

AHCCCS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by AHCCCS staff.

Date: 3/17/2022

Name and contact information of provider: Valleywise Behavioral Health Mesa Riverview ACT

CC: Lora Sayles 602-399-4125, lora.sayles@valleywisehealth.org

Director of Outpatient Behavioral Health: Vicki Staples 623-878-3904, vicki.staples@valleywisehealth.org

Medical Director: Beth Darling, DO 480-344-2256, beth_darling@dmgaz.org

Type of evidence-based practice provider (select one):

	Permanent Supportive Housing
	Supported Employment
	Consumer Operated Services
X	Assertive Community Treatment

What was your experience with the fidelity review conducted at your agency?

Our experience was distinctly different from past reviews. The virtual nature of the review was challenging for many reasons including 1) ACT is not a program that can be concept well implemented virtually, and hence why virtual visits were recognized by reviewers except for psychiatric visit (despite being encouraged to complete telehealth visit during COVID-19 pandemic) 2) Observation of team meeting virtually loses the essence of how the team dynamics function. 3) Virtual interviews with the staff were found to feel more interrogatory than like conversations to gain better understanding of the philosophy and inner workings of the team. 4) So much understanding about how our ACT team functions can be gained simply being present in the clinic and observing the team.

What was most helpful about the fidelity review process for your agency? Appreciated the opportunity to have a 30-minute conference call with the reviewers so we could better understand how certain scores were determined, recommendations derived, and conclusions made regarding the program.

What suggestions would improve the review process?

1. In-person reviews to be more consistent with the face-to-face expectations of the ACT team would be helpful.
2. A full debrief and review of the findings following the completion would be far more useful to gather understanding of results and how they could impact positive change for the team.
3. A more transparent process in regard to the sample selected and how scores are derived would also be helpful.
4. Recommendation should be based on the findings of the review and specific to the actual team as general recommendations on areas not reviewed may lead readers to mistakenly believe that the practice/suggestion is not occurring even it is currently being done.
5. It would also be helpful for reviews to highlight exemplary practices and areas of strength.
6. The number of staff interviewed, and the length of the interviews should be limited. For example, several interviews took longer than the scheduled time and the CC had to be interviewed a second time in order to finish the process.

Comments from your agency regarding the findings of the review and/or the fidelity report:

Upon review of the results, we identified several inconsistencies with the data that we collect on the team versus what was noted in the report. A random sample of 10 records may not accurately reflect the actual overall performance of the team or truly represent the members served by the team.

It would be helpful to have had a scheduled follow up discussion with adequate time allotted regarding the findings so the team could understand these discrepancies better. This would allow the team to adjust how we are tracking various data items to ensure they are in line with SAMHSA fidelity guidelines. The team had some specific questions regarding the report and feedback provided by the reviewers that we attempted to address at the meeting the team requested with WICHE reviewers however we were given only a limited time of 30-minutes. We were not able to review our all of questions even though they were submitted in advance of the meeting due to the limited time frame allotted. The questions and issues we identified are listed below, so they can be included as a part of our response to the audit findings/report:

- 1) Why is the team not allowed access to the charts sampled, so an internal audit can be completed?

