

Life is Precious:
Fidelity Manual and
Assessment

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Introduction

Life is Precious Fidelity Manual

Welcome to the Life is Precious (LIP) Fidelity Manual (version 2017). This manual is a guide for LIP staff and associated individuals to understand the fidelity scale in a reliable and consistent way. The Fidelity Manual also guides new LIP programs towards implementing evidence based practices (EBPs) through quantitative measures. Mowbray (2003) explains that fidelity assesses “the extent to which delivery of an intervention adheres to the protocol or program model originally developed,” and that it has significance in evaluating and administering program services, and researching effective treatments.

A site that does not use the designated guidelines of the LIP model decreases the likelihood of desired outcomes and goals. Deviation from the model is known as “poor fidelity,” which can result in unintended consequences not only for LIP staff, but for the participants and parents also. Fidelity reviews help LIP programs improve or sustain the quality of their services, which can impact interactions with the participants and participant progress. They are the best way to quantify and understand quality.

Who is the LIP Fidelity Manual for?

The LIP Fidelity Manual is useful for: the LIP program director or coordinator, LIP employees, and stakeholders or LIP funders. The fidelity assessment can be completed by independent reviewers or by LIP staff to self-assess fidelity measures. Many programs are moving towards self-assessed fidelity, as the need to demonstrate fidelity to ensure program funding can outpace the availability of independent, trained reviewers (McGrew et al, 2013; Rollins et al, 2016; Margolies et al, 2017).

How do I use this manual?

Life is Precious is a community-based after-school program for Latina adolescents who have suicidal ideation or have attempted suicide. Currently, there are three LIP sites: Bronx, Brooklyn, and Queens. The fidelity guide is a reference tool to measure the level of service implementation of an evidence-based practice for the New York City sites and upcoming sites in new locations.

Reviewers can use this manual in a flexible manner. While this guide will cover multiple aspects of the LIP program and all fidelity items, a fidelity review can consist of one or all aspects of the LIP program. The reviews can be tailored by focusing on fidelity items in question.

What is rated?

The scale ratings are based on LIP services, activities, and organization at the time of the review, rather than planned, or intended behavior. Every fidelity item to be reviewed must be rated individually by each reviewer, and then with one score after the reviewers reach a consensus.

Time required

There is no set amount of time to complete a fidelity review. It is dependent on the schedule of the LIP staff and reviewers should work around the staff's availability, especially because they serve LIP participants on a daily basis, including Saturdays. A full review requires at least 1.5 days,

and in most cases, may take longer, while a partial fidelity review may require less than 1 day. However, any review should be completed within 4 business days, so as to provide an accurate and timely report at the culmination of the review. More than one reviewer is required to perform the fidelity visit as their scores for each item will be compared and discussed before issuing the final scores. This may affect scheduling and the time required as well.

References

Becker, D. R., Swanson, S. J., Reese, S. L., Bond, G. R., & McLeman, B. M. (2015). Supported Employment Fidelity Review Manual. Dartmouth Psychiatric Research Center.

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Chapter 1:

Life is Precious

Life is Precious Program Description

The Life is Precious (LIP) program model was developed by Comunilife, Inc., led by Dr. Rosa Gil, with input from Latina adolescents and parents in New York City. The program was designed to supplement outpatient mental health treatment by providing a range of services in an after-school (3:00pm-7:00pm) and Saturday, clubhouse program model. LIP activities are centered on several goals: promotion of family relationships, academic support, creative expression, and wellness education. LIP does not have a defined catchment area, and accepts participants from a wide range of schools and neighborhoods. Referrals can come from outpatient mental health clinics, schools, hospitals, and self-referrals from Latinas and their families (Humensky et al, 2013). Inclusion criteria include: adolescent Latinas (ages 12-18) who have experienced suicidal ideation or attempts prior to referral, and continue to experience suicidal ideation at the time of referral. In addition, participants must be receiving mental health treatment, either at Comunilife or another clinic.

Participants come on a drop-in basis and can take advantage of any or all of the services offered by LIP; there is no set curriculum or sequence in which services must be received. Communication education is designed to educate the adolescent on improving communication with family members; if other family members choose to participate, they may also learn these skills. As LIP operates as an after-school program, many parents are working or otherwise not available at those hours, and so the program is designed primarily to provide adolescents with the tools and strategies that they may find beneficial, regardless of the level of participation by other family members (Humensky et al, 2016).

Life is Precious Goals

The aim of the LIP fidelity manual is to help LIP programs adhere to its goals and objectives. The three overarching goals are:

1. To ameliorate the level of depression and frequency of suicidal ideation among Latina adolescents.
2. To strengthen parent-child relationships and improve family functioning.
3. To demonstrate effectiveness of successful interventions to prevent suicide attempts among young Latinas.

The objectives used to further these goals include:

1. Improving the social, psychological, academic and vocational competencies of program participants.
2. Supporting the exploration of participants' interests and the development of their skills and creativity.
3. Fostering parent-child communication, supporting parents' involvement with their children, and reducing acculturation stress leading to intergenerational conflicts.
4. Providing concrete and social services for parents, such as advocacy and referrals for immigration, entitlements, employment and housing.

Methodology

The fidelity manual and fidelity scale were developed based on the operation of and data from the current New York LIP sites. The fidelity sections and items were determined upon thorough review of the LIP model and history, LIP policy and procedures, and previously conducted interviews and focus groups with the staff, LIP participants, and parents. In the spring of 2017, researchers at Columbia University / New York State Psychiatric Institute developed the fidelity scale and manual, referencing the IPS Supported Employment Fidelity Scale (Becker et al, 2015) and Stanford Self-Management Programs Fidelity Manual (Stanford, 2016).

The scale and parameters for scoring were set through careful discussions with LIP employees and staff regarding the current LIP program and what an ideal and achievable LIP program would look like. The fidelity scale reflects the most basic foundation an LIP program should have to provide the services necessary for LIP goal achievement. More established and funded LIP programs may have additional elements.

References

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Chapter 2:

Preparing for the Fidelity Site Visit

Planning Process

To prepare for the site visit, reviewers must first determine which fidelity items are to be reviewed. Baseline fidelity should be a full review, while following visits can focus on specific program areas. It is recommended that a full review should be conducted every 3 years. Fidelity items should be discussed with a contact person at LIP, especially in regards to staff turnover or any recent changes that have occurred and merit review. Then, a timeline and schedule should be created with the contact person.

Sample LIP Fidelity Review Timeline

June 10	Contact LIP point person. Send outline of fidelity activities and schedule the visit. Request necessary documentation prior to the visit.
July 5	Review the schedule to ensure that all necessary activities and items for review are included. Contact LIP if changes are required.
July 11	Call LIP point person to confirm the schedule and visit.
July 13-14	Conduct the fidelity visit with at least two reviewers, and complete initial ratings for fidelity items.
July 16	Develop a consensus for the final anchors and scores.
July 20	Draft the fidelity report and share with other reviewers for feedback and edits.
July 27	Send the final report to LIP staff. The report should be available to everyone.
August 10	Conduct a meeting with LIP staff to summarize findings, discuss recommendations, and answer questions.

