

AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: March 13, 2018

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?

As always, the reviewers were well -prepared, thorough, and knowledgeable.

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

Getting the results of the review helps us understand where our strengths are and where our areas for improvement may be. This helps us focus and guide the program for the year ahead.

What suggestions would improve the review process?

RI International would like to suggest that providers be given an opportunity to produce documentation or other items the reviewers may have not been able to find while the review is taking place instead of being noted as insufficiencies. This would reduce the need for more lengthy clarification during follow-up discussions after the review has been completed.

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

3.2.a At the time of the review RI International had 100% of all the HQS inspections; however, four of them were not filed in the charts that the reviewers audited due to a filing oversight. The review results indicate that we did not have all of these documents. The reviewers also pointed out that one inspection that had failed the HQS inspection but mentioned that there was evidence of extensive follow through on behalf of RI's housing staff with the property owner to correct the issue so we believe we are aligning activities with the evidence-based practice in this area.

6.1.b Reflecting RBHA system-wide changes in Maricopa County a couple of years ago, RI International also chose to adopt the VI-SPDAT and homelessness criteria into our practices. Using the VI-SPDAT and homeless criteria prioritizes people who have the biggest obstacles to housing stability. RI International has developed a protocol which outlines specific steps to be taken; including coordinating care and referring members to other housing options if they are not eligible for PSH at the time of referral.

7.1.a The RI International housing team set a goal last year to ensure everyone who chose to receive services had the opportunity to participate in an assessment and self-driven treatment plan facilitated by RI staff. As of April 2017, all of our members chose to participate in services and all of our members had an assessment and treatment plan that they helped create. When a new member enters RI's PSH Housing program, the first item we focus on is getting them housed and, if they have chosen services, the next step is the assessment and treatment planning process. This process follows the Housing First model. In this coming year, our housing team will be working to ensure clinical teams receive updated copies of the RI treatment plans. Apart from this, RI International will continue to coordinate with housing specialists and case managers at the clinics and invite them to join us for the 90-day planning sessions and other meetings to facilitate ongoing coordination of care.

7.2.a RI International does not terminate a person's housing subsidy if the member disenrolls or loses AHCCCS and/or RBHA benefits. However, if those benefits are discontinued, the member would no longer be eligible to receive services. Due to RI International's philosophy, values and beliefs about recovery, it is our practice to assist in moving people out of entitlements and into a place of independence whenever possible based on the person's individualized preferences. We do this by helping people apply for other housing programs, exploring ways to obtain income, and assisting with job and career development. For any services that RI is unable to provide, we work to ensure referrals are given and RI staff assist in connecting members to these external resources.

7.4.a Since the review was conducted, we were able to recruit an additional staff member to replace the one staff member who moved on; bringing RI's caseload ratios closer to the 1:15 fidelity measure.

7.4.b The RI International housing team will continue to coordinate with whomever the member chooses to be involved with their care. This includes involving the member's supporter in any meeting taking place, 90-day planning sessions, treatment planning, and/or otherwise. In addition, we will update our presentation to include the importance of this measure and present at a minimum of 10 clinics this year.

