in practice. Add all Personal Recovery Plans that have evidence of being frequently used and divide by the total number of Personal Recovery Plans reviewed. Use this number to determine the final rating.

**Methods:** Chart review

**Final Scoring for Item 7**

If the agency does not use Personal Recovery Plans, then only count the rating for Item 8a for the final rating for Item 8.

If the agency does use Personal Recovery Plans, add the rating for Items 8a, 8b, 8c, 8d, and 8e and divide by 5.
# Item 8. Naturally Occurring Resources

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<tbody>
<tr>
<td>8a) Direct Service workers’ help clients access naturally occurring resources to help people achieve goals.</td>
<td>≤ 10% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource</td>
<td>11–25% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource</td>
<td>26–40% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource</td>
<td>41–75% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource</td>
<td>≥ 75% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource</td>
</tr>
<tr>
<td>8b) Direct service workers’ use more naturally occurring resources than formal mental health resources to help people achieve goals.</td>
<td>≤ 10% of goals clearly reflect a trend toward the use of naturally occurring resources</td>
<td>11–25% of goals clearly reflect a trend toward the use of naturally occurring resources</td>
<td>26–40% of goals clearly reflect a trend toward the use of naturally occurring resources</td>
<td>41–75% of goals clearly reflect a trend toward the use of naturally occurring resources</td>
<td>≥ 75% of goals clearly reflect a trend toward the use of naturally occurring resources</td>
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**Definition and Rationale:** The intent here is to measure whether direct service workers are making more use of naturally occurring resources than formal mental health services over the 90 day period leading up to the fidelity review. Formal mental health services are defined as those services provided by the mental health center. These services can only be accessed by a person meeting the eligibility criteria of the mental health center. Formal mental health services would include: medication services, psychosocial programs, attendant care, agency-based payee services, supported employment, agency-controlled housing, etc. Naturally occurring resources are defined as those resources that can be accessed by anyone in the community whether or not they are a client of the mental health center. Naturally occurring resources would include: family, friends, neighbors, faith community, schools, pets, library, YMCA, bowling league, etc.

**Protocols for Rating Item 8a**

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, chart review section, write down every goal from the treatment plan that was actively worked on during the 90-days period leading up to the fidelity review. To be considered active, there would need to be at least one progress note...
written that mentioned this goal. Read each progress note that mentioned the goal, and record whenever a naturally occurring resource was actually accessed with the help of the direct service worker. Review all progress notes that the direct service worker authors despite the level of service provided (many states use different codes for a variety of interventions). Just talking about a naturally occurring resource does not count toward this item, the direct service worker would have to assist the person in some active way.

There are two means of active help that could be counted for this item:

1. The direct service worker directly assisted the client to access the naturally occurring resource – For example, going with a client to sign up for a cooking class in the community, helping the client pick up a job application, sitting down with a client and a family member to discuss how they might support the client in reaching a particular goal, taking the client to look for apartments in the community.

2. The direct service worker indirectly helped the client access the naturally occurring resource – Some examples might include: 1) the direct service worker brainstorming with the client some naturally occurring resources that might help them to reach their goal; 2) discussing how the client might access a naturally occurring resource; or 3) making a plan for the client to access a naturally occurring resource as a step on the Personal Recovery Plan. For this means to be counted for scoring, there must be evidence that the client was able to successfully access the naturally occurring resource on their own. By doing this, it prevents counting resources that are continually discussed but never followed up on.

If the agency uses Personal Recovery Plans, this is also a good source of information for this item.

For each chart, add the number of goals that have evidence of the direct service worker helping the client to access at least one naturally occurring resource over the 90-day period and divide by the total number of goals reviewed. Once all charts have been reviewed, add all of the goals that had evidence of the direct service workers helping clients to access at least one naturally occurring resource over the 90-day period and divide by the total number of goals reviewed. Use this number to determine the final rating.

