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|Feedback Readiness Index |
|and Fidelity Measure (FRIFM)|
|and Instructions|

INTERNATIONAL CENTER FOR CLINICAL EXCELLENCE

The ICCE Manuals on Feedback-Informed Treatment (FIT)

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The ICCE Manuals on FIT were a collaborative effort. The development team included: Rob Axsen, Susanne Bargmann, Robbie Babbins-Wagner, Bob Bertolino, Cynthia Maeschalck, Scott D. Miller, Bill Robinson, Jason Seidel, and Julie Tilsen.

Manual Authors:

Manual 1: What Works in Therapy: A Primer
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Manual 2: Feedback-Informed Clinical Work: The Basics
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Manual 3: Feedback-Informed Supervision
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Manual 4: Documenting Change: A Primer on Measurement, Analysis, and Reporting
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Manual 5: Feedback-Informed Clinical Work: specific populations and service settings
Julie Tilsen, Cynthia Maeschalck, Jason Seidel, Bill Robinson, Scott D. Miller

Manual 6: Implementing Feedback-Informed Work in Agencies and Systems of Care
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ICCE Manuals on Feedback-Informed Treatment (FIT)

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 1 CLINICAL IMPLICATIONS
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

Counselors/ therapists:

1. Administer and score the Outcome Rating Scale (ORS) each visit or "unit of service." ☐ Score

2. Administer and score the Session Rating Scale (SRS) each visit or "unit of service." ☐ Score

3. Adjust the level or type of care in response to client feedback on the ORS and SRS.

4. Use outcome (ORS) data to develop an "expected treatment response" (ETR) for each client. ☐ Score

5. Plot client progress (ORS scores) on individualized graphs from session to session to determine which clients are making progress and which are at risk for a negative or null outcome. ☐ Score

6. Use the ORS and SRS to adjust the level or type of care and to determine whether the service is addressing the client's focus of treatment. ☐ Score

7. Modify the "service delivery plan" in response to formal client feedback on objective measurement tools. ☐ Score

8. Use the SRS to discuss whether the service matches the client's goals for treatment. ☐ Score

1

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 1 CLINICAL IMPLICATIONS
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

9. Use the SRS to discuss whether the service matches the client's culture, worldview, and preferences.

☐ Score

Supervision of Clinicians:

10. Relates to the "Core Competencies" of a feedback-informed (FIT) approach to treatment services.

☐ Score

11. Is based on and targeted by outcome data aggregated over clinician's caseload rather than on theoretical knowledge or technical expertise.

☐ Score

12. Is evaluated for impact on effectiveness via aggregated ORS data over time.

☐ Score

13. Is available when ORS data identifies cases at risk for negative or null outcomes.

☐ Score

14. Encourages diversity in thinking and treatment approach to match individual client culture, preferences, and worldview.

☐ Score

Training of Staff:

15. Ongoing training is oriented toward and structured core competencies of feedback-informed treatment (FIT).

☐ Score

16. Is based on identified deficits in core competencies of feedback-informed treatment (FIT).

☐ Score

17. Is targeted to clinicians whose outcomes fall below clinic, agency, or state norms as determined by aggregated ORS and SRS data.

☐ Score

2

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 2 - ADMINISTRATIVE
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

The Agency

1. The agency uses the ORS and SRS to facilitate individualized treatment planning. ☐ Score

2. The agency has a formal, continuous, automatic system to collect client outcome data that is integrated into the service delivery process. ☐ Score

3. The agency has infrastructure to support the collection and analysis of ORS and SRS data on each individual consumer with real time feedback to the therapist. ☐ Score

4. The agency has a training plan for all staff that supports feedback informed treatment (FIT). ☐ Score

5. The agency has written admission, transfer, and discharge policies that are based on "expected treatment response" trajectories derived from individual client ORS data. ☐ Score

6. The agency's Mission Statement and strategic plan incorporates client outcome data as a central feature of its service delivery system. ☐ Score

7. The agency uses client outcome data to identify under-performing therapists or programs. ☐ Score

8. The agency has a structure for using outcome data to develop norms for determining the dose of treatment required to achieve statistically and clinically significant change. ☐ Score

9. The agency has a structure for identifying which clients are at risk for a negative or null outcome based on aggregated ORS data. ☐ Score

3

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 2 - ADMINISTRATIVE
(Version 1.0)

Not Applicable	No, None,	Very Limited,	Partially.	Mostly,	Yes, Fully
	Never	Not Often	Frequently	Regularly	Always
N/A	1	2	3	4	5