Information to Request from LIP Site

Prior to the LIP visit, request information that the reviewers may need. Examples of such documentation include:

- Names of LIP staff, position held, indication if they are full-time positions, assigned caseloads
- List of outpatient mental health treatment clinics used by participants
- List of schools LIP clients have attended in the past six months, including start/end dates of attendance
- Number of participants who have participated in assessments during the past four months (SIQ, RADS-2, FACES, TSCC, CSSRS) and month/year of the assessments
- LIP staff vacancies for the last six months
- Available documentation indicating types of services provided by case managers, music therapists, music teachers, and art therapists
- Available documentation indicating the locations of field trips provided by LIP to participants
- Copy of the LIP fidelity action plan or program implementation plan
- Access to at least 10 de-identified participant charts for documentation review

- Case management logs and meeting minutes or reports regarding participant progress
- LIP participant attendance records for the past six months

*Participant privacy must be protected. All materials should be de-identified prior to sharing with independent reviewers.

Confidentiality

LIP participants’ privacy is protected under the Health Insurance Portability and Accountability act of 1996 (HIPAA). When in possession of any health records, reviewers must have signed confidentiality agreements from participants, participants’ guardians, employees, and all persons involved. Personally identifiable information (PII), or the 18 HIPAA Identifiers, must be removed from all documents because this information could be used to identify, contact, or locate an individual. The 18 HIPAA identifiers are (Duke Office of Clinical Research, 2017):

1. Name
2. Address (all subdivisions smaller than state)
3. All elements (except years) of dates related to an individual (including birthday, admission date, discharge date, date of death, and exact age if over 89)
4. Telephone number
5. Fax number
6. Email address
7. Social Security Number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate or license number
12. Vehicle identifiers and serial numbers
13. Device identifiers and serial numbers
14. Web URL
15. Internet Protocol (IP) Address
16. Finger or voice print
17. Photographic image, not limited to images of the face
18. Any other characteristic that could uniquely identify the individual

Sample Schedule for the LIP Fidelity Review

The schedule should remain flexible and tailored to the goals of the fidelity review and which items need to be reviewed. Reviewers can focus on observation of activities, interviews with LIP staff and participants or family members, and review of a random sample of LIP participant charts.

DAY ONE

8:30	LIP Supervisor and Director: Overview of LIP and services
9:00	Interviews with case managers / therapists / staff
11:00	Interviews with family members of participants
12:15	Lunch
1:00	Interview LIP’s executive leadership
3:00	Interview LIP supervisor

3:30	Observe case manager meet with participants
4:30	Observe Supported Education Services and Wellness Components
6:00	Observe Creative Expression Therapy
7:00	Break for the day

DAY TWO

9:00	Observe case manager meet with school counselor, teacher, or principal
10:00	Review random sample of at least 10 records for participants
12:00	Lunch
12:45	Interview individual case manager to collect data not observed
1:30	Interview an outpatient mental health therapist who works with LIP participants
2:00	Additional interviews and investigations
4:00	Complete fidelity visit

References

Becker, D. R., Swanson, S. J., Reese, S. L., Bond, G. R., & McLeman, B. M. (2015). Supported Employment Fidelity Review Manual. Dartmouth Psychiatric Research Center.

Duke Office of Clinical Research. (2017). *The 18 HIPAA Identifiers*. Retrieved from <https://medschool.duke.edu/research/clinical-and-translational-research/duke-office-clinical-research/irb-and-institutional-14>.

Stanford Patient Education Research Center. (2016). Stanford Self-Management Programs: Fidelity Manual. Available at http://patienteducation.stanford.edu/licensing/Fidelity_Manual.pdf (accessed June 12, 2017).

Chapter 3:

Fidelity Site Visit and Report

Overview

The goal of the site visit is to gain as much information as many sources as possible. Reviewers should be flexible and courteous when they interact with LIP staff and participants. Reviewers should not participate in any of the activities such as cooking, art therapy, or music lessons, but act as an outside observer. During interviews, reviewers should use open-ended questions and reflective statements, being cautious of leading questions. Because of the population of LIP participants and parents, at least one reviewer should be bilingual in English-Spanish.

Semi-structured interviews to be conducted with participants and parents can be found in the Appendix. A template for chart reviews and an example can also be found in the Appendix. Reviewers should note that LIP participants receive outpatient mental health treatment externally from LIP. These medical and attendance records are not stored at LIP; therefore, the reviewers may investigate such information via interviews or chart reviews.

Completing the Fidelity Visit and Fidelity Report

Upon completion of the fidelity visit, the reviewers should check for any missing information because each fidelity item must have a score. Reviewers should aim to collect all information and fix erroneous or conflicting data within a week of the fidelity visit, while everything is still fresh in their minds. Reviewers should continue to contact the LIP point person. Once all information is gathered, reviewers should meet to compare their ratings for each fidelity item, debate on the scorings, and reach a consensus on the final fidelity scores for the report. The reviewers should then write the report with realistic recommendations for improvement, and send it to the LIP contact person within a three-week period.

References

Becker, D. R., Swanson, S. J., Reese, S. L., Bond, G. R., & McLeman, B. M. (2015). Supported Employment Fidelity Review Manual. Dartmouth Psychiatric Research Center.

Stanford Patient Education Research Center. (2016). Stanford Self-Management Programs: Fidelity Manual. Available at http://patienteducation.stanford.edu/licensing/Fidelity_Manual.pdf (accessed June 12, 2017).

Chapter 4:

Life is Precious Fidelity Items

The LIP Fidelity Scale is divided into six main sections: Staffing, Integration with Outpatient Mental Health Services, Integration with Educational Services, Family Support Services, Other Program Activities, and Program Infrastructure. These sections are further divided into individual items. Each item is rated on a 5-point Likert scale, ranging from 1 (no implementation) to 5 (full implementation), with intermediate numbers representing progressively greater degrees of implementation. The scores provide the basis on which reviewers make recommendations and compare one LIP site to another.

STAFFING

1. Caseload size

Explanation: Case managers have individual caseloads of LIP participants. Each case manager should have an average of 10-15 active cases.

Rationale: *Case managers with large caseloads have difficulty monitoring regular contact with clients and providing sufficient services to meet fidelity standards. Caseload sizes of 10-15 active cases or fewer are manageable and allow case managers time to provide effective LIP services to people. Reviewers investigate the interactions case managers have with the participants: meet with participants regularly, completes documentation for people on the caseload, contact participants' counselors and teachers and communicate with the parents regularly.*

Case managers may keep both a caseload list of participants who attend LIP regularly and a list of people who do not show up regularly. They should have just one caseload list. They can use the following guidelines to help programs define caseloads in a consistent manner:

- *Open cases include participants who have attended LIP at least once in the past 90 days.*
- *A case may remain inactive for a maximum of 90 days.*
- *Closed cases include participants who have not attended LIP at least once in the past 90 days, or have expressed their desire to leave the program in person and in writing, with consent from a parent/guardian.*

Ideally, case managers would work as a team on some of the same clients; however, each participant should be assigned a primary case manager. Furthermore, some case managers may rotate among several LIP sites. This is not recommended, as there are added benefits of consistency when a specific case manager works at a given site.

Example:

Caseload sizes vary by case manager, for example, 24, 20, and 26 participants per case manager. The average caseload is 23, and therefore the rating is 2.

To calculate the score for this item:

Add the number of people who are assigned to each case manager and divide by the number of full-time equivalent case managers. Score using the 1-5 anchors as appropriate.

2. Case Management Staff

Explanation: Case managers mainly provide case management services and responsibilities as listed in the job description, including but not limited to, home visits, school visits, group facilitation, individual help, and coordination with the outpatient mental health clinics. There is a minimum of 2 case managers at the site. Due to a case manager's already robust work load, it is important that they are able to focus on key case management services and provide care for participants and families.

