

AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: January 18, 2017

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?

We, at RI International, had a positive experience with the 2016 fidelity review. The Reviewers were clear and very responsive about their expectations prior to the review. While they were here at RI, they were very thorough in their review of records, interviews, and were very patient with staff and members alike while gathering information. The reviewers were very knowledgeable with regard to the SAMHSA EBP of PSH and were able to address questions easily.

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

Like in years past, it has been helpful to have an outside, expert opinion review how the program operates and to help us identify key strengths and areas where we can make improvements. Additionally, as in years past, we use the feedback received in the review to continue to improve our program's fidelity and provide the best services possible to those we serve.

What suggestions would improve the review process?

RI International believes that the review process is well-organized and thorough, leaving little room for additional suggestions. Having said this, there were two instances where reviewers made comments which did not seem to accurately represent what was communicated by our staff. It isn't known if this impacted the scoring, but additional clarification has been provided below.

The next review in 2017 will be the fourth review since this process started. For the programs that have been meeting or exceeding the fidelity of the model in the previous three reviews, it would be nice to see more attention being focused on program performance and outcomes like the ones found in the SAMHSA tool kit and / or aligned with NOMS.

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

1.1.a There was a statement made in the review saying, “the majority of their referrals come directly from members.” As a point of clarification, a majority of RI’s referrals come from the case management team. The only exception is when a member self-refers in which case RI would reach out to the case management team for a referral that includes all of the required paperwork (assessment, service plan, VI-SPDAT, etc.).

1.1.a RI International has continued its efforts to educate and orient clinical teams to the philosophy of the SAMHSA model for PSH and how the Community Building Program at RI is meeting fidelity. We have done this by presenting at 13 clinics in 2016. RI International also presented on the importance of EBPs at the MMIC-sponsored Connections Conference where PSH was represented and included in the presentation.

6.1.b Although RI receives referrals from the various clinical teams there are times when someone may come seeking services or housing who is not enrolled with the RBHA. When this situation has come up, RI staff have assisted the person in getting connected to CRN to begin the process for an eligibility determination. In addition, RI staff have also helped locate and coordinate housing resources for people who are not connected to services.

7.1.a, 7.2.b Historically the RI International Community Building program has been dependent on receiving documentation from the clinical home of the member. This clinical documentation typically identifies housing as a goal on the service plan and peer support as service to support achieving the housing goal. Once the member enters the RI PSH program they become eligible to choose and participate in any of the services offered by RI as well as other providers. Previously, RI staff member created ISP addendums to help capture the member’s choice as well as modification of services. The addendum was then sent back to the clinical home for the ISP to be updated to accurately reflect the member’s choice in services. As of August 1, 2016 RI has started to complete assessments and treatment plans using our own EHR. This allows RI services to be member driven and specific to his/her goals and services. This also allows the RI Team to measure and modify the member’s selections at any time they choose. All documentation completed with the RI Team is sent back to the member’s clinical team for inclusion into the clinical team’s documents as well.

7.2. a It was stated by the reviewers that members had to remain AHCCCS/RBHA enrolled or they would lose their housing. As a point of clarification, if a member chooses not to receive AHCCCS/RBHA covered services, they would remain in the RI housing program with housing benefits but without any additional services while RI would work to find a provider / program that can offer a housing voucher.

7.4.b The RI International Community Building program has always seen the value of an integrated approach to serving members in our program; however, coordinating this has been challenging for many reasons. With that said, we believe that it is absolutely possible and we owe it to our members to continue to figure it out together. Better integration and a well-coordinated approach to all of a member’s services and recovery goals will be part of RI’s 2017 strategies for improvement that will begin at intake.

