

# 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: May 24, 2016

Name and contact information of provider:

Marc Community Resources

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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 evaluators were courteous as always.

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

It is always useful to review your practices to insure consistency and continuity over time.

What suggestions would improve the review process?

Our objections to the Fidelity Review process remain the same as last year. In order to have an accurate evaluation of a Permanent Supportive Housing program the review needed to include a distinct review of the multiple agencies that serve an individual. These agencies need to be examined simultaneously particularly those agencies that provide housing and those that provide support services. The tool itself identifies fidelity standards that cross agency responsibilities. If the review focuses on just the support services only certain standards are applicable. A housing agency should not be evaluated on the standards that a support agency provides and vice versa. Since a central principle of supportive housing is that housing and support services are distinct, the items each agency is responsible for are also distinct. The conclusion that support agencies need to correct items that are the responsibility of the housing agency violates the central premise of this permanent supportive housing model.

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

The review process used for Supported Housing is flawed for several reasons. The evidence-based practice of Permanent Supportive Housing requires a distinct functional separation of housing and supports services. While the items in the SAMHSA Fidelity Review tool examine both the housing and support components, the ADHS/DBHS Fidelity review improperly scored items that are the responsibility of the housing component (Leases, affordability and HQS inspections) as the responsibility of the support component when they are clearly the responsibility of the housing agency. In order to conduct a valid evaluation of supportive housing, the review should have included all agencies including both housing and supports that serve a specific person and the agencies performance should be judged separately. An accurate picture cannot be obtained by looking at a single aspect of the process. We recognize the process that is being followed may be based on efficiency; however, it results in inaccurate findings and therefore has limited utility. In addition, many of your findings point out systems problems that need to be addressed at the ADHS/DBHS/AHCCCS level and cannot be addressed by either a housing or housing support provider.

Specific Issues are listed below:

#### Dimension 6 Access 6.1.a

“Empower clinical staff to welcome PSH programs as the primary option for SMI tenants”. While Marc continually advocates for people and PSH by conducting presentations at the Direct Service Clinics and by sharing with the Clinical Teams, the Clinical teams are required to make clinically appropriate decisions with the people they serve and PSH may not be a wise clinical decision based on factors they have identified in their assessments. Marc has no control over what the Clinical Team decides. It is clinically inappropriate and potentially dangerous to assume that everyone can be successful in PSH.

#### Dimension 6 Access to Housing 6.2.a

In the Rating responses column there is a statement “one tenant openly stated that he signed a document giving Marc staff access to his unit (through a landlord) in an emergency”. We have no such document. What the individual may have been referring to is a document that he and the landlord created. The positive side of this is that a number of people that we provide services to do not have family or someone in their life that they trust and have built a positive relationship with Marc staff. If for some reason they are hospitalized and have pets they may want to ensure that the pets are looked after and are safe.

#### Dimension 7 Consumer-Driven Services 7.3.a

Marc does not have a Tenant Committee as all our services are individually based. Tenant input is not limited to a particular meeting, like a “Tenant Committee,” but is an ongoing process with the person serviced.

#### Dimension 7

##### 7.4.c

“explore the potential for providing after hour services through an employee pool or through collaboration with another agency.” Marc already collaborates with other agencies, the Direct Care Clinics, where the person is being served. When we have someone enrolled in Hope we review the process and the Direct Care Clinics provide the “after hour” on-call service.

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