Rationale: *Case managers who serve multiple roles (e.g. administrative or outreach roles) often lack time to become effective case managers. They are spread too thin with responsibilities beyond their scope of practice.*

When meeting with different people during the fidelity visit, take note of any non-case managerial duties. For example, a client may share that the case manager is helping with grocery shopping and nutrition for the Wellness component of LIP. Especially in new LIP sites, case manager may share many of the responsibilities of other employees such as tutors, and get involved during group sessions with therapists.

Example:

On a team of 2 case managers, one full-time case manager spends 1 day a week providing case management services, but the other four days a week performing administrative functions as a result of a vacancy in the program director position. The other full-time case manager provides case management services five days a week. Therefore, the first case manager spends 20% of her time providing case management services, and the other spends 100% of his time providing them. The average is 60%; therefore, the item is rated 2.

To calculate the score for this item:

Determine the percentage of time each case manager provides case management services. Add the percentages and divide by the number of case managers. Score using the 1-5 anchors as appropriate.

3. Creative Expression Therapy Staff

Explanation: Each creative expression therapist mainly carries out all phases of creative expression therapy, including curriculum planning, engagement, group sessions, assessment, report completion, and shopping for supplies. However, because the LIP program is a small, many therapists are also pulled into other roles such as conflict resolution and management, homework help, cooking, and individual counseling. It is understood at hiring that licensed therapists will not solely be working in their field of therapeutic services. In comparison to the anchors for case management staff, the anchors for creative expression therapy staff are lower because the sensitive relationship the therapists build with LIP participants could call for activities and responsibilities outside strict therapy services.

Example:

On a team of 3 creative expression therapy staff, one part-time art therapist spends 2 out of 3 days working in art therapy and one day providing outreach activities. One part-time music therapist spends 3 out of 3 days working in music therapy, and the second part-time music therapist spends

2 out of 3 days working in music therapy, with the other devoted to providing intake assessments for new participants. Therefore, two staff spend 66% of their time in creative expression therapy while one staff spends 100% of the time. The average is 77%; therefore, the item is rated 4.

To calculate the score for this item:

Determine the percentage of time each therapist provides therapeutic services. Add the percentages and divide by the total number of therapists. Score using the 1-5 anchors as appropriate.

4. Staff to Participant Ratio and Group Size

Explanation: As LIP staff is responsible for adolescents with suicidal ideation or a history of suicidal attempt or self-harm who may be sensitive, there should be a low staff to participant ratio to ensure that LIP participants get the attention they need. The ideal ratio is 1 staff for every 4 participants.

Rationale: *Considering that the participant population can be sensitive and have joined LIP because of a history of self-harm or suicidal attempt or ideation, keeping a small staff to participant ratio and group size is important. Staff should be aware of the environment and where the participants are.*

Example:

Comparing the participant attendance records and the staff timesheets, the reviewer sees this:

Participants	Staff	Calculated Ratio
8	2	4
11	2	5.5
13	1	13
8	1	8
9	2	4.5

Then, the average of the ratios for that week is 7 and the item is rated a 3.

To calculate the score for this item:

Find the ratio of staff to participants by dividing the # participants by the # staff. Then, take the average of the calculated ratios.

INTEGRATION WITH OUTPATIENT MENTAL HEALTH SERVICES

5. Receipt of Outpatient Mental Health Services

Explanation: LIP participants are receiving monthly outpatient mental health services with a therapist and psychiatrist, or as needed. If the participant does not have a designated clinic, therapist or psychiatrist due to medical insurance changes or the switching of a clinic, the case manager and participant must be actively looking for an outpatient mental health service. Case manager is keeping up to date with clients' progress with outpatient mental health services.

NOTE: The reviewers will not be able to obtain clinical records from the external therapist during the fidelity assessment.

Rationale: *The LIP program itself does not provide mental health services and psychiatric treatment for participants. Rather, it is an after-school program that brings a holistic cultural mode of care to the individual. Therefore, participants must be receiving outpatient mental health services elsewhere to meet with psychologists, psychiatrists, and therapists, and possibly be prescribed medications. If a participant does not have a psychiatrist or psychologist, LIP must help her get outpatient mental health services within a one-month time frame.*

Example:

All of the participants currently have a psychiatrist and a clinic that they go to. However, one is contemplating changing her psychiatrist because she is never at the office when the participant or the participant's mother wants to see her. This item is rated a 5 because everyone has a clinic, despite the fact that one wants to switch her clinic. She is still complying with her treatment plan at the time of the fidelity review. The case managers can work with the participant to find a place that better suits her needs.

To calculate the score for this item:

Calculate the percentage of participants who are compliant with their treatment plans and receive outpatient mental health services. Then, refer to the scoring chart.

6. LIP Communications with Outpatient Mental Health Providers

Explanation: Outpatient mental health services is a core component of the LIP program. Therefore, case managers must stay updated on participants' progress and maintain a good level of communication with clinicians. That way, case managers can tailor LIP services for the individual participant and provide optimum care. Case managers should contact mental health providers at least monthly for all participants on the caseload.

Rationale: *Case managers should stay updated on issues or problems that arise, and any changes in the mental health treatment regimen. In addition, it is helpful for mental health providers to understand what the LIP program is and how it can add to outpatient therapy. Therefore, case managers should regularly contact the providers and stay up to date.*

Example:

Between the two case managers working at an LIP site, one has contacted all of the participants' therapists in the past month and has spoken with them. The other, however, has successfully contacted half of the participants' therapists. The average between the two is 75%; the item is scored a 4.

To calculate the score for this item:

First, calculate the percentage of participants for whom the case manager has contacted the outpatient mental health provider. Then, take the average of the percentages. Refer to the anchors in the scoring chart.

INTEGRATION WITH EDUCATIONAL SERVICES

7. Proportion of Participants Enrolled in School

Explanation: One of the inclusion criteria for LIP participation is enrollment in school. All participants must either be enrolled and attending school, or LIP staff should be actively helping the participant to find a school and get her enrolled within a one-month time frame.

Rationale: *Academic excellence and supported education services are a core component of the LIP program with the belief that the participants should continually be learning, and that LIP can aid them into achieving their future goals. For participants to be able to seek further education or career goals, they need to be enrolled in school. If they are not currently in school, LIP case managers should be helping the participant and her family to find a school that is a good fit for her within a month's time.*

Example:

There are 20 girls at an LIP site. Eighteen of the girls are currently enrolled and attending school while two are new and just moved from Mexico. The LIP case manager has helped one do school visits with her grandma and has found a school within 2 weeks of LIP intake. The other, however, had her intake 5 weeks ago, and still does not have a school. This item is rated a 4 because while two girls are not enrolled in schools, one is actively looking and within the one-month time frame.

To calculate the score for this item:

Calculate the percentage of participants enrolled in school or actively looking for options. Then, refer to the scoring chart.

8. Providing Guidance on Supported Educational Services

Explanation: Supported education services extend beyond tutoring. Case managers and LIP staff also provide assistance with school applications and enrollment, build relationships and liaisons with school officials, help with resume writing and summer job or internship applications, and assist with higher education and career planning. Participants have access to such services on a daily basis, and case managers reach out to individuals who are not as active in attending LIP after school.

