AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: 11/25/2024

Name and contact information of provider:

VALLEYLIFE

Jennifer Baier, Director Vocational & Employment Services

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Type of evidence-based practice provider (select one):	
	Permanent Supportive Housing
Х	Supported Employment
	Consumer Operated Services
	Assertive Community Treatment

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

The fidelity reviewers were friendly and accessible throughout the review process. We recognize that the review is a multi-layered process that takes time to coordinate, and we appreciate their efforts towards this process.

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

The reviewers worked with the team to schedule interviews at times that worked for them and for the members that were interviewed.

What suggestions would improve the review process?

It occasionally feels, during the process and most certainly once the review is completed, that there are issues that could be sorted out if the reviewers asked more direct questions. If something doesn't make sense to a reviewer, it would be great to have a chance to clarify, provide information, or clear up any possible miscommunications.

Before the review, it would be a good idea for the reviewers to ask if there had been any significant changes --- program structure, staffing, etc. For example, we recently switched to an electronic health record and some of our old files hadn't been transferred. If we had been given a list of records that may be reviewed, it may have helped alleviate some confusion as well as the appearance that our records weren't in order.

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

Caseload: we feel that members should be "weighted" when calculating a caseload. Members that are receiving ongoing support to maintain employment and have been working for a long time may require quick check-ins once or twice a month that take less than 30 minutes. That Member should not be factored into the "caseload" size, it doesn't reflect what is happening on the caseload when there are Members that are in various stages of services – including Members that are on outreach and/or are rarely engaged.

Community-based services: our score of "2" is difficult to accept and emphasizes the need for a more thoughtful, conversation-based review. There are so many factors that can – and perhaps should – impact how services are delivered. Some that are important to VALLEYLIFE are the following:

(1) providing services in a way that is thoughtful and meets the needs of the Members. How people receive and benefit from health services has changed significantly since the COVID-19 pandemic. Patients and Providers have recognized the benefit and ease that comes with telehealth services. Many of our Members are more comfortable receiving services remotely – virtually using a platform such as Microsoft TEAMS, or simply over the phone. Often we have Members that want most of their services provided remotely – it's easier for them and reduces the need to coordinate transportation services, which often comes with its own set of stressors. We provide the options of

- meeting to our Members, always encouraging them to get out into the community, but ultimately they make the decision of how, when and where they want to meet.
- (2) We talk a lot in the Provider community about what is "normative" --- and if you think about it, a typical person looks for a job from their home, on their computer, doing outreach via email or phone calls. We try to create an atmosphere that mimics what really happens, as well as can be sustained by the Member when they are no longer working with us.
- (3) Although VALLEYLIFE is a not-for-profit agency, we still need to survive as a business. In recent years, it has been difficult to provide services without regular cancellations, missed appointments and last-minute schedule changes. We need our Staff to meet with Members to continue to do the great work we do in the community. Staff that is scheduled in the community has limited options if their appointment no-shows; Staff this is working in a remote setting has many more options including immediate outreach to alternate Members that are more engaged in services. We are not paid for missed appointments, and there are days that not one Member makes their scheduled appointment. It makes sense to take some time to establish a pattern of reliability prior to scheduling services that are based in a very large community.
- (4) VALLEYLIFE works hard to employ individuals with disabilities. This may include individuals with limited mobility and/or individuals that themselves have a behavioral health diagnosis. It's possible that an accommodation for such disabilities could be a position that is primarily done in a remote setting. VALLEYLIFE believes it is important to consider that an individual with a disability is still able to effectively provide meaningful, thoughtful and comprehensive services to our Members despite their own disability.
- (5) We would like to emphasize that our performance related to Member engagement, job placements, and job retention is very strong and continues to prioritize the needs of each Member we serve. These strong achievements and performance benchmarks are occurring and will continue to occur regardless of the location we are providing services. Our Staff are competent and experienced providing services and VALLEYLIFE as an agency is a strong supporter of the SE Fidelity Model and believes in the benefits of the model on the delivery of services.
- (6) We would like to note that the entire fidelity review process was conducted remotely and has been for an extended period. It is clear that the fidelity review team recognizes that there are many services that were once provided on site or in the community are able to be effectively provided in a remote/virtual setting.