- 2) H5 - "At least 13 staff left the team during this period which does include temporary coverage provided by an agency psychiatrist."
 - We have never used an agency psychiatrist. All coverage is provided by outpatient medical director, Dr. Cowdrey. There was no need for coverage at all during the review period, and there are no extended absences by primary psychiatrist.
 - Are temp staff included in the 54% turnover?
 - Was Renee included in the turnover? Her name was on the report we submitted but her termination was 10/2019 which is more than 2 years ago.
 - The recommendation for staff engagement includes anonymous surveys. Valleywise completes annual anonymous surveys with extensive review and follow up. Exit interviews have historically been completed with director of outpatient behavioral health.
- 3) H9 - The SAS has done extensive training including through Relias (transcript to be provided by Lora) in addition to a Motivational Interviewing course and a Trauma and Addiction course
 - Why is the CC who possesses an LAC not considered a "qualified professional" to provide supervision. Why is the full-time, board-certified psychiatrist, not considered a "qualified professional" capable of providing supervision to SAS?
- 4) H10 - "When specialist positions are vacant, other staff should utilize skills and resources gathered through cross training provided by past staff providing employment services."
 - The current housing specialist is the former rehab specialist of many years. She is cross trained and provides support for rehab services. The team also contains two team members who has worked for Vocational Rehabilitation and are cross trained in rehab/employment services.
- 5) O3 - "Evaluate members' circumstances and housing options before they are referred to staffed residences over independent living with ACT staff support."
 - This has become increasingly difficult as we receive many referrals for people who are simultaneously being referred for or are already in staffed placements and Mercy Care has given their blessing on the duplication in services (and is clinically indicated), but it still negatively impacts the review.
- 6) O5 - "One staff denied the presence of a policy that members are screened by the psychiatrist, yet another staff suggested members would benefit from screening prior to being transported to psychiatric hospitals."
 - All cases of people who are wanting/needing to be admitted during regular business hours are staffed with team psychiatrist and CC. After hours CC and staff typically make the decision but have access to the psychiatrist 24/7 if needed.
- 7) O6 - There is conflicting information in the score justification. It states, "Based on data provided and reviewed with staff, the team was involved in 100% of the last 10 psychiatric hospital discharges." However, in the last paragraph it states, "Records reviewed showed one member had self-admitted to a local psychiatric unit. Coordination of care appeared to be hampered by the member being transferred between medical and psychiatric units. The team was not involved in the member discharge."
 - There are no listed hospital discharged the team was NOT involved in. We were involved in all discharges. The only one member we did not transport was at the request of the guardian, and we were still involved in the discharge.
- 8) S1 - Our billing report was pulled for the month of October for the entire team, and it showed a 54% community-based visits. This number is so far in contrast from the 24% in the report that indicates either the numbers are incorrect, or the sample is not a valid representation of the entire team.
- 9) S3 - "Of records reviewed, one showed more than 10 days of no contact or outreach to a member recently hospitalized. The team had not made any in-person contact with the member in the month period reviewed. Another record showed a member not having any outreach by ACT staff for two weeks"
 - Our records indicate that all members that were discharges except 1 were seen within 6 days of discharge. The 1 who was not seen did have outreach completed, although was not seen in person until 10/7 (discharged 9/23). It is not clear who is being reported as having not been seen for more than 10 days?
- 10) S4 - "one of those members did receive telehealth services (videoconference) from the psychiatrist temporarily providing services to the team."
 - When did we have a "temporary" psychiatrist? Dr. Darling was the only psychiatrist seeing ACT members for the review period and has been the permanent psychiatrist for this team since 7/10/2017.
 - "The fidelity tool does not accommodate delivery of telehealth services."
 - We were told this would not impact psychiatry visits, but this type of visit is referenced.
- 11) S5 - encouraging the use of more telehealth, but then also indicating that it does not actually count.
- 13) S7 - "Although there are other staff on the team with the potential to provide substance use services, the SAS is the only staff providing the service to the 64 members with COD."
 - Basing this information on high pressure interviews alone does not seem to have captured that all team members are cross trained in the IDDT model of treatment for co-occurring disorders and participate in substance abuse treatment.
 - Why is a SAMHSA based reference material Tap 21: Addiction Counseling Competencies not considered best practices for persons with COD? It is an evidence based technical assistance manual published by SAMHSA.
- 14) S9 - "Some staff interviewed expressed valuing an integrated approach of providing care for members with co-occurring disorders, however others stated that services were separated, particularly when it comes to substance use treatment." They suggested training "such as integrated Dual Disorders Treatment, in the principles of a stage wise approach to interventions, and motivational interviewing."
 - All ACT staff completes a minimum of 2 hours of training through Relias on the IDDT model annually