Rationale: *In addition to homework, participants may want help with standardized tests (ie. SAT or ACT), college applications, scholarship applications, college search, or even the financial aid process. Case managers and LIP staff should help the participants on a regular basis on achieving their goals, and boosting their self-esteem and confidence with positive academic progress.*

Example:

Fifteen participants show up at LIP. They all have their own summer internship applications or college application essays to work on. However, due to low staffing, LIP is only able to provide support to 8 of them, and promise the other girls that they will get first priority in help the following day. This item would be rated a 5 because although not everyone received help that day, they all receive help on a weekly basis, at a minimum.

To calculate the score for this item:

Calculate the percentage of participants who receive supported educational services whenever they are at LIP. Then, refer to the scoring chart.

9. Speed with which LIP Staff Respond to Problems at School

Explanation: Case managers have relationships with guidance counselors, principals, and teachers at schools because they conduct school visits for all of their participants. As case managers build trust and rapport, they are better able to respond to participants' problems at school, which must be addressed immediately, or within 1 business day. When participants have the trust to disclose

problems or issues with LIP staff such as bullying, staff must take these reports seriously and contact school personnel right away to solve the issues.

Rationale: *LIP participants can be emotionally sensitive, as they have attempted suicide, have suicidal ideation, or perform self-harm. Some have reported a history of abuse or bullying. In order to provide effective treatment and security both at LIP and at school, case managers and LIP staff need to work promptly to resolve problems that may arise at school. As education is deemed important and part of the treatment process, participants have the right to feel comfortable in the learning environment.*

Example:

One participant reports a bullying situation to Case Manager A. The case manager makes a mental note to call the school and talk to the guidance counselor regarding the problem; however, four more participants arrive and it is time for a group session. As the case manager is the only staff available at the site, he puts off the phone call for later. After LIP is over, the case manager writes and submits his reports, but forgets to call the school. The next day, he remembers what the participant had told him and makes the call. This item is rated a 4 because the case manager responded to the problem within 2 business days.

To calculate the score for this item:

Calculate the average response time for school-related problems that participants have disclosed, and refer to the scoring chart.

10. School Visits

Explanation: Case manager performs an initial school visit at intake, and contacts the school regularly to get updates on the participant's academic performance and behavior at school. The case manager maintains regular communication with the participants' schools by conducting school visits every marking period or outreach to the schools over the phone.

Rationale: *Both LIP and school employees can provide the right resources and aid to a student when they understand the big picture. If school employees understand the LIP program and are aware that a student attends, they can better help the student be successful in school. In the same way, LIP can better help the student if case managers know the situation at school, any problem behaviors, or grades. By performing school visits every marking period, the case manager not only builds rapport with the schools but also collects participant information such as attendance and grades.*

Example:

All participants received a school visit by a case manager every marking period and all files have been updated with academic information. This item is scored a 5.

To calculate the score for this item:

Find the frequency of school visits performed by case managers, and the frequency of contacts such as emails or phone calls. Refer to the scoring chart.

11. Utilization of Tutoring

Explanation: All participants are offered assistance with homework, standardized tests, and academic work. Clients are provided tutoring services from paid LIP tutors or volunteer tutors. A tutor is present at the LIP site at least once a week. On days when the tutor is not present, LIP case managers and staff aid in educational services, as needed. When participants express the need to

work one-on-one for homework assignments or exam studying, LIP staff accommodate the participants.

Rationale: *Some LIP participants have explained that while they cannot follow the teacher at school, they understand school concepts better once a tutor has worked with them one-on-one on a problem. With tutoring, participants can improve their grades at school and as a result, boost their self-confidence as well.*

Example:

Four girls show up at LIP. Three work on homework assignments, with the tutor rotating among them. One explains that she does not have any homework to work on; because the tutor is aware that she has not worked on an assignment all week, she urges the participant to go on the computer and read current events until it is time for Group. This item gets a score of 5.

To calculate the score for this item:

Find the percentage of participants who receive tutoring services at least once a week, and refer to the scoring chart.

FAMILY SUPPORT SERVICES

12. Utilization of Family Support Services

Explanation: The parents and family members of LIP participants are actively involved with LIP family events such as Family Day, and utilize LIP services. Family Support Services include, but are not limited to, help with ACS cases, assistance with court hearings, assistance with employment, housing, or attaining food stamps, and workshops for parents. Family members or legal guardians attend at least one Family Day per month. The case manager communicates with the guardian on a weekly basis. LIP also offers seminars and activities tailored to the participants' parents to foster communication and better understanding of what the adolescents are going through.

Rationale: *Helping the parents and improving the situation at home helps the adolescent. When the adolescent has a stable, comfortable environment to return to at the end of the day, they may feel safer and more continuity. LIP employees aid the family members navigate through the healthcare system, education system, and even the legal system when needed. Because many parents do not speak English, LIP case managers and staff may accompany the parents when they need to sign paperwork or discuss issues with counselors. This not only helps the family resolve problems, but also helps build a trusting relationship between the parents and LIP.*

Example:

Case manager A accompanies Parent B to the parent-teacher conference at school because Parent B does not speak English. Rather than skipping out on the conference altogether, Parent B is encouraged and can attain updates about her daughter's performance and behavior at school. Similarly, case managers help the parents who ask for it and follow up with them, as recorded in the charts, and perform outreach on a weekly basis to all parents. This item is scored a 5. Note that if a parent has not expressed a need for extra support, it is not necessary for case managers to provide them. However, there should be records of outreach to the parents and regular communication.

To calculate the score for this item:

Count the total number of participants. Then, count the total number of participants who have received family support services (including regular contact and phone calls). Find the percentage of

those receiving the service and refer to the scoring chart for the item score.

13. Speed with which LIP Staff Respond to Problems with the Family

Explanation: When participants approach case managers or LIP staff to disclose problems or issues going on at home, the staff respond immediately, within one business day, and look for ways to resolve the problem or manage the conflict.

Rationale: *Case managers are in a unique position in that they work with both the participant and parent. Because they have built trust and rapport with the child and the parent dyad, they can help with conflict management and problems within the family. They can also work with the clinicians (with permission for disclosure) or create a group session with topics relevant to family problems. Timing and speed of the resolution is important as LIP views the family as part of the support network for the participants. Therefore, case managers need to view problems with urgency and immediately respond to the problem.*

Example:

A participant pulls her case manager aside during an art therapy session and confides that there are problems going on at home. The case manager asks the administrative assistant who is entering data into the computer to watch the group session for a moment, and immediately contacts the participant's legal guardian to tackle the issue. This item gets rated a 5.

To calculate the score for this item:

Calculate the average response time for family-related problems that participants have disclosed, and refer to the scoring chart.

14. Parental Participation and Engagement

Explanation: LIP encourages parents and guardians to participate in program activities, interact with case managers, and get build relationships with LIP. Such interactions could range from speaking over the phone, stopping by the LIP office, asking for a letter of recommendation, making photocopies, etc.

Rationale: *Evidence from scientific research and responses from an earlier LIP survey reveal that parental engagement is important during the treatment process as family can act as a support system, and that patients can attain better results with fewer medical errors when the parents are involved in the child's treatment plan. Furthermore, by encouraging parental participation, even if it entails a quick five-minute conversation at the LIP office when the parent is picking up the child, LIP staff and parents can update one another regarding any changes, whether positive or negative, that they have observed in the child. Furthermore, parental engagement allows more trust to be built between the family and LIP.*

Example:

At an LIP site, only half of the parents show up and interact with LIP staff on a weekly basis. Case managers have difficulty contacting or seeing the rest of the parents and guardians. Sometimes, they cannot reach a parent for 2 to 3 months. This item is rated a 2.

