

ADHS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by ADHS behavioral health staff.

Date: 10-15-15
Name and contact information of provider: TERROS Ann Cone-Sevi, LCSW ann.cone-sevi@terros.org 602-460-1379

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?
The reviewers were very professional and cooperative. They were very knowledgeable about the model and seemed to have an understanding that meeting many of the standards were out of the control of the service provider, particularly Dimension 1.1

What was most helpful about the fidelity review process for your agency?
It was helpful to discuss the standards and how to implement into an existing CLP program which has some inconsistency with the PSH model.

What suggestions would improve the review process?
It would be helpful for the reviewers to go out to the physical site of the housing. In this way they could meet with more tenants who were disinclined to come to the Administrative offices. In addition the setting particularly of the houses may give a different impression that the term "house model" implies.

Comments from your agency regarding the findings of the review and/or the fidelity report:
It would be helpful if the entire 1.1 Dimension were reviewed with the scores attributed to the clinical teams. The clinical teams provided the answers as to how tenants are referred, waiting lists and client choice. The recommendations in this area are for the RHBA or the clinical teams but it is all under the TERROS name.

Comments on specific recommendations are as follows:

1. Terros supports that the RHBA should decide if the CLP program s fit under the PSH model. There are many dimensions that we cannot meet with the present structure and funding.
2. "Terros can continue services after tenant's transitions". After a few months very few of the tenants leave their current setting. Even though we teach independent living skills we have always considered the housing to be permanent.



2.1c “consider transitioning staff to an offsite location” If Terros did not have the community center to meet with tenants then all services would be completed in the tenant’s apartment or house or at a Terros facility. If it were in the home, they all have roommates and this would mean staff would be in the house even when one tenant did not request it. It could hinder privacy and adherence to HIPAA standards. It would also mean lack of availability to tenants who need more impromptu support. If services are provided in a Terros facility, the tenant would need to prepare and travel to the location.

3.1 With the tenant’s permission Terros can verify rental payments and ensure that no rent exceeds the 30% HUD rental fee. We would encourage the tenant to follow up with the property manager and advocate as needed. Again, the concern would be keeping the service delivery separate from the housing services.

3.2 “establish agreements that the PSH has the HQS reports. Currently Terros has 11/12 available.

5.1 b “clearly communicate program expectations and provide opportunity for tenants to make informed decisions regarding their involvement with onsite staff”. Terros will continue to educate tenants that the role of staff is to assist on a voluntary basis. Health and safety inspections are opportunities to teach independent living skills to maintain one’s apartment. We continue to advocate for the tenants to avoid evictions.

6.2 “The agency should modify any policies that infringe upon that right” (right to privacy) Terros feels that if a tenant has not been seen after 24 hours that we are responsible to check on the tenant’s welfare

7.2b “consider developing a member advisory board” This idea will be implemented by 11/1/2015 and will be helpful in clarifying the role of staff, the voluntary nature of services and also to receive feedback from tenants that will support their service needs.

7.4c “explore all options for designing a service schedule which allows for improved flexibility in service availability.” Terros have on call staff who can work a varied schedule as clinically indicated as well as 24/7 on-call management staff.

