

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: 6/15/2015

Name and contact information of provider:

Christina Dye, CEO
Partners In Recovery, LLC
Christy.Dye@azpir.org

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

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

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

- Several concrete and useful recommendations on tools and processes were provided that will assist PIR in delivering more focused and successful housing support services.
- For some standards, it was difficult for the reviewers to reconcile the two distinct fidelity models - housing and assertive community treatment -- offered by PIR's ACT teams. Since the reviewers focus was housing support, they tended to prioritize that function of the ACT teams over other roles and services such as medication support, symptom management, employment and other clinical/medical needs.
- Scores were often based on information/findings about "the system" and the local housing market, as well as the PIR ACT Teams.
- The reviewers seemed very knowledgeable about housing rights for persons with disabilities, which is an area of needed improvement for behavioral health providers.
- We appreciate the opportunity to participate in system improvement initiatives and will be interested to see the results of next year's review.

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

- Opportunity to focus on the practice and develop strategic improvement plans.

What suggestions would improve the review process?

- The review could be improved by adding data tables that supported the conclusions drawn by reviewers (eg. Number of people in scattered site, integrated housing, number of people in licensed residential treatment, number of people in halfway houses, etc.) In some instances percentages and numbers are provided without any context for how these figures relate to the whole population being served and whether the issue affects a few people or many. This made it particularly difficult to understand scoring for standards where the reviewers found that "many" or "most" or the "majority" of PIR ACT Team participants already live in independent or integrated housing.

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

- The ACT Team and Permanent Supported Housing fidelity measures are not aligned and result in contradictory findings. Reviewer observations and recommendations that support excellent ACT team operations are sometimes in conflict with those that support great housing support services and result in conflicting messages to providers and staff. Examples:
 - ACT Team is a multi-disciplinary service for persons with significant clinical profiles and many complex needs. ACT team staff must balance time and attention across multiple needs (employment, living skills, housing) including the clinical/medical needs that brought members to the ACT team, such as symptom management, mental status, medication, court ordered services, etc. The PSH review focuses solely on the housing support dimension of ACT Team services and scores the provider on the level of priority this single area is given among the many services delivered and needs addressed by the team.
 - ACT team is a voluntary service that is highly structured in terms of frequency and intensity of service delivery. In the ACT fidelity review, the team is directed to increase the frequency and intensity of services and contact; in the PSH review, the team is directed that services should not be mandatory in order to receive housing support.

In PIR's June 10 de-briefing call, the ADHS reviewers agreed that the two tools were distinct and result in contradictory recommendations about the two programs.

- The evaluation design for the fidelity review is questionable as a framework for measuring performance. The unit of analysis for the review is the provider, however many standards are scored base on "system level" findings and observations that the provider has no control over and cannot improve. This results in the provider receiving lower due to the state of the local economy and housing market, lack of safe and affordable housing options or actions/lack of actions by DHS or the RBHA to address system impediments to people acquiring housing.

In PIR's June 10 de-briefing call the reviewers agreed that the provider would be scored for "system level" issues and performance. A strong evaluation design would have included a "system snapshot" as well as a "provider snapshot."