**Methods:** Chart review

**Protocols for Rating Item 8b**

**Item Rating:** Using the tracking form for the Strengths Model Fidelity Scale, chart review section, take the goals you have listed in 8a, and look for the overall trend of where the direct service worker is headed in trying to help the person achieve the goal. For each goal, write down which ones move clearly in the direction of naturally occurring resources versus formal mental health services being the primary means of achieving the goal. For example, if the person’s goal is to get an apartment, and they end up getting into an agency-owned apartment, the primary resource being used to meet this goal is formal. If the person’s goal is to get an apartment and the direct service worker supports them to explore and eventually obtain an apartment that anyone could rent then the primary resource being used to meet this goal is natural. Other examples of goals that trend natural are 1) helping a person obtain competitive employment in a community setting versus a sheltered work environment or employment meant only for people with disabilities, 2) helping a person increase their social support system by introducing them to activities and people in their community versus referring them to a psycho-social group provided by the agency to make friends, 3) helping a person manage their
money by introducing them to on-line budgeting resources or encouraging them to have a family member help versus assigning a payee to the person, 4) helping a person to stay out of the hospital by identifying people they could spend time with who can support them versus assigning mental health center staff to fulfill this role. This does not mean that formal services are to be avoided in all circumstances, but if they are used as the primary means or even end to achieving a goal on the treatment plan, then you would count this as “trending toward the use of formal mental health services” versus goals that trend toward naturally occurring resources. For each chart, add the number of goals that clearly reflect a trend toward naturally occurring resources and divide by the total number of goals reviewed. Once all charts have been reviewed, add all of the goals that clearly reflect a trend toward naturally occurring resources and divide by the total number of goals you have reviewed. Use this number to determine the final rating.

**Additional information to consider when scoring 8b:** While use of recovery resources such as WRAP plans, shared decision making tools, recovery workbooks, specific tools to increase coping skills such as DBT, etc. do not count as use of a naturally occurring resource, if such use of tools is clearly leading toward the eventual use of naturally occurring resources then this may contribute to a natural trend. If it is clear that use of such tools is a way that the direct service worker is passively engaging clients and they are not using the tools in a goal oriented context, then this should be viewed as formal.

**Methods:** Chart review

**Final Scoring for Item 8**

Add the ratings for Items 8a and 8b and divide by 2.
<table>
<thead>
<tr>
<th>Item 9. <em>Hope Inducing Practice</em></th>
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<tbody>
<tr>
<td><strong>9a)</strong> Direct service workers’ interactions with people are directed toward movement on a goal that is meaningful and important to the person.</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Direct service worker actively detracts from movement on a goal that is meaningful and important to the person.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>9b) Direct service workers’ interactions with people are directed toward expanding the person’s autonomy and choice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Direct service worker actively detracts from client’s perception of choice or control</td>
</tr>
</tbody>
</table>
**Definition and Rationale:** This item is intended to measure the extent to which the direct service worker actively contributes to movement on a goal that is meaningful and important to the person and convey the extent to which the worker supports and actively fosters the client’s perception of choice as opposed to attempting to control the client’s behavior or choices.

**Protocols For Rating Item 9a**

**Item Rating:** The rating for this item is established after reviewing a body of the direct service worker’s work (i.e. review of progress notes) over the 90-day period of time leading up to the fidelity review. The overall orientation of activities should be geared toward either taking steps to understand what is meaningful and important to the person, identifying and setting goals, identifying strengths to achieve these goals, removing barriers to goal achievement, or re-engaging the person around the sense of possibility if the person has lost hope.

Direct service workers who rate high on this item (4 or 5) demonstrate the ability to explore the individual’s strengths (i.e. talents, skills, current and past personal and environmental resources and supports) and use this information to help the person develop goals that are meaningful and important. Additionally, the direct service worker is able to work collaboratively with the client to develop proactive steps toward the goal, regularly reviewing these steps with the individual and making modifications as necessary. When a person has lost hope about achieving goals, the goal-oriented direct service worker knows when not to push for action steps but rather uses an evocative, empathetic approach to help the person re-establish a sense of hope and possibilities. As the person becomes ready, the direct service worker can shape the discussion, gently moving back to refocus on or identify goals for future work together. Direct service workers with a goal-focused work orientation use the Strengths Assessment and Personal Recovery Plan to make movement toward identifying and achieving goals that are meaningful and important to the person. The direct service worker’s documentation will reflect purposeful use of these tools.

Direct service workers who rate low on this item (1 or 2) do not demonstrate the ability to develop meaningful and important goals. The client’s strengths (i.e. talents, skills, current and past personal and environmental resources and supports), are either ignored or explored superficially. These direct service workers may communicate- directly or indirectly- that the client should work on goals identified by the direct service worker or the agency. Direct service workers rating low on this item may push to create goals before the client is ready or without the input of the individual. If an individual has lost hope about achieving a goal he/she desires, a direct service worker rating low on this item may encourage the person to abandon it or divert the person toward goals the worker deem more realistic or practical. Documentation of strengths and goals reflects a generic approach that fails to account for the unique qualities that make goal development and achievement possible.

