

# AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: December 29, 2021

Name and contact information of provider: RI International  
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Type of evidence-based practice provider (select one):

<input checked="" type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	Consumer Operated Services
<input type="checkbox"/>	Assertive Community Treatment

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

This was the first year the review was conducted virtually which presented new challenges for our team, but we were able to find solutions and resolve issues that came up and are better prepared for any virtual reviews moving forward.

What was most helpful about the fidelity review process for your agency?

The reviewers really took the time to understand how our program works, and were flexible and understanding when it came to working through some of the virtual challenges. Their approach led to what we felt was a fair review, and provided us an opportunity to know what we are doing really well, and areas where we can improve.

What suggestions would improve the review process?

None at this time.

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

Overall, RI International believes the review was fair, and accurately scored. Although our score went down slightly from the last review, we are pleased with the results considering all of the challenges associated with pandemic we were faced with. The improvement plan below has been developed for addressing areas where we did not score a 4, and it has been submitted to Mercy Care per the request of the reviewers.

### Dimension 3 Decent Safe and Affordable Housing

RI met with ABC Housing on Nov 18, 2021 to revisit our role in providing PSHS services post transition. ABC did confirm RI would be providing services to all members in the program after the date of October 1, 2021. An email was sent to HOM, INC. on December 15, 2021 with all staff contact information, which members they are assigned to, and a request to receive HQS, HAP, leases, etc. and any

communication concerning our shared members. Evidence of our efforts can be validated by reviewing emails and reflected in the documents we receive and keep on file. The Director is currently working on policies and procedures with a target date for completion in March of 2022

#### **Dimension 6 Access to Housing**

RI had been presenting Housing First and PSH at the clinics twice a year since 2017 in an effort to help educate, and inform staff of the philosophy behind Housing First, and its efficacy. The public health emergency in 2020 prevented these presentations from occurring and clinics are understandably not allowing them to occur at this time. RI will reach out to Mercy Care to see if there are any virtual meetings where we can continue to present and educate. The closing of the Arnold V.S. Sarn took place in 2014 and a commitment was made by the State of Arizona and Mercy Care to adopt the SAMHSA EBP model of Permanent Supportive Housing. Although RI can continue to do its part in educating and presenting the model, there are systemic issues to which we have little control or influence, and it is going to take an effort at every level to transform and educate the system

#### **Dimension 7 Flexible, Voluntary Services**

##### **7.2.b Extent to which services can be changed to meet tenants' changing needs and preferences**

Our program is typically staffed at a 1:15 ratio, but experienced turnover. Since the review we hired two additional staff, and are hiring another. Staff are trained in Housing First, Motivational Interviewing, Stages of Change, Relapse Prevention, Introduction to Fair Housing, Introduction to HQS, and Trauma Informed Care.

##### **7.3.a Extent to which services are consumer driven**

RI has continued throughout the years to invite members to share their experience, thoughts, opinions, in multiple ways from suggestion boxes, surveys, committees, community events, and on the spot, in the moment feedback. We have attempted on many occasions to set up and invite members to be part of governance and advisory committees where we provided lunch, but there has been very little, or lasting interest. Despite the lack of interest, there is a room and standing invitation for this to take place monthly. As a correction to what was stated in the review, 12 satisfaction surveys are completed each month and follow up takes place with any member who has identified a need, has a suggestion, or concern. Following the suggestion of the reviewers we will discuss the possibility of inviting members to be a part of our QA/QI meetings in 2022. Staff are trained in MI, co-occurring, and eviction prevention.

##### **7.4.a Extent to which services are provided with optimum caseload sizes**

As it was stated the time of the review we had two F/T employees supporting 55 members which was due to recent turnover. We are budgeted to have 3 Peer Supports and a Housing Specialist for 60 members which actually meets the best case 1:15 ratio outlined by SAMHSA in this dimension. Since the review we have hired a Peer Support and Housing Specialist, and are in the process of recruiting for another Peer which will leave us fully staffed.

##### **7.4.b Behavioral health service are team based**

We have been short staffed for a period of time which may have contributed to records showing gaps in coordination with clinical teams, and service plans not being updated more regularly. As we hire additional staff they will receive ongoing supervision and training related to coordinating care and the importance of sharing service planning. Evidence of this training taking place can be validated by reviewing training documents.