To calculate the score for this item:

Among the entire participant population at a given site, calculate how many have parents who have contacted or spoken with case managers or LIP staff in the past week and month. Then, refer to the scoring chart.

15. Home Visits

Explanation: The case manager performs an initial home visit at intake, and visits the home once a month for 30 minutes to look at the living space, food, and discuss problems or changes that may have arisen with the family.

Rationale: *Case managers should be aware of the home situation, quality of the living space, availability of food, etc. Furthermore, home visits provide an opportunity for the case manager to converse with the family or parent and to assess ways in which LIP can help. LIP may also be able to refer the family to resources that they did not know was available.*

Example:

Case Manager A diligently visits all homes once a month. Case manager B, however, visits all homes once every 6 months. This item is rated a 4.

To calculate the score for this item:

Get the average of home visit frequency for all case managers at an LIP site. Refer to the scoring chart.

OTHER PROGRAM ACTIVITIES

16. Utilization of Creative Expression Therapy

Explanation: Licensed therapists provide creative expression therapy during group sessions. A certified therapist is present at the LIP site at least once a week. Art supplies and music equipment are available every day for use by the participants. LIP also takes the initiative to integrate workshops or collaboration with local art museums or music programs to expand on the participants' creative exposure.

Rationale: *Creative expression therapy is an integral part of the LIP program as it enables participants to express emotions and feelings in a non-verbal manner. While creative expression therapy can be provided every day, LIP programs may also want to leave a day for miscellaneous programming such as a field trip or career day.*

Example:

Due to limited staff, LIP is only able to provide creative expression therapy to participants two times a week. The item is rated a 3.

To calculate the score for this item:

Determine the frequency with which therapy is offered. Refer to the scoring chart.

17. Utilization of Wellness Component

Explanation: The nutritionist and exercise instructor lead the wellness and healthy living component of LIP. The snacks available to participants are healthy and provide nutritional value; participants cook together and learn how to make new dishes. Snacks are provided every day.

Exercise lessons such as yoga and Zumba are offered on the Saturday Family Day once a month. Workshops related to health are also incorporated, such as a cycling workshop or even a Planned Parenthood workshop.

Rationale: *A healthy body can help lead to healthy minds. In addition, previous LIP participants have explained that for some girls, the snack or meal at LIP is the first meal of the day. Therefore, LIP strives to provide healthy and nutritious foods for the girls and to educate them on healthy living practices such as exercise.*

Example:

LIP provides snacks for the participants every day. Actual programming frequency differs, but the girls get a cooking lesson once a week and an exercise class every other week. The item is rated a 5.

To calculate the score for this item:

Determine the frequency with which wellness services are offered. Refer to the scoring chart.

18. Measurement Tools

Explanation: All LIP participants take assessments every four months. Case managers or tutors administer the assessment and record the results to keep track of progress and note any changes. The measurement tools include: SIQ Assessment, RADS-2 Assessment, FACES Assessment, TSCC Assessment, and the CSSRS Assessment.

Rationale: *The assessment tools provide a quantifiable method of tracking progress or changes within participants. While LIP staff and case managers can notice qualitative changes, the measurement tools allow for standardized data in terms of proving whether the program is working.*

Example:

All LIP participants have updated measurement tools documented in an excel spreadsheet and stored in the individual's charts. They all have taken assessments quarterly. This item gets a 5.

To calculate the score for this item:

Perform chart reviews and look for the dates on the measurement tools to see whether the tests were administered every 4 months. Refer to the scoring chart.

PROGRAM INFRASTRUCTURE

19. Staff Qualifications

Explanation: To ensure quality division of roles and provision of services for participants, LIP requires a minimum of staff qualifications. Ideal staffing would include: Program Director, Case Managers, Community Outreach and Marketing Officer, Administrative Assistant, Tutors, Licensed Therapists, and Music Teachers. However, the minimum necessary for a new program would include: Program Director, Case Managers, Tutors, and Licensed Therapists. As the program becomes more established and gains funding, the LIP site can also include: Music Teachers, Outreach Personnel, and Administrative Support.

Rationale: *The LIP program is encompassed of five different core components. As such, different specialists are needed to perform the work and offer all of the services advertised. While some LIP staff may overlap in their roles or substitute one another, a case manager is not qualified to provide art*

therapy services during a group session. At the same time, the program director would be overloaded with work if s/he had to also conduct data collection and entry, and conduct school and house visits. Services are provided in a more efficient and effective manner if the responsibilities are divided among people who are qualified for their positions.

Example:

Of the job responsibilities necessary in an LIP program, only 75% of the necessary personnel are hired, and the other positions are currently posted in job search listings. The item is rated a 4.

To calculate the score for this item:

Look at the roster of employees and the work schedule to see employee titles and the number of staff working on a given day. Then, refer to the scoring chart.

20. Physical Space Requirements

Explanation: For effective programming, the availability of space is important, and each space should be designated for activities such as music, art, or cooking. Ideal physical space requirements would include: 1 large room for group activities, 1 small room for private conversations, Main lobby area, 1 Art Room, 1 Music Room, and a full kitchen in a separate space.

Rationale: *LIP wants to create a safe and comfortable space for participants, where they can work undisturbed or share private conversations without fear of being overheard. Therefore, it is important to think about the appropriate space an LIP site has to achieve its goals.*

Example:

One LIP site has one main lobby area with a curtain partition for the art and study space. It has a separate music room with walls and a full kitchen, but no separate, closed off room for private conversations. This item is rated a 1.

To calculate the score for this item:

After looking at the space and assessing the noise levels in each space, refer to the scoring chart.

Appendix

Fidelity Tools

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LIP Fidelity Scale

Rater: **Site:** **Date:** **Total Score:** **(Out of 100)**

Directions: Circle one anchor number for each criterion

<u>Criterion</u>	<u>Data Source</u>	<u>Anchor</u>
Staffing		
1. <u>Caseload Size:</u> Case managers have individual client caseloads. The maximum caseload for any full-time case manager is 15 or fewer active clients.	<ul style="list-style-type: none"> - Caseload lists from case managers or director - Interviews with case managers or director 	1 = Ratio of 26 or more clients per case manager. 2 = Ratio of 22-25 clients per case manager. 3 = Ratio of 19-21 clients per case manager. 4 = Ratio of 15-18 clients per case manager. 5 = Ratio of 10-15 clients per case manager.
2. <u>Case Management Staff:</u> Case managers spend their time providing key case management services, working with patients and families.	<ul style="list-style-type: none"> - Interviews with case managers, director, clients, or parents - Client chart reviews - Observation of LIP work day 	1 = Case managers provide case management services less than 50% of the time. 2 = Case managers provide case management services 50-69% of the time. 3 = Case managers provide case management services 70-79% of the time. 4 = Case managers provide case management services 80-89% of the time. 5 = Case managers provide case management services 90+% of the time.
3. <u>Creative Expression Therapy Staff:</u> Therapists spend the majority of their time providing therapeutic services relevant to their job responsibilities. Note that the ratios are lower than for case managers (above) in recognition of the fact that the therapeutic relationship might call for activities outside of strict therapy services.	<ul style="list-style-type: none"> - Interviews with therapy staff, director, clients, or parents - Client chart reviews - Observation of creative expression therapy group session and an LIP team meeting 	1 = Therapy staff provide therapeutic services less than 50% of the time. 2 = Therapy staff provide therapeutic services 50-59% of the time. 3 = Therapy staff provide therapeutic services 60-69% of the time. 4 = Therapy staff provide therapeutic services 70-79% of the time. 5 = Therapy staff provide therapeutic services 80% or more of the time.

