

ASSERTIVE COMMUNITY TREATMENT (ACT) FIDELITY REPORT

Date: February 5, 2018

To: Crystal Domblisky-Klein, Director of ACT Services
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AHCCCS Fidelity Reviewers

Method

On January 9 -11, 2018, Annette Robertson and Georgia Harris completed a review of the Southwest Network Saguaro Clinic Assertive Community Treatment (ACT) team. This review is intended to provide specific feedback in the development of your agency's ACT services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Southwest Network (SWN) operates outpatient treatment centers serving persons diagnosed with a Serious Mental Illness (SMI). Five of those clinics offer ACT services. The SWN Saguaro ACT team was created in September of 2014. Since the last review, the team has experienced the loss of the Clinical Coordinator (CC) whose last day was December 8, 2017. A new CC has been hired; however, their start date was after the review period. During the period of the CC position being open, the agency's Director of ACT Services was serving as the acting CC and is referred to as the "acting CC" for consistency in this report.

The individuals served through the agency are referred to as clients and members, but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used.

During the site visit, reviewers participated in the following activities:

- Observation of a daily ACT team meeting;
- Individual interview with the Director of ACT Services in lieu of the onboarding Team Leader/CC;
- Individual interviews with the Substance Abuse Specialist (SAS), Independent Living Specialist (ILS) and Rehabilitation Specialist (RS);
- Charts were reviewed for 10 members using the agency's electronic medical records system, with assistance from the Director of ACT Services; and
- Review of the following documents and resources: Mercy Maricopa Integrated Care (MMIC) *ACT Admission Screening Tool (3/13/2015)*; *SWN Lack of Engagement Checklist (4/27/2017)*; *MMIC ACT Exit Criteria Screening Tool*; *Matrix Intensive Outpatient Treatment for people*

with Stimulant Use Disorders: Client Handbook; Group Treatment for Substance Abuse: A Stages of Change Manual; IMR Practitioner Guides and Handouts: Summary; Sign In Sheet from SAS group dated 10/26/2017; SAS, Employment Specialist (ES) and RS resumes and training records; and the SAS's weekly schedule.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) ACT Fidelity Scale. This scale assesses how close in implementation a team is to the Assertive Community Treatment (ACT) model using specific observational criteria. It is a 28-item scale that assesses the degree of fidelity to the ACT model along 3 dimensions: Human Resources, Organizational Boundaries and the Nature of Services. The ACT Fidelity Scale has 28 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The ACT Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- **Team Approach:** The team approach appears to have been grasped and celebrated. Members report they are often seen by more than one member in a two week period. The team credits the administrative move to a four day work week as a positive change; staff feels more equipped to reach more members weekly.
- **The Medical Staff:** The Psychiatrist and Nurse positions are fully staffed and appear to be 100% devoted to members of the ACT team. These staff appear to embrace community based services by frequently visiting members in the community, jails, homes and other places they may frequent.
- **Role of Consumer on Team:** The Peer Support Specialist was mentioned in several interviews as a very important member of the team. It was reported that staff value her insight and skills in building rapport with members, especially when they may be struggling with issues relating to their mental health diagnoses.
- **Hospital Admissions:** The team has made an improvement in this area since the last review and should continue to engage members and their supports to build a more collaborative relationship to reduce hospitalizations. The ACT team is heading in the direction of reaching the goal of 95% achievement in this field.

The following are some areas that will benefit from focused quality improvement:

- **Intensity of Services:** The ACT team needs to increase service intensity, with the goal of averaging 2 hours per week, per member. In a random review of records during a two week period, the median amount of time the team spends with members in face-to-face interactions is 40.25 minutes per week.
- **Co-Occurring disorder treatment groups:** The ACT team needs to provide co-occurring disorders (COD) treatment groups to members and encourage members with a COD to attend at least one group per month. Preferably, these groups should be based in a Dual Diagnosis Model.
- **Co-Occurring disorders (Dual Diagnosis) model:** The ACT team appears to be using a mixed model with regard to dual diagnosis treatment. Stages of change are discussed in the morning meetings, but it appears the team could use a better comprehension of

