

Collaborative Intensive Bridging Services (CIBS) Fidelity Assessment Summer 2022

A Component of the Statewide System of Care Expansion Grant Evaluation

Background

The Collaborative Intensive Bridging Services (CIBS) approach is being evaluated through the Statewide System of Care (SoC) Expansion Grant evaluation in a number of different ways, including an assessment of how providers are implementing the services with fidelity. Developers of the CIBS model, and partners of the SoC grant, developed a detailed fidelity assessment tool that reflects all of the core components of the model. This tool has been administered between June and July 2022. For the most recent administration, the developers randomly selected six cases and a total of 8 supervisors or developers rated each case based on how closely the case notes reflect these core components. The supervisors independently rated the materials from each selected case. Wilder Research collected and analyzed this data.

Overall, there was a low level of agreement between the raters on all questions. The high number of reviewers and the low level of agreement led us to exclude all but two reviewers, the two developers, in order to make the analysis more feasible and meaningful. Even among these two reviewers, there was a low level of agreement on several questions.

Analytic approach

Wilder used three different approaches to assessing inter-rater reliability:

- **Percent exact agreement:** This is the percent of cases in which there was exact agreement between the two raters.
- **Frequencies and means:** This data demonstrates patterns in ratings between the two raters, including whether one rater tends to rate higher or lower or whether one rater tends to have greater variability compared to the other.
- **Intraclass correlation coefficients (ICC):** A statistical test demonstrating the proportion of variable of an observation due to between-subject variability (or the degree to which your ratings are different). This number ranges from -1 to 1, though negative numbers generally mean that any overlap is due solely to chance because it indicates that the differences within subjects (so the differences within each of your ratings across all families) is greater than the differences between subjects (so the differences between each of you). A rating of 1 means complete agreement and the following thresholds are commonly used for ratings: .7 or higher is “good,” .8 or higher is “optimal,” and .9 or higher is “excellent.”

Key findings

- Based on the two different raters, all six of the cases were in Phase 3. Three of the six cases had adequate contact to meet the behavior health needs of the youth, which involved at least 3 hours and 2 contacts total per week.
- There were some specific core components that were more likely to be implemented with fidelity than others. Reviewers tended to agree that the components most likely to be implemented with fidelity included: systemic factors prioritized to determine treatment focus, clear and measurable treatment goals, homework assignments, and taking action to create change.
- The components least likely to be implemented with fidelity were: understanding the systemic factors affecting the problem, culturally responsive and systemic focus, multi-system involvement, use of informal supports, and a strength-based focus.

Recommendations

Based on these results, Wilder Research makes the following recommendations for sustaining this fidelity assessment.

- Given the low level of agreement across raters, it is important to create additional training and guidance on using this fidelity tool. While this tool captures the core elements of the CIBS model, if raters are not able to reliably use the tool, then it will not accurately measure implementation fidelity.
- Only half of the reviewed cases had adequate dosage, so providers may need additional support or bandwidth to provide the needed dosage to adequately support families.
- Additional training and resources can be offered to providers to improve their focus on how they involve systems, including informal systems, multiple related systems, and culturally-specific systems.
- Providers can also increase their focus and documentation on the underlying systemic causes of problems, and strength-based approaches for addressing problems.

1. INTER-RATER RELIABILITY RESULTS

Question	ICC	Percent exact agreement	Rater 1 Mean	Rater 1 Frequencies					Rater 2 Mean	Rater 2 Frequencies				
				1	2	3	4	5		1	2	3	4	5
1. Focus in therapy: The case conceptualization focuses on understanding the systemic factors impacting the current problem.	.752	17%	2.67	0	3	2	1	0	2.83	1	1	3	0	1
2. Focus in therapy: Systemic factors are prioritized to determine treatment focus.	.877	83%	4.17	1	0	0	1	4	3.67	2	0	0	0	4
3. Strengths-based focus: Treatment goals and strategies incorporate youth's and parent's strengths and abilities.	.667	50%	2.33	2	1	2	1	0	2.67	1	0	5	0	0
4. Current interactional patterns/sequence: Therapeutic interventions focus on sequences of current helpful or unhelpful behavior between the systems involved in the case.	.625	60%	3.33	0	0	4	2	0	3.00	1	0	3	0	1

Note. Fidelity was rated on a scale from 1 to 5 with a 1 representing little or no implementation and 5 representing complete implementation.

1. INTER-RATER RELIABILITY RESULTS (CONTINUED)

Question	ICC	Percent exact agreement	Rater 1 Mean	Rater 1 Frequencies					Rater 2 Mean	Rater 2 Frequencies				
				1	2	3	4	5		1	2	3	4	5
5. Taking action: Therapeutic work focuses on taking action to create alternative experiences and change.	.333	50%	3.33	0	0	4	2	0	3.67	0	0	4	0	2
6. 360 view: Multiple sources of information are used to determine progress.	.947	67%	3.33	0	1	3	1	1	3.00	1	0	4	0	1
7. 360 view: Treatment progress is assessed using both informal and formal supports involved with the family.	.828	17%	2.00	3	1	1	1	0	3.33	0	0	5	0	1
8. Systemic focused and culturally responsive: Treatment goals and services reflect the unique culture and values of the youth and family.	.242	17%	2.17	1	3	2	0	0	1.33	5	0	1	0	0
9. Systemic focused and culturally responsive: The intervention targets one or more of the systems involved in the case.	N/A*	67%	3.00	0	0	6	0	0	2.33	2	0	4	0	0
10. Treatment goals are clear and measurable.	N/A*	50%	4.00	0	1	1	1	5	5.00	0	0	0	0	6
11. There is active involvement of the youth and family in treatment planning, as evidenced by inclusion of youth-guided and family-driven goals.	.364	17%	2.67	1	1	3	1	0	4.67	0	0	1	0	5
12. A homework assignment has been provided to support youth and parent skill development.	.322	33%	3.83	0	0	3	1	2	3.00	2	0	2	0	2
13. Youth and parent are actively engaged in practicing skills outlined in homework assignments.	.604	17%	2.83	0	1	5	0	0	4.33	0	0	2	0	4
14. The youth/ parent's informal support system is involved in treatment planning.	.667	60%	1.33	5	0	1	0	0	1.40	4	0	1	0	0
15. The youth and family are demonstrating strong therapeutic engagement by keeping scheduled appointments.	.600	80%	2.83	0	1	5	0	0	3.20	0	1	3	0	1
16. The youth and family are demonstrating strong therapeutic engagement by meeting weekly goals.	.980	67%	3.83	1	0	1	1	3	3.00	1	0	1	0	1

Note. Fidelity was rated on a scale from 1 to 5 with a 1 representing little or no implementation and 5 representing complete implementation.

* ICC is not able to be calculated when one case has zero variability.



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