<p>4. <u>Staff to Participant Ratio and Group Size:</u> LIP staff have a manageable staff to participant ratio at any given day.</p>	<ul style="list-style-type: none"> - Client attendance records - Staff timesheets or work schedules - Interviews with LIP staff or director 	<p>1 = Staff to participant ratio is 10 or more 2 = Staff to participant ratio is 8-9 3 = Staff to participant ratio is 7-8 4 = Staff to participant ratio is 5-6 5 = Staff to participant ratio is 4 or fewer</p>
<p>Integration with Outpatient Mental Health Services</p>		
<p>5. <u>Receipt of Outpatient Mental Health Services:</u> Participants are receiving outpatient mental health services, as required by LIP, and are complying with their individual, unique treatment plans. If they are not currently on a treatment plan, LIP must be actively helping them get outpatient mental health services within a one-month time frame.</p>	<ul style="list-style-type: none"> - Interviews with case managers, clients, or parents - Client chart reviews 	<p>1 = Less than 70% of participants are complying with their treatment plans. 2 = 70%-84% of participants are complying with their treatment plans. 3 = 85%-94% of participants are complying with their treatment plans. 4 = 95%-99% of participants are complying with their treatment plans. 5 = All participants are complying with their treatment plans.</p>
<p>6. <u>LIP Communications with Outpatient Mental Health Providers:</u> The frequency with which LIP case manager contacts the outpatient mental health therapist is at least once a month for all participants on his/her caseload.</p>	<ul style="list-style-type: none"> - Interviews with case managers - Client chart reviews 	<p>1 = Case manager has contact with therapist less than once a month for at least 25% of participants. 2 = Case manager has contact with therapist at least once a month for 25% or fewer participants. 3 = Case manager has contact with therapist at least once a month for 26-50% of participants. 4 = Case manager has contact with therapist at least once a month for 51-75% of participants. 5 = Case manager has contact with therapist at least once a month for 76-100% of participants.</p>
<p>Integration with Educational Services</p>		
<p>7. <u>Proportion of Participants Enrolled in School:</u> As per LIP inclusion criteria, participants must be enrolled in and attending school. If they are not currently in school, LIP must be actively helping them get enrolled within a one-month time frame.</p>	<ul style="list-style-type: none"> - Interviews with clients or parents - Client chart reviews 	<p>1 = Less than 70% of participants are enrolled in school. 2 = 70%-84% of participants are enrolled in school. 3 = 85%-94% of participants are enrolled in school. 4 = 95%-99% of participants are enrolled in school. 5 = All participants are enrolled in school or looking for enrollment options.</p>

<p><u>8. Providing Guidance on Supported Educational Services:</u> LIP provides services designed to help a person succeed in school (with the exception of tutoring). Activities include assistance with school applications and enrollment, liaison with school officials, writing resumes, applications to summer jobs or internships, assistance with future education and career planning, etc. For participants who are not as active, LIP checks in on them on a weekly basis.</p>	<ul style="list-style-type: none"> - Interviews with case managers, tutor, or clients - Client chart reviews 	<p>1 = 70% or less participants receive supported education services or are contacted by LIP staff on a weekly basis to assess needs for supported education services.</p> <p>2 = 70%-84% of participants receive supported education services or are contacted by LIP staff on a weekly basis to assess needs for supported education services.</p> <p>3 = 85%-94% of participants receive supported education services or are contacted by LIP staff on a weekly basis to assess needs for supported education services.</p> <p>4 = 95%-99% of participants receive supported education services or are contacted by LIP staff on a weekly basis to assess needs for supported education services.</p> <p>5 = All participants receive supported education services or are contacted by LIP staff on a weekly basis to assess needs for supported education services.</p>
<p><u>9. Speed with which LIP Staff Respond to Problems at School:</u> When participants disclose problems or issues going on at school (ie. bullying, suspensions), LIP staff respond to the problem immediately and contact school personnel.</p>	<ul style="list-style-type: none"> - Interviews with case managers or clients - Client chart reviews 	<p>1 = LIP staff respond to problems within 1 week or longer.</p> <p>2 = LIP staff respond to problems within four business days.</p> <p>3 = LIP staff respond to problems within 3 business days.</p> <p>4 = LIP staff respond to problems within 2 business days.</p> <p>5 = LIP staff respond to problems within 1 business day.</p>
<p><u>10. School Visits:</u> Case managers conduct school visits every semester to get academic updates and build relationships with school staff. Case managers also make visits, write emails, or call the school (not to replace the physical visit) if a participant needs extra attention or has IP planning.</p>	<ul style="list-style-type: none"> - Interviews with case managers - Client chart reviews 	<p>1 = All students get school visits by the case manager or LIP staff once a year.</p> <p>2 = All students get school visits by the case manager or LIP staff once a year, with additional contacts as needed.</p> <p>3 = All students get school visits by the case manager or LIP staff 2x a year, with additional contacts as needed.</p> <p>4 = All students get school visits by the case manager or LIP staff 3x a year, with additional contacts as needed.</p>

		5 = All students get school visits by the case manager or LIP staff every marking period, 4x a year, with additional contacts as needed.
11. <u>Utilization of Tutoring</u> : Tutoring is available for all participants, especially if they express a need to work one-on-one for homework assignments or exam studying. Even when participants do not have homework, tutor can help them learn something new via the Internet (i.e. Current events, Relationships and behaviors, Real world situations, etc.).	- Interviews with tutor, case managers, therapists, or clients - Client chart reviews - Tutor's documentation records	1 = Less than 70% of participants receive tutoring on at least one or two homework assignments a week. 2 = 70%-84% of participants receive tutoring on at least one or two homework assignments a week. 3 = 85%-94% of participants receive tutoring on at least one or two homework assignments a week. 4 = 95%-99% of participants receive tutoring on at least one or two homework assignments a week. 5 = All participants receive tutoring on at least one or two homework assignments a week.
Family Support Services		
12. <u>Utilization of Family Support Services</u> : Participants' families use LIP as a resource for issues including, but not limited to, family counseling, assistance for parents in navigating systems (i.e. child welfare system, police and law, mental health or health care system, schools, etc.) or any other support provided to the family in addition to the adolescent. LIP actively contacts parents once a week to get updates.	- Interviews with case managers, clients, or parents - Client chart reviews	1 = Less than 70% of participants received family support services in the past year, or are contacted on a weekly basis to assess needs for family support services. 2 = 70%-84% of participants received family support services in the past year, or are contacted on a weekly basis to assess needs for family support services. 3 = 85%-94% of participants received family support services in the past year, or are contacted on a weekly basis to assess needs for family support services. 4 = 95%-99% of participants received family support services in the past year, or are contacted on a weekly basis to assess needs for family support services. 5 = All participants received family support services in the past year, or are contacted on a weekly basis to assess needs for family support services.
13. <u>Speed with which LIP Staff Respond to Problems with the Family</u> : When participants disclose problems or issues going on at home or within the family, LIP staff respond to the problem immediately, and help with resources as needed.	- Interviews with case managers or parents - Client chart reviews	1 = LIP staff respond to problems within 1 week or more. 2 = LIP staff respond to problems within four business days. 3 = LIP staff respond to problems within three business days. 4 = LIP staff respond to problems within two business days.

