

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: 09/23/16

Name and contact information of provider:

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

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

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

The reviewers were very thorough and covered all aspects of our Supported Employment Program. Their review was fair and helpful to our ongoing progress as we continue to increase our fidelity.

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

The recommendation of providing additional training to the Behavioral Health Agencies regarding the SE Model and Zero Exclusion, educating clinical teams of the decision making role ES's have while providing services to the members. It appears there also needs to be more education/training to those staff on the clinical teams who attend the weekly meetings to be sure to document the information being provided in their EHR. Also, coming up with a plan regarding the redundancy of documentation (Vocational Activity Profiles/Vocational Profiles) that the member has to complete with both the PNO's and Providers to participate in SE services.

What suggestions would improve the review process?

A concern that we have is the method that interviews with the Case Managers/Rehabilitation Specialists/Members were conducted. It has been reported they felt as if they were in an interrogation room being asked one question in several altered ways and feeling they "were being trapped." We feel during fidelity reviews they should not put people in that uncomfortable position rather this process should be encouraging with the purpose of improving services. Decrease the "interrogation" when interviewing any members or staff from the PNO Clinics and Providers. This is not a deposition. Reviewers should educate themselves more on the unique nature, structure and design of services in Maricopa County. Although there has been resistance to do this, it makes some of the recommendations very difficult if not impossible to implement. An example would be the finding that someone other than the ES completed an enrollment. In reality providers are tasked with access to care standards and if an enrollment needs to be covered due to the unavailability of the ES for any number of reasons Marc will continue to strive to meet the access to care standards. When recommending to add in progress, strengths, and/or challenges to the Vocational Profile, we would welcome feedback on how to implement this. We would also like to recommend increasing the amount of time of the SE Fidelity Review follow up phone call. After



results are reviewed it leaves very little time for questions.

Another recommendation to improve the process would be to invite the clinical team leadership to the follow-up phone call. Although there is continued reassurance that this is an effort to create system change there seems to be hesitancy to include the CT's as findings are reviewed. This makes very little sense and creates a challenging dynamic when many of the recommendations are to increase training and awareness to the clinical teams.

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

We recommend the review teams be consistent when completing fidelity reviews with all providers in choosing non co-located sites. There has been a very concerted effort on the part of the RBHA to create and expand co-located SE services with providers assigned to co-located sites to increase awareness and services. It was very disconcerting to have a non-co-located site be chosen for this review when Marc has been providing training and education and integration to our assigned clinical team sites of the SE Model. In any review inter-rater reliability should be a standard rather than an option depending on circumstance like clinic vicinity, and other reviews that may have occurred as part of the entire process. Subsequent reviews conducted of other SE providers were at their co-located sites which challenges the credibility of findings.