Write in the score that best applies

10. The agency has a structure and policy for addressing clients who are not progressing that insures continuity of care. ☐ Score

11. The agency has policies and procedures for informing funders and/or referral sources in real time of individual client progress. ☐ Score

12. The agency has policies that integrate support staff functions with the collection of client/consumer outcome and alliance data. ☐ Score

13. The agency has consensus amongst senior managers that the client feedback via the ORS and SRS are the central drivers of service delivery of the agency. ☐ Score

14. The agency has policies that reflect a commitment to therapist accountability and use of client feedback to guide and inform client service delivery ☐ Score

15. The agency "Client Rights and Responsibilities policy" includes a statement regarding the use of formal client feedback to guide treatment planning. ☐ Score

16. The agency director has developed consensus with the agency's Board of Directors on the application of an outcome informed and consumer directed service delivery system. ☐ Score

17. The agency communicates regularly with funding entities and referral sources about agency effectiveness and outcome data. ☐ Score

18. The agency uses outcome data to guide therapist/staff training programs. ☐ Score

4

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 2 - ADMINISTRATIVE
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

19. The agency's board of directors, supervisors and line staff receive ongoing outcome data regarding therapist/program performance relative to agency and state norms. ☐ Score

20. The agency is committed to providing individual lengths of service for each client/consumer based on ORS outcome data. ☐ Score

21. The agency has an automatic and scalable data collection and analysis system. ☐ Score

22. The agency has a clearly articulated business plan that supports feedback informed service delivery. ☐ Score

23. The agency has a human resource development plan that supports primary and continuing education of staff in feedback-informed service delivery at all levels. ☐ Score

5

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 3 - INFO SYSTEMS/PAPERWORK/DOCUMENTATION/ IT
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

1. Data collection (outcome, alliance, intake) is done in a collaborative manner with clients. ☐ Score

2. Data collection relates to client service and progress. ☐ Score

3. Data collection facilitates easy management of client service & progress. ☐ Score

4. Information systems provide reliable, efficient data that is used in real time to prevent dropout/improve retention. ☐ Score

5. Data collection is continuous, and provides usable data in real time for quality improvement purposes. ☐ Score

6. Information systems respect and encourage innovation and diversity. ☐ Score

7. Data collection is transtheoretical as regards treatment modality. ☐ Score

8. The information system provides feedback in real-time. ☐ Score

9. Feedback system and paperwork is automated. ☐ Score

10. Information systems allow for comparisons in real-time for effectiveness of different providers, groups, agencies and treatment systems. ☐ Score

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Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 4 - REGULATORY and ACCREDITATION
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

1. Regulatory and accrediting entities have clear standards and expectations that facilitate implementation of a feedback-informed treatment (FIT). ☐ Score

2. Regulatory and accrediting entities are able to identify which programs achieve below, average or above average outcomes according to national norms. ☐ Score

3. Regulatory and accrediting entities monitor programs around dynamic, real-time measures of outcome, alliance, and consumer satisfaction. ☐ Score

4. Regulatory and accrediting entities expect programs to have a real-time system for informing the program and practitioners when their outcomes are outside national norms. ☐ Score

5. Regulatory and accrediting entities expect programs to have a real-time system for identifying when particular consumers are not satisfied with the type, level or provider of care. ☐ Score

6. Regulatory and accrediting entities monitor programs' system for identifying cases at risk proactively (in real time) rather than relying on a reactive system of problem management. ☐ Score

7. Regulatory and accrediting entities expect programs to have an actuarial approach, which predicts which clients need a change in the type, level of provider of care. ☐ Score

8. Regulatory/accrediting entities establish information systems that allow consumers to identify where to receive the most effective care. ☐ Score

7

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 4 - REGULATORY and ACCREDITATION
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

9. Regulatory and accrediting entities can compare programs by comparative aggregate outcomes. ☐ Score

10. Regulatory and accrediting entities establish information systems to ensure 100% client participation in and responsivity to client preferences in choice of treatment. ☐ Score

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Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 5 – CONSUMERS
(Version 1.0)

Not Applicable	No, None, Never	Very Limited, Not Often	Partially. Frequently	Mostly, Regularly	Yes, Fully Always
N/A	1	2	3	4	5

Write in the score that best applies

1. Consumers have complete and unfettered access to their records. ☐ Score

2. Consumers participate actively in the creation of their records as demonstrated by their ability to discuss specific aspects of their service plan. ☐ Score