coupling stage of change with interventions that would align with each of those stages.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	Currently, there are nine full time staff on the team, excluding the Psychiatrist and program assistant. It was reported that there are 91 members on the team, leaving a member to staff ratio of approximately 11:1.	<ul style="list-style-type: none"> Fill open positions on the team to make certain a 10:1 member to staff ratio in an effort to ensure adequate intensity and individualization of services.
H2	Team Approach	1 – 5 5	The acting CC reported the team attempts to see 100% of members by more than one staff person each week and staff interviewed reiterated the same. The acting CC said that staff are assigned members within a geographic area; this supports them in having more time with members rather than driving from one side of the Phoenix Metro Valley to the other. Members interviewed indicated typically seeing one or more staff in a two-week period. Per a review of ten randomly selected member records, the ACT team delivered face-to-face contact with more than one staff person in a two-week period 90% of the time, which was a 10% improvement over last year. Each team member works four, ten-hour days a week, with two staff scheduled on Saturdays and one on Sundays.	
H3	Program Meeting	1 – 5 5	Staff interviews indicate the ACT team meets four days a week, excluding Wednesdays, and the Psychiatrist attends all scheduled team meetings. The RNs attend on days they are scheduled to work. The meeting observed by reviewers was well attended with only one staff person being absent as they were reportedly doing home visits. All members were reviewed, and for the majority of members, there were several comments from staff regarding each member relating to: next appointment, missed appointments, last contact	

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			made by staff, next planned contact by staff, interests in employment or rehabilitation activities, staff's plans to follow up regarding those expressed interests, informal supports contacts, hospitalizations, and stage of change, among others.	
H4	Practicing ACT Leader	1 – 5 1	The team is without a full time CC, as the previous CC's last day was December 8, 2017. The Director of ACT Services has been taking the role of acting CC and reported that a new CC has been hired, but had not started at the time of the review. The acting CC reported having minimal contact with members in the last month. She stated her time was spent mostly with staff in an administrative role, and she did not provide an encounter report.	<ul style="list-style-type: none"> • The ACT CC should provide direct services 50% of the time. ACT leaders who have direct clinical contact are better able to model appropriate clinical interventions with staff and remain in touch with the members served by the team. • Fill vacant CC position.
H5	Continuity of Staffing	1 – 5 3	Based on the data given by the agency, during the past two years, 10 staff left the ACT team, resulting in a turnover rate of 41.7%. The team has had difficulty retaining two full times SASs. In the past two years, three SAS staff came and left. In 2016, only 7 of the 24 months had coverage of a SAS. In 2017, only 8 of the 24 months had SAS coverage. Additionally, for the second year in a row, a CC left the team.	<ul style="list-style-type: none"> • ACT teams should have a turnover rate no higher than 20% in a two-year period to ensure a therapeutic relationship between members and staff. • Ensure persons interviewing for positions on the ACT team are fully aware of the demands of the job. • The agency should consider the use of administrative tools that provide insight into trends in attrition (i.e. exit surveys, employee satisfaction surveys, etc.)
H6	Staff Capacity	1 – 5 4	The team operated at a staffing rate of almost 94% during the 12 month review frame. The team had three staff openings at the time of the review: the Housing Specialist, the second SAS position, and the CC.	<ul style="list-style-type: none"> • Maintaining a consistent staff enhances team cohesion and ensures adequate coverage for members. Attempt to reach and maintain a 95% staff capacity rate to improve member services.
H7	Psychiatrist on Team	1 – 5	This ACT team has been fortunate to retain the	