		5 = LIP staff respond to problems within one business day.
14. <u>Parental Participation and Engagement</u> : LIP encourages parents and guardians to participate in program activities, interact with case managers, and get build relationships with LIP. Such interactions could range from speaking over the phone, stopping by the LIP office, asking for a letter of recommendation, making photocopies, etc.	- Interviews with case managers, director, clients, or parents - Client chart reviews	1 = At least 50% of parents/guardians interact with LIP staff at least once a month. 2 = At least 50% of parents/guardians interact with LIP staff at least once a week. 3 = At least 75% of parents/guardians interact with LIP staff at least once a month. 4 = At least 75% of parents/guardians interact with LIP staff at least once a week. 5 = All participants' parents/guardians interact with LIP staff at least once a week.
15. <u>Home Visits</u> : LIP case managers visit the homes of participants to assess the living situation and to address any issues with parents/guardians as needed.	- Interviews with case managers, clients, or parents - Client chart records	1 = All participants receive a home visit once every 6 months or less. 2 = All participants receive a home visit once every 4 months. 3 = All participants receive a home visit once every 2 months. 4 = All participants receive a home visit once every 6 weeks. 5 = All participants receive a home visit once a month.
Other Program Activities		
16. <u>Utilization of Creative Expression Therapy</u> : As one of the main components of LIP, participants receive creative expression therapy in various forms, such as music, art or dance, from licensed therapists.	- Interviews with therapists, case managers, or clients - Client chart records	1 = Creative expression therapy is offered on a weekly basis. 2 = Creative expression therapy is offered once a week. 3 = Creative expression therapy is offered two times a week. 4 = Creative expression therapy is offered three times a week. 5 = Creative expression therapy is offered four or more times a week.
17. <u>Utilization of Wellness Component</u> : As one of the main components of LIP, participants receive wellness services, including cooking, grocery shopping, exercise, sexual health, and other health and wellness education services.	- Interviews with case managers, therapists, or clients - Client chart records	1 = Wellness services are offered once a week. 2 = Wellness services are offered two times a week. 3 = Wellness services are offered three times a week. 4 = Wellness services are offered four times a week. 5 = Wellness services are offered on a daily basis.
18. <u>Measurement Tools</u> : To quantify and measure progress, participants receive regular program	- Client chart records	1 = Less than 25% of participants receive program assessments every four months.

<p>assessments (i.e. Columbia-Suicide Severity Rating Scale, Suicidal Ideation Questionnaire, Family Adaptability and Cohesion Evaluation Scales, etc.).</p>		<p>2 = 26-50% of participants receive program assessments every four months. 3 = 51-75% of participants receive program assessments every four months. 4 = 76-99% of participants receive program assessments every four months. 5 = All participants receive program assessments every four months.</p>
<p>Program Infrastructure</p>		
<p>19. <u>Staff Qualifications:</u> To ensure quality division of roles and provision of services for participants, LIP requires a minimum of staff qualifications.</p> <p>Necessary personnel would include: Program Director, Case Managers, Tutors, and Licensed Therapists.</p> <p>Other personnel would include music teachers, outreach personnel, and administrative support.</p>	<p>- Interviews with director and LIP staff - Review employment roster or work schedule</p>	<p>1 = The LIP program has less than 25% necessary personnel available. 2 = The LIP program has 25% of necessary personnel available. 3 = The LIP program has 50% necessary personnel available. 4 = The LIP program has 75% necessary personnel available. 5 = The LIP program has all necessary personnel available.</p>
<p>20. <u>Physical Space Requirements:</u> For effective programming, the availability of space is important, and each space should be designated for activities such as music, art, or cooking. Ideal physical space requirements would include: 1 large room for group activities, 1 small room for private conversations, Main lobby area, 1 Art Room, 1 Music Room, and a full kitchen in a separate space.</p> <p>Note: Benchmarks are intentionally broad here, to give reviewers wide latitude to determine whether necessary space is available.</p>	<p>- Observation of space during site visit - Interviews with case managers or director</p>	<p>1 = The LIP program lacks the necessary physical space requirements to minimize interruptions and have private conversations. 2 = The LIP program has some necessary physical space requirements, with limited means of preventing interruptions to activities. 3 = The LIP program has most necessary physical space requirements, with limited means of preventing interruptions to activities. 4 = The LIP program has most necessary physical space requirements, with means of preventing interruptions to activities. 5 = The LIP program has all necessary physical space requirements.</p>

Life is Precious Fidelity Scale Score Sheet

Staffing		
1.	Caseload Size	Score:
2.	Case Management Staff	Score:
3.	Creative Expression Therapy Staff	Score:
4.	Staff to Participant Ratio and Group Size	Score:
Integration of Outpatient Mental Health Services		
5.	Receipt of Outpatient Mental Health Services	Score:
6.	LIP Communications with Outpatient Mental Health Providers	Score:
Integration with Educational Services		
7.	Proportion of Participants Enrolled in School	Score:
8.	Providing Guidance on Supported Educational Services	Score:
9.	Speed with which LIP Staff Respond to Problems at School	Score:
10.	School Visits	Score:
11.	Utilization of Tutoring	Score:
Family Support Services		
12.	Utilization of Family Support Services	Score:
13.	Speed with which LIP Staff Respond to Problems with the Family	Score:
14.	Parental Participation and Engagement	Score:
15.	Home Visits	Score:
Other Program Activities		
16.	Utilization of Creative Expression Therapy	Score:
17.	Utilization of Wellness Component	Score:
18.	Measurement Tools	Score:
Program Infrastructure		
19.	Staff Qualifications	Score:
20.	Physical Space Requirements	Score:

Interviewing LIP Participants and Parents

Before starting an interview, reviewers should go through these steps:

- 1. Introduce Interviewer(s) and role:** Explain who you are, which agency you work for, and your role as a reviewer.
- 2. Purpose of the Interview:** Obtain information about the activities of Life is Precious, and what helps girls, and their families. Interviews are being conducted with girls and parents independently.
- 3. Confidentiality:** All information will be kept confidential, except when required by law. Only the reviewers of the fidelity report will have access to the data. To maintain confidentiality for all participants, do not repeat anything you learn in the group/interview outside. If there is anything you want to share but are not comfortable sharing in the group, please feel free to approach one of the reviewers after the session. Informed consent should be obtained if required by the Institutional Review Board (IRB).
- 4. Use of Data:** Explain that the information will be used for the fidelity report and to improve the quality of services. The data may be used in reports or publications.
- 5. Procedures:** To ensure confidentiality, we ask that you use a name different than yours (nickname) to introduce yourself in today's conversation (optional). If you say your name, we will make sure to remove it from our records. Throughout today's conversation, I will ask you questions. There are no right or wrong answers to the questions. Please answer them as honestly as possible. We ask that you respect different opinions. Since we are audio-recording the conversation we ask that you do not talk over one another as we want to make sure we capture all information that you will provide to us today.

Individual Semi-Structured Interviews (Participant Interview)

1. How did you first learn about LIP? What made you decide to come to LIP?
2. How long have you been coming to LIP? How often do you come?
3. Do you have therapy, or mental health treatment, elsewhere? Do you go to any other groups, programs, or therapy? [Probes: Where and how often?]
4. What do you do when you're at LIP? [Probes: homework, tutoring, college application assistance, family therapy, healthy living, art, music, dance therapy, others]
5. How often do you participate in [activity]? Who leads [activity]? [Probe: Staff member name or role]
6. Do you think LIP is helping you feel better? Why or why not?
7. What do you like best about LIP?
8. What do you wish could be changed or improved about LIP?
9. Is there anything you wanted to add or anything we didn't ask, but should have?