3. Consumers' treatment plans are structured by their priorities, goals, preferences, and progress. ☐ Score

4. Level and type of care offered to consumers is informed by initial score on the ORS. ☐ Score

5. Consumer feedback via the ORS and SRS is taken seriously, and used to alter/modify the course of treatment in real time. ☐ Score

6. Consumers are informed of the formal process and timeframe for dealing with treatment that is ineffective or undesired. ☐ Score

7. Consumer feedback on the SRS is used for tailoring treatment to the consumer's preferences, desires and needs. ☐ Score

8. Consumers have ready access to valid results and measurements of the effectiveness of programs and therapists. ☐ Score

9

Feedback Readiness Index and Fidelity Measure (FRIFM)
Realm 6 – FUNDERS
(Version 1.0)

Not Applicable	No, None,	Very Limited,	Partially.	Mostly,	Yes, Fully
	Never	Not Often	Frequently	Regularly	Always
N/A	1	2	3	4	5

Write in the score that best applies

1. Funding agency has policies that reward superior performing participating agencies.
☐ Score

2. Funding agency has a direct data link with participating service agencies that reimburses therapists/agencies for positive outcomes
☐ Score

3. Funding agency and participating agencies have polices that allow for a transtheoretical approach to services.
☐ Score

4. Funding agency and participating agencies link reimbursement to positive outcomes for individual clients using integrated and continuous assessment of client response to services rendered to the client.
☐ Score

5. Funding agency provides outcome data to consumers.
☐ Score

6. Funding agency determines continuing service needs based upon outcome and process data measures.
☐ Score

7. Funding agency uses outcome data to compare treatment programs on a regular basis and make value-based funding decisions
☐ Score

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Feedback Readiness Index and Fidelity Measure Instructions

The Feedback Readiness Index and Fidelity Measure (FRIFM) is an organizational readiness checklist and evaluation tool for behavioral health agencies, services and/or systems. The FRIFM addresses six realms, each of which is an important organizational component in evaluating a system's fidelity or readiness to implement a feedback-informed (FIT) approach to services. The six realms are:

Realm 1 - Clinical Implications
Realm 2 - Administrative
Realm 3 – Information Systems/Paperwork/Documentation/IT
Realm 4 – Regulatory and Accreditation
Realm 5 - Consumers
Realm 6 - Funders

Each realm consists of a series of statements that serve to:

1. Identify a system's strengths and weaknesses important to using a FIT approach.

2. Enhance a strategic planning process that will assist an organization to:

    a. Identify initial steps necessary to transition to FIT services;
    b. Prioritize which realms need consultation and training to adjust;
    c. Project timelines, strategic objectives and goals to implement formal client feedback on the quality and outcome of services.

3. Determine what resources, training and consultation would be helpful to:

    a. Implement systems driven by client feedback and outcomes data;
    b. Identify and provide necessary areas of staff development;
    c. Establish documentation and information policies and procedures to achieve a FIT approach while reducing time spent in documentation tasks.

How to Use the FRIFM:

The checklist and self-evaluation can be used in a number of ways:

1. As a tool for generating discussion among the clinical and administrative staff regarding the challenges or shortfalls in implementing FIT:

    a. Staff and administration could meet and work through each realm. Current realities, attitudes, opportunities or obstacles are raised and discussed as the team rates each item as Not Applicable; or from 1 to 5 with rating 5 representing full agreement.

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      b.   Relevant personnel for each realm could rate each section in separate meetings. Final evaluation scores could then be discussed with the whole group.

2. In conjunction with onsite training and consultation to clarify and address whatever challenges are shortfalls are identified in process of completing the form:

      a.   Telephone or onsite consultation clarifies with the executive team of the organization what priorities, resources, and strategies are needed to initiate action for change in the system;

      b.   Timelines, deliverables and responsibilities are delineated from this interactive consultation process.

3. As an organizing tool to engage and enlist the input, planning and change strategies of relevant team members for each FRIFM realm.

      a.   The importance of administration support and buy-in to successful implementation of FIT is, for example, highlighted as management addresses the items in realm 2.

      b.   Either alone or with consultation assistance, the organization uses the realms and resulting ratings to plan implementation strategies for each segment of the organization and for each stakeholder area.

4. As a fidelity and progress measure, the FRIFM can be completed as implementation occurs:
      a.   Re-evaluation and rating of items provides a measure of progress to help modify the plan based on the results of organizational change