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		5	<p>same Psychiatrist that started when the team was created in 2014. Staff members report the Psychiatrist is easily accessible in person, by phone, text, email, as well as after hours and off days. The Psychiatrist attends four meetings weekly, and regularly sees members in the community, including setting aside one day a week for jail visits. It was reported by staff and members, and viewed in the records, that the Psychiatrist also provides therapy and substance abuse treatment to members, at times including their family supports. One staff reported that when time allows, the Psychiatrist will make efforts to reach out to members who are having a difficult time through home visits. The Psychiatrist only sees ACT members and has no other responsibilities beyond the assigned ACT team during his 40 hour work week; although, reportedly, he does work at the SWN Osborn clinic on Wednesdays (his identified flex day).</p>	
H8	Nurse on Team	1 – 5 5	<p>The team has two full-time Nurses who see members both in the clinic and in the community. The staff and CC all agreed the Nurses are easily accessible in person and by phone, as well as, spend the majority of their time in the community rather than the clinic, which makes them readily available to respond to crisis situations. Additionally, they are part of the medication observation rotation. The Nurses do not have any other responsibilities that take them away from the ACT members and have split the member roster to develop consistency in care. The acting CC reported they have recently been trained on writing assessments and service plans, so they will be fully integrated members of team.</p>	

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H9	Substance Abuse Specialist on Team	1 – 5 3	The ACT team has one qualified SAS and fifty-six (56) members identified as having a substance use disorder. The team has been without a second SAS since November 2017. The current SAS has been working as a substance abuse counselor since 2001 and more specifically, since 2009 in the United States when he moved from Puerto Rico. He has a Bachelor's of Science in Psychology and a Master's Degree in Decisional Analysis. It was said that the Psychiatrist attempts to provide SA treatment services to the remaining members to mitigate for the staffing gap.	<ul style="list-style-type: none"> Maintain two SAS positions to better support ACT team members in their recovery.
H10	Vocational Specialist on Team	1 – 5 5	The ACT team has two VS staff; one identified as the Employment Specialist (ES) and the other as a Rehabilitation Specialist (RS). The ES has been in this role since 2015 and prior to that worked for five years with the SMI population as an ES. The RS has been in her role since 2014 and has nearly twenty years' experience working with the SMI population. The ES and RS training records were submitted to the reviewers and it was noted that neither VS staff attended any RBHA Rehabilitation Services/Vocational Rehabilitation Quarterly Meetings during 2017.	<ul style="list-style-type: none"> Ensure VS staff stays up to date with RBHA information. Quarterly meetings offered by the RBHA are not mandatory, but the VS staff may be missing invaluable information and resources if not in attendance. Consider swapping attendance between staff (ES and RS) to ensure one staff person from the VS team is present to gather information and resources and share collaboratively with teammate(s).
H11	Program Size	1 – 5 4	The ACT team has 9 staff persons. Three positions were open at the time of the review, including the CC, HS and the second SAS position. The acting CC reported a CC has been hired for the position but had not started at the time of the review.	<ul style="list-style-type: none"> Higher and maintain adequate staffing. A fully staffed team allows the team to consistently provide diverse coverage; allows staff to practice their specialties, which can improve job satisfaction; and accommodates the delivery of comprehensive, individualized service to each member.
O1	Explicit Admission Criteria	1 – 5 5	Based on interviews with staff and the acting CC, the team follows the ACT admission criteria	

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			developed from MMIC. Staff interviews reflected that several staff are able to complete admission screenings. The acting CC reported completing six screenings during past thirty days; however, none of the members were admitted as they were not appropriate referrals for ACT services.	
O2	Intake Rate	1 – 5 5	Per the data given and the interview with the acting CC, ten members were admitted to the team in the six months prior to the review. This rate of admissions is appropriate, as there were never more than six new members admitted in a one month period.	
O3	Full Responsibility for Treatment Services	1 – 5 4	<p>The ACT team directly provides psychiatry services and medication management, employment services, and substance abuse treatment, in addition to case management services.</p> <p>It was reported approximately 20 members are receiving counseling services from the team; however, approximately four are engaged in Dialectical Behavior Therapy (DBT) and/or grief therapy from an outside provider. The reviewers were informed of the plan to bring on a licensed CC that would be able to provide therapy and counseling in the future, but the CC was not in the position at the time of the review.</p> <p>It also appears more than 10% of ACT members are in a residential or staffed setting where they may receive services duplicated by the ACT team.</p>	<ul style="list-style-type: none"> Follow through with expressed plan to bring on an additional staff person capable of delivering counseling services to ACT members. ACT staff should make efforts to assist members in locating safe and affordable housing where there is no overlap in ACT services. Suggestions include applying for resources in the community, such as scattered site housing vouchers, homeless housing resources, and utilizing natural supports as a resource for housing needs.
O4	Responsibility for Crisis Services	1 – 5 5	During interviews with staff and the acting CC, it was reported the team is available 24 hours a day, seven days a week. Staff rotates on call responsibilities one week at a time. Additionally,	