Individual Semi-Structured Interviews (Parent Interview)

1. How did you first learn about LIP? What made your daughter decide to come to LIP?
2. Do you like that she comes to LIP?
3. How long has your daughter been coming to LIP? How often does she come?
4. Does your daughter have therapy, or mental health treatment, elsewhere? Does she go to any other groups, programs, or therapy? [Probes: Where and how often?]

5. Can you tell us what services or activities she participates in at LIP? [Probes: homework, tutoring, application assistance, family therapy, healthy living, art, music, dance therapy, others]
6. Do you come to any of LIP's activities? If so, which ones? [Probe: family therapy, direct assistance from LIP staff, mother-daughter events, Saturday events, Family Day]
7. Do you think LIP is helping your daughter feel better? Why or why not?
8. Do you think LIP is helping your daughter get along with her family? Why or why not?
9. What do you like best about LIP?
10. What do you wish could be changed or improved about LIP?
11. Is there anything you wanted to add or anything we didn't ask, but should have?

Life is Precious Individual Participant Interviews - Chart Review

Site:

LIP ID:

Intake Year:

Review Date:

Weekly Attendance to LIP for the Past 6 Months (Each week starts on a Sunday / start tallying with the prior week, working from the most recent week as Week 1)

Week #	Frequency	Week #	Frequency
1		13	
2.		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	

Monthly Attendance to LIP for the Past 6 Months (Start tallying with the month of the review, working from the most recent month as Month 1)

Month #	Frequency	Month #	Frequency
1		4	
2		5	
3		6	

Services Used by Client (by counts)

Activity	Participation per Week	Participation per Month	Notes
Family Support Services			
Supported Education Services			
Music Therapy			
Music Classes			
Art Therapy			
Group Therapy			
Wellness - Cooking			
Wellness - Fitness			
Field Trips			
Saturday Family Day (with guardian)			

Saturday Family Day (without guardian)			
Weekday Family Day			
Individual Therapy with case manager or staff member			
Music / Group Therapy			
Art / Group Therapy			
Other			

Actions by Case Manager (Past 6 Months)

Activity	Participation per Week	Participation per Month	Notes
Home Visit			
School Visit			
Contacts with Participant			
Attempts to Contact Participant			
Contacts with Family			
Attempts to Contact Family			
Contacts with Participant + Family			
Contacts with School			
Attempts to Contact School			
Contacts with Outpatient Mental Health			
Attempts to Contact Outpatient Mental Health			
Family Services			
Assessments up to date?			

Notes

Life is Precious Individual Participant Interviews - Chart Review

Site: BX
01/01/2017

LIP ID: 999

Intake Year: 2014 Review Date:

Weekly Attendance to LIP (Past 6 Months / each week starts on a Sunday / start tallying with the prior week, working from the most recent week as Week 1)

Week #	Frequency	Week #	Frequency
1	2	13	3
2	2	14	2
3	3	15	2
4	1	16	5
5	2	17	3
6	2	18	1
7	0	19	3
8	4	20	3
9	2	21	5
10	3	22	3
11	2	23	1
12	3	24	4

Monthly Attendance to LIP (Past 6 / Start tallying with the month of the review, working from the most recent month as Month 1)

Month #	Frequency	Month #	Frequency
1	3	4	12
2	9	5	12
3	9	6	14

Services Used by Client

Activity	Participation per Week	Participation per Month	Notes
Family Support Services			
Supported Education Services	Week 1: 1 Week 2: 2 Week 3: 2 Week 5: 2 Week 6: 1 Week 8: 3 Week 10: 3 Week 11: 2 Week 12: 3 Week 13: 3 Week 14: 1	Month 1: 2 Month 2: 6 Month 3: 6 Month 4: 11 Month 5: 11 Month 6: 4	

	Week 15: 2 Week 16: 4 Week 17: 3 Week 18: 1 Week 19: 3 Week 20: 2 Week 21: 1 Week 22: 1		
Music Therapy	Week 9: 1	Month 3: 1	
Music Classes	Week 24: 1		
Art Therapy	Week 1: 2 Week 2: 1 Week 3: 2 Week 5: 2 Week 6: 2 Week 8: 3 Week 9: 1 Week 10: 1 Week 12: 1 Week 15: 1 Week 16: 2 Week 17: 1 Week 19: 1 Week 20: 1 Week 22: 1 Week 24: 1	Month 1: 2 Month 2: 7 Month 3: 5 Month 4: 2 Month 5: 4 Month 6: 3	
Group Therapy / Other Activity	Week 3: 1 Week 8: 2 Week 12: 1 Week 13: 1 Week 14: 1 Week 16: 2 Week 24: 1	Month 2: 1 Month 3: 2 Month 4: 3 Month 5: 2 Month 6: 1	
Wellness - Cooking	Week 12: 2 Week 19: 1 Week 20: 1	Month 4: 2 Month 5: 1 Month 6: 1	
Wellness – Fitness	Week 20: 1	Month 6: 1	
Field Trips			
Saturday Family Day (with guardian)			
Saturday Family Day (without guardian)			
Weekday Family Day			
Individual Therapy with case manager or staff member	Week 5: 1 Week 8: 1 Week 9: 1 Week 11: 1 Week 12: 1 Week 13: 1	Month 2: 1 Month 3: 2 Month 4: 4 Month 5: 2 Month 6: 3	

	Week 15: 1 Week 17: 1 Week 19: 1 Week 20: 1 Week 21: 1 Week 22: 1		
Music / Group Therapy	Week 10: 1 Week 14: 1 Week 21: 1 Week 22: 1 Week 23: 1 Week 24: 1	Month 3: 1 Month 4: 1 Month 6: 4	
Art / Group Therapy	Week 9: 1 Week 12: 1 Week 15: 1 Week 16: 1 Week 18: 1 Week 19: 1 Week 20: 1 Week 21: 2 Week 24: 2	Month 3: 1 Month 4: 2 Month 5: 3 Month 6: 3	
Other	Week 4: 1 Week 6: 1 Week 9: 1 Week 16: 1 Week 24: 1	Month 2: 2 Month 3: 1 Month 5: 1	Clinical therapy at Comunilife, Interview with NYSPI, painting nails with CM, LIP Corporate Breakfast, Carnival Day

Actions by Case Manager (Past 6 Months)

Activity	Participation per Week	Participation per Month	Notes
Home Visit	Week 14: 1	Month 2: 1	
School Visit	Week 10: 1	Month 3: 1	
Contacts with Participant			
Attempts to Contact Participant			
Contacts with Family	Week 2: 1 Week 3: 1 Week 8: 1 Week 13: 1 Week 16: 1 Week 21: 1 Week 22: 1	Month 1: 1 Month 2: 1 Month 3: 1 Month 4: 1 Month 5: 1 Month 6: 2	

Attempts to Contact Family	Week 6: 1 Week 11: 1 Week 18: 1	Month 2: 1 Month 4: 1 Month 5: 1	
Contacts with Participant + Family			
Contacts with School			
Attempts to Contact School	Week 3: 1	Month 2: 1	
Contacts with Outpatient Mental Health	Week 2: 1	Month 1: 1	
Attempts to Contact Outpatient Mental Health			
Family Services			
Assessments up to date?	Yes		

Notes

- END OF SAMPLE DOCUMENT -