

# 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.

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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. While there were some challenges in setting up the review due to the reviewer's initial selection of clinics in which there were no clients that attended our supportive housing our program, eventually the issues were resolved.

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

Our preparation for the review was internally beneficial for team building purposes. The MARC PSH staff was already familiar with the SAMHSA fidelity concepts and audit tool as a result of previous internal assessments and an external review by conducted by SAMHSA following a grant we received in Supportive Housing.

What suggestions would improve the review process?

If structured differently, this review could have been more accurate and instructive. In order to evaluate a Permanent Supportive Housing program the review needed to include the entire system of multiple agencies that serve an individual in supportive housing. 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 they are 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 model.

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

The review process used for Supported Housing is fundamentally flawed for several reasons. The evidence-based practice of 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 as the responsibility of the support component and vice versa. 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. An accurate picture cannot be obtained by looking at a single piece of the process. During the discussion of the report, the Evaluators stated multiple times that the system had problems and that they were given the task of conducting the evaluation in a specific manner. While there are always issues in any system, the evaluation itself does not really evaluate the system when it doesn't include all of the agencies that provide services to an individual in supportive housing. In many of the responses the evaluators stated that "they didn't see any evidence" that something was done on a particular item. In fact, they could not see the evidence unless they looked in the right place.

Support service providers should not be responsible for HQS Housing Inspections (Item 3.2.a) or keeping a copy of the person's lease (5.1.a). In fact the entire finding in these sections goes far beyond the standards which require that the "housing meets HUD Housing Standards" and whether the person has "legal rights to the housing unit". Certainly the support provider should assist the person in understanding their lease requirements and work with them to meet the expectations but there is no need for them to have a paper copy of the lease. In fact, this violates the distinction required in these responsibilities and is more appropriately managed by the housing component of the Supportive Housing model. In the Marc Program, Home, Inc. and/or Biltmore Properties conduct the HQS Inspections. In fact on Page 3 of the report it indicates that the HQS Inspections can be conducted by a "partnering agency/company". Consequently we have no idea how you could come to the conclusions you reached.

A similar problem occurs in Item 3.1.a which measures whether the "tenant pays a reasonable amount of their income for housing". This is also an activity conducted by the housing component of the supportive housing program. The support program does not assess the amount the person can pay for housing but assists the person in budgeting the money they have available and if there are issues with limited incomes, addresses these issues.

Item 5.1.b is also problematic in that the Marc Supportive Housing program has no rules of program participation. The rules set by ADHS for state funded housing and in HUD housing program for individuals with Serious Mental Illness require a diagnosis of serious mental illness. The individual needs to remain in the system in some limited manner in order to encounter for services or bill the Federal or State Housing funds. The housing and support providers have no ability to impact those requirements. If the person gets a Section 8 Housing voucher, there is no requirement to be part of the behavioral health system but to receive support services funded by ADHS and the RBHA they have to be enrolled or the provider would need to be funded in some other way to operate.

The report identifies in Items 1.1.a and 6.1.b that there is a problem when the Clinical Team makes the decision whether the person is referred to supportive housing. In fact ADHS/DBHS requires all providers to use the ASAM Level of Care Assessment process to determine the level and type of care the individual needs to receive. This ADHS requirement puts the clinical teams in serious conflict when the ASAM determines their service level need to be something more intensive than supportive housing. While theoretically, everyone should be able to live in a supportive housing setting, there are individuals who due to safety reasons would require 24 hour in-home supports. This of course is not economically practical, is not being done in any state in the country and is also highly restrictive. There is also no specific standard that everyone should receive supportive housing. The standards apply when someone does receive the services. As far as the Marc Supportive Housing program we take anyone who has been identified as a person who needs supportive housing, we do not do any type of re-examination of whether the person requires this level of care. If the score is a 1 because the team makes a determination, that should be a 1 across the system and should implicate ADHS who requires the clinical teams to make the level of care assessment.

In conclusion we believe that the review process needs to be changed so that it actually measures both the system and providers performance. That is the only way for the review to have an impact on provider performance. To do that, the current protocol for the review needs to be modified. When we asked the question regarding the possibility for changing the protocol, the evaluators on the call stated repeatedly that the decision on the protocol was determined by someone above them. We strongly suggest that they talk to the "someone above them" and make this a useful experience.