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			<p>two staff are scheduled on Saturdays and one on Sundays to ensure full weekly coverage. It was reported by several staff that the Psychiatrist is available by phone after hours, weekends and days off. The acting CC is available after hours as well for team support and reported the team was called for crisis services just two days prior. The acting CC reported the team does a lot of behavior planning in an effort to reduce crisis and noted the PSS is especially helpful in those situations.</p>	
O5	Responsibility for Hospital Admissions	1 – 5 4	<p>The team made significant improvement in this area and increased their involvement with admissions since the last review. Data provided demonstrated the team was involved in seven out of the last ten admissions. Records reviewed and member interviews supported that the team is involved in hospital admissions. Recent hospital admissions were reviewed with the acting CC and it was confirmed the team was involved in seven out of ten of the most recent admissions. It was reported that there are a few members who tend to admit themselves without ACT team knowledge. Staff reported they are working with these members, and their supports, to better understand how the team can be a support in those types of situations to reduce hospitalizations.</p>	<ul style="list-style-type: none"> Psychiatric hospitalization is more appropriately used when the team is involved and impacts continuity of care in a positive manner. Increase ACT team involvement to 95% of all hospitalizations.
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	<p>Data provided indicates the team is involved in all psychiatric hospital discharge planning. Interviews with staff and the acting CC, as well as records reviewed, also confirmed the team was involved in hospitalization discharge planning. Staff interviewed indicated the team starts planning for discharge as soon as a member is hospitalized, including coordinating with supports for</p>	

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			<p>somewhere to stay if they are homeless. Staff reported they see a member within 24 hours of admission; continue to see them Monday, Wednesday and Fridays of each week of admittance; coordinate with inpatient staff including assigned Social Workers; and the Psychiatrist completes a doctor to doctor coordination call within 72 hours.</p>	
O7	Time-unlimited Services	1-5 5	<p>During the observed morning meeting, two members were mentioned as being ready to step down to a lower level of care and one member ready in 1-2 months. This confirmed what was reported by the acting CC. The acting CC had stated two members were ready to step down to a lower level of care, and predicted two more would graduate within the year. The acting CC expressed a clear understanding of the importance of a gradual transition to supportive level of care, decreasing the team's frequency of contact with the member that is working toward graduation, and the importance of natural supports in the graduation process.</p>	
S1	Community-based Services	1 – 5 3	<p>All staff interviewed indicated they were delivering 80% of services to members in the community. A couple of staff did state that if a member was being seen in the clinic after morning meeting they may meet with a member on site; however, the majority of their work is in the community. Staff did indicate that the recent switch to the four days, ten hour work day made it easier to stay out in the community to see members. Members interviewed had mixed answers; all stated they are seen at the office, and several, but not all, stated they are seen at their home weekly, some daily for medication observations, and one member</p>	<ul style="list-style-type: none"> The team should strive to provide 80% or more of ACT services in the community. Interactions are more effective when occurring in a member's natural environment. Opportunities to observe members when interacting with other people in the community offers better information than self-report. This gives staff the chance to assess needs, monitor progress, model appropriate interactions and engage with informal supports side by side the

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			reporting only having home visits once a month, another reported weekly home visits. Records reviewed showed 56% of contact with members occurred in the community.	<p>member.</p> <ul style="list-style-type: none"> Consider closer tracking of actual community versus clinic based contacts with members to improve rate.
S2	No Drop-out Policy	1 – 5 5	Data received by the reviewers from administration indicates there were