Direct service workers who score neutral or a 3 on this item do not demonstrate work that either strongly supports goal focus and orientation or actively detracts from goal focus and orientation. There may be evidence that a meaningful goal exists but the worker makes only sporadic attempts to gain a deeper understanding of the goal. There could also be evidence of some meetings/interventions that include a goal-orientation or attempts to establish meaningful goals, but there are also instances of meetings that seem aimless or that miss opportunities to orient toward or expand on meaningful goals.

After reviewing 90-days of progress notes leading up to the fidelity review for each chart, using the above criteria, determine the score for this item. Use the
tracking form for the Strengths Model Fidelity Scale, chart review section to record your score for each chart reviewed. Use and quality of Strengths Assessments and Personal Recovery Plans should also factor into this rating. There must be clear evidence in the body of work to justify a low score on this item (1 or 2) as well as a high score (4 or 5). If there is not enough clear evidence to justify a low or high score then score this item as a 3 for that particular chart. Once all charts have been reviewed add the total scores together and divide by the number of charts that were reviewed.

**Methods:** Chart review

**Protocols for Rating Item 9b**

**Item Rating:** The rating for this item is established after reviewing a body of the direct service worker’s work (i.e. review of progress notes) over the 90-day period of time leading up to the fidelity review. The overall orientation of activities should illustrate that direct service workers interactions with client’s show respect for client choice and autonomy by 1) eliciting the client’s values and preferences in making decisions 2) evaluating multiple options toward achieving a specific goal and offering support to help the person make their own decision and 3) using strategies to better understand a person’s decision making and searching for specific ways to be of support versus making subjective judgments over behaviors or choices made.

Direct service workers who score high on this item (4 or 5) ensure, either directly or implicitly, that the topic of choice and control is raised in most interactions with clients. They regularly promote use of value-based, decision making aids such as a pro’s and con’s list, a pay-off matrix, a crisis plan, advanced directives for mental health, etc. and do not in any way interfere with the person’s ability to make their own decisions. If the worker has to intervene due to the potential of harm to self or others and impose treatment that the client does not agree with such as a forced hospitalization, they quickly work to restore the decision making authority back to the client as soon as they are safe. Direct service workers who score high on this item do not allow their own beliefs, values, or opinions to guide their work with the client and ultimately trust in the client’s ability to move in the direction of health and recovery. In addition, they may explicitly acknowledge that the client has the choice to change or maintain the status quo and they regularly express optimism about the client’s ability to change and/or achieve movement on goals.

Direct service workers who score low on this item (1 or 2) tend to view clients as being incapable of moving in the direction of health and recovery without input from the worker. They may assume the client will change their behavior and/or choice in the direction that the direct service worker thinks is best. They may explicitly tell clients that they don’t have any choices in decisions related to their life and recovery and may imply that external consequences (such as arrest or coercion from others) could be applied based on their choices. Direct service workers may also insist that there is only one way to approach a behavior change or goal and they may be pessimistic or cynical about the client’s ability to change or make progress. They may also convey choices to the client but do so dismissively or with sarcasm. Progress notes may indicate that the worker displayed disapproval of a client’s choice, that they agreed with a client choice but only after arguing with them or telling them what to do, or that they superficially offer a range of options to the person but heavily weight these in what they believe is best for the client.

Direct service workers who score neutral or a 3 on this item are able to demonstrate in their documentation that the client is considering options, but the direct service worker does not further explore or support the client to explore what the options are. There could also be evidence of some meetings/interventions that include some exploration around choice and autonomy, but there are also instances of meetings that seem aimless or that miss opportunities to promote choice and autonomy.
After reviewing 90-days of progress notes leading up to the fidelity review for each chart, using the above criteria, determine the score for this item. Use the tracking form for the Strengths Model Fidelity Scale, chart review section to record your score for each chart reviewed. There must be clear evidence in the body of work to justify a low score on this item (1 or 2) as well as a high score (4 or 5). If there is not enough clear evidence to justify a low or high score then score this item as a 3 for that particular chart. Once all charts have been reviewed add the total scores together and divide by the number of charts that were reviewed.

**Methods:** Chart review

**Final scoring for Item 9**

Add the ratings for items 9a and 9b and divide by 2

**Instructions for Scoring the Overall Review:**

After all of the individual items have been scored according to protocol, use those scores to determine the overall scores in the three core areas: 1) Structure, 2) Supervision, and 3) Clinical Services:

- **To score the overall structure item:** Add item 1 and item 2 and divide by 2.
- **To score the overall supervision item:** Add item 3 and item 4 and divide by 2.
- **To score the overall clinical services item:** Add items 5, 6, 7, 8, and 9 and divide by 5

High fidelity is achieved when a program reaches at least a 4 in all three areas.