

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: March 9, 2015

Name and contact information of provider: Recovery Innovations, Inc.

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

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

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

Recovery Innovations (RI) staff found the reviewers to be timely and responsive to questions and requests for feedback leading up to and after the visit. They were very well organized and provided RI adequate time to prepare information they were requesting about the program in advance. During the visit the reviewers seemed to make an effort to understand how the Community Building program operates and functions. There were several instances where the same questions were asked in different ways, which communicated to our staff that they were truly seeking to understand in a way that helped them score the program fairly. The reviewers were friendly, thorough, and informative.

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

Recovery Innovations recognizes the need and importance for evidence based practices and is excited to see the State and the RBHA adopt the SAMHSA model for supported housing. Recovery Innovations is committed to continuing to celebrate the strengths and outcomes that the program demonstrates while also recognizing areas in which improvements can be made. Having the reviewers, who were extremely knowledgeable, on site conducting the in-depth review helped us more clearly define our strengths and areas for improvement. The feedback provided through the conference call was also beneficial for RI. This process and review helps provide RI with the necessary information and tools to move our program forward and to help advocate and effect system changes.

What suggestions would improve the review process?

Recovery Innovations was informed during the process of the review that there wouldn't be an option for the scoring to change after the review had taken place. A suggestion we might offer would be for a debriefing to take place after the review is completed and the reviewers have had time to formulate their feedback, recommendations, and preliminary scoring. Although the final report is comprehensive, we believe there may have been a few items that may have caused some confusion for the reviewers; which may have caused RI to receive a lower score in some areas. Given the fact that there are multiple programs which operate differently across the community, we understand the difficulties the reviewers are faced with in understanding how they all work. Having a debriefing could provide the opportunity for greater clarity.

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

Overall, RI is pleased with the final report and feels as though the scoring was fairly assessed. The suggestions and recommendations provided by the reviewers were appropriate and useful. RI's response below is intended to bring clarity to a few items and help provide additional information.

1.1.a As a provider, and not the clinical home, Recovery Innovations agrees and recognizes we currently have limited ability to impact the decisions that are made by clinical teams when a member identifies he/she wants housing. RI has been privileged to operate housing programs for the last 17 years. We have a high level of expertise in serving members living

with some of the most significant and chronic challenges. If in fact clinical teams are overriding choice regarding housing based on how they perceive the member's readiness, RI can provide additional education regarding the robust menu of services we offer and the level of expertise our staff has in working with the population. RI is putting together an action plan over the next 1-2 months to have Housing staff start reaching out to different clinics so that staff can present our housing services to each clinic to help educate the providers and to help further their understanding of our programs.

1.1.b Although RI scored a 4 in this dimension there was additional guidance from the reviewers. We would like to make a few distinctions in regard to the guidance. Community Building staff are engaged with various organizations that are taking up the cause to fight for change regarding the Crime free/Drug free policies that limit choice in housing for people. Staff members are either members of, attend meetings for, or are registered with: David's Hope, Maricopa Association of Governments (MAG), Arizona Recovery Housing Associating (AzRHA), Arizona Coalition to End Homelessness (AZCEH), Arizona Department of Housing (ADOH). In addition, staff members attend various Housing-related workshops in the community throughout the year. Limited housing choice is not only an issue for the system, but our community as a whole, and this affects many more people than only those members we serve. Although we may face this discriminatory practice with certain landlords and property managers, staff has made efforts to, and continues to, educate them and to help them understand the level of support the person has as well as any strengths and/or progress they have made in their lives. Despite the fact staff have run into these barriers, Community Building celebrates the fact that we have had a 100% success rate with getting people housed regardless of any and all crimes that they may have been charged with as well as past credit issues.

3.2.a Community Building began contracting with Hom, Inc. in January 2015 to begin inspecting every unit utilizing HQS. Units had not been previously inspected prior to lease up. We anticipated that several may fail inspection. After inspections began in early 2015 this process has been closely monitored and tracked in a spreadsheet managed by our housing specialist. Apartment complexes that fail to respond to failed HQS inspections, or that develop a history of unresponsiveness, will be held accountable and removed from our preferred vendor list. The HAP contracts were implemented in January 2015 for all new lease ups. For those members with existing leases, they cannot be implemented until the period of renewal, at which time they will be completed. As of March 20, 2015 RI is pleased to report that all 48 units have been inspected and units that failed upon initial inspection have been re-inspected and have passed. We are currently waiting on the results of 2 inspections. With 2 inspections pending, this brings the total of passed units to 46 as of the date of this response.

5.1.b As stated in the review, Community Building has recently removed language in the documentation and the process holding members to a defined commitment of participation. RI would also like to note that 100% of the current Community Building staff, including the Recovery Services Administrator and the Team Lead, are peers who are certified by the State of Arizona and who have received additional training in: Housing First, Motivational Interviewing, Stages of Change, relapse prevention, Introduction to Fair Housing, Introduction to HQS, and Trauma Informed Care. While we recognize some members may not want services, and we honor their choices, we are confident in the skills our peers have to create relationships with members in such a way that they will become inspired to engage in their own recovery processes and pursue their hopes and dreams. Due to level of effort RI's Community Building has made in enhancing and more closely aligning itself with the SAMHSA model, communication about the changes had not yet occurred with all of our program members. As of March 6, 2015 we launched an intensive effort to meet with each participant to educate them on the new changes and have them sign the new documents within the next 8 weeks.

6.1.a As stated in 1.1a above RI recognizes the need for additional education with regard to our services and how housing creates stability for people. Plans for a re-education about the program are underway. RI leadership will be contacting PNO leadership to solicit their assistance in helping teams understand how the program works and how housing is critical to recovery.

6.1.b The Community Building program requires verification of AHCCCS eligibility and SMI status as well as RBHA membership. AHCCCS eligibility, SMI status, and RBHA membership is required because we are contracted by the RBHA to provide housing and support services. Without the presence and verification of these documents RI would not receive payment and would not be able to provide these services. The reviewers indicated that when the Recovery Connections line receives a referral they ask for the ISP to include that the member is ready for an "independent living environment." It has been our practice that the Recovery Connections line staff member asks the clinical team to include housing as an identified goal on the member's ISP without any parameters around housing readiness.

6.2.a RI prioritizes choice and cares about the health, wellness, and safety of the members we serve as well as the communities in which we operate. Members are offered the choice to sign an advance directive where they can pre-determine how and who they, in their own words, want to follow up with them in the event that their supporters have lost contact with them. This follows the EBP of what one would find in a WRAP plan. If they have chosen Community Building staff to do a wellness check, staff will contact the apartment manager. The apartment manager may require police to be present while making entry, others do not. In either case, if a member chooses this path they are informed, in advance, that certain apartment complexes require police presence during the check. Having said this, RI will follow the recommendation of the reviewers to more clearly document how the member responds to this optional document. Based on the review feedback, RI Leadership has already discussed possible language changes on the advance directive form and other ways of documenting that will help to clear up a member's choice as well as safety. The team will look to implement these changes within the next 3-6 months.

7.3.a Reviewers found evidence in members' charts of letters reminding members of their agreements for services that aligned with the old model that was retired in January 2015. They are a part of the member's historical record, and will remain a part of it, but there will be no additional letters referring to the service agreement.

7.4.a Community Building will be providing 8 additional housing opportunities to members seeking housing. This increases our capacity to serve a total of up to 60 people in the Community Building Housing Program. Prior to the reviewers' visit, the program lost a team member and we were in the process of recruiting. We selected a candidate who started on March 9, 2015 and, with the other 3 existing employees, the ratio of staff to members is now 1:15.

7.4.b As previously stated, RI prioritizes choice and as such we partner with the person's clinical team according to the member's choice. To date, we have not experienced resistance from clinical teams when we have been asked to be part of the process. At times, there have been temporary difficulties in the coordination of care between RI and clinical teams for various reasons, but we see this as an opportunity to create a different level of relationship with each member's clinical team. The statement/s of RI staff saying that a member must have an updated ISP in order to receive their housing subsidy is not completely accurate and additional training, with internal staff and with external stakeholders, will take place to ensure we are not communicating in this manner. RI, despite not having updated documents, has continued to keep its members housed and has assumed the cost of not billing the services to the RHBA until documents can be obtained. RI, in collaboration with other providers, continues to make every effort to obtain the documentation that we are required by the State and the RHBA to have. Throughout time, RI has had varying degrees of success of obtaining clinical documentation in a timely manner. This is problematic as a lack of updated clinical documents puts RI at risk for sanctions, audit findings, and corrective actions. We will continue to partner with external stakeholders to strive to improve this process.

