

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: January 25, 2016

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?

The reviewers were responsive to questions, emails, and thoughtful regarding the scheduling of time and coordination required to bring tenants here for the interviews. RI International appreciates the opportunity to prepare in advance for the review and to collaborate with the reviewers through the process.

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

The reviewers provided a glimpse of systemic issues, opinions, and beliefs which exist in the community regarding the Community Building Housing program and the services that are provided through this program; areas in which we can continue to positively impact by ongoing collaboration and education to and with our community partners. The feedback RI International received creates an opportunity to further develop additional trainings and to strengthen our partnerships. It was also helpful to identify some areas within our agency for additional training and for controls to be put in place which could prevent potential tenants from gaining access to housing or perpetuate the notion that tenants have to be stable or ready for independent living before applying to our program.

What suggestions would improve the review process?

RI International appreciates the opportunity to have a phone conference to review findings; however, it may also be beneficial to have a short debrief at the end of the review in order to be able to clarify any questions about the program before the final scoring is completed. Because each of the programs is unique, it may be beneficial to allow for further clarification, if needed, at the end of Day 2 of the review.

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

Overall RI International is pleased with the results of the review and found it helpful in identifying areas where barriers could be preventing tenants from gaining access to housing and services. RI International has provided additional comments below which are more specific to dimensions where we received lower scores. RI International will continue to work over the next year to build on our current successes and to further improve our PSH program. We look forward to ongoing collaboration with our partners over the next year.

1.1.a RI International is in agreement with the recommendations made by the reviewers with regard to make efforts to continue to educate the system on the benefits of Housing First and why it works. Within one month after last year's review, RI International created a presentation to inform clinical teams of the opportunity available to tenants through the Community Building program. The presentation included outcomes specific to the efficacy of the program and results from last year's review. Additionally, the presentation included information about the Housing First model: how it was developed, who pioneered it, and provided several examples to give a context for people who have not experienced the significant barriers associated with the complex needs of those living on the streets with mental health and substance use challenges.

The Administrator of the program, who has lived experience and who is a product of Housing First, and the Team Leader facilitated this presentation at 13 direct care clinics within the next 8 months in an effort to support the understanding of this model and of our Community Building program. In addition to our efforts externally, all of the staff in our internal referral department have been trained in this same manner.

The report is not clear on which department or what the role within RI International may have given the impression that there were additional layers of screening that were to be completed at RI International prior to acceptance in the program, but RI International operates a large outpatient program with multiple programs and this can create an opportunity for mis-information. As part of an additional effort to orient new employees of RI International to the model and the program, the Administrator met with the training department within a few months after the review and asked for the presentation to be a part of each new employee's onboarding for all AZ staff members. Also, the report references staff "belief" of other parameters that should be applied to housing i.e. drug testing, guidelines, etc., but it doesn't explain whether this is the personal belief of the person who was being interviewed and / or how they may or may not apply personal beliefs to daily practice. There are many nuances within each of us making up our beliefs (spirituality, politics, our own experiences, etc.) but what is important is how we practice and whether or not our beliefs interfere with our daily roles when serving prospective or current tenants. It is unclear if this belief interfered with a tenants housing in any way.

In this coming year, 2016, the Administrator will be working with the RI International Consulting department to explore the possibility of developing a curriculum designed to help educate communities and systems about the value, efficacy, and importance of PSH.

In 2015, the Administrator also co-developed curriculum and facilitated trainings designed to assist the peer workforce and those interested in working in PSH with the ASU Peer Academy. Over the next year, 2016, the Administrator will be working with the Peer Academy to look at other avenues for addressing the need for additional education and training community-wide about PSH.

5.1b Although RI International understands the perception in the community of how the Community Building program existed previously, with previous requirements in 2014 of 10-12 hours of services per week, and how this could influence a tenant's decision to choose the program; this dimension does not speak to perception. This dimension measures whether or not a person in the program has to participate in program services and how this could impact his/her housing. RI International intake documents, operations manual, and our policies and procedures all speak to choice in services and include no services as an option for all tenants. There is no language or evidence in or on record that suggests any of our tenants have had their housing impacted by not complying with program provisions, because there are no provisions for services.

6.1.a RI International is looking at additional ways to ensure our internal staff, who may not have received the Housing First training and who were hired prior to its implementation for new employees, receive it. Additionally, staff in other departments will be asked to refer any tenants who may be asking for housing directly to the staff of the department that handles our referrals to avoid the risk of what might appear as an additional screening component.

7.2.a The program administrator and support services coordinator are in the process of setting up presentations (mini trainings) at each direct care clinic over the course of the next 12 months. In addition, a full review of internal documentation will be performed. If needed, documentation with any reference to imply some level of service

participation will be updated. RI International is currently discussing options regarding paying for ongoing rental subsidies for tenants who have services closed with their direct care clinic and / or who decide not to participate in clinical services.

7.3a. Over this last year, 2015, RI International developed a QI/QI committee which meets quarterly to review and discuss outcomes, policies, procedures, complaints, concerns, etc. For 2016 plans have been underway to establish a tenant advisory committee to create a space for tenants to share their concerns provide feedback, discuss what is working well and offer suggestions as to what can be changed. This information will be shared in the QA/QI committee members during the quarterly meetings and the committee members will action plan around this feedback in order to continue to improve the program on an ongoing basis using the feedback of the tenants as a guide.

7.4.b. For tenants that choose to participate in 90 day planning sessions and are in agreement with having their clinical teams present, the Community Building program goes to great lengths to coordinate with all involved parties in the tenant's care. Community Building staff has been flexible in attending these meetings in various locations (clinics, a tenant's home, the hospital, etc.) Continual efforts are made for the duration of the person's stay in the housing program to coordinate on an ongoing basis with clinical teams. Since behavioral health services are not required and because we honor choice, there are times where the tenant has decided they do not wish to participate in the 90 day planning meetings and / or have their clinical team members present, RI International staff will continue to encourage the coordinated effort needed to fully support the progress of each person while honoring the choice of the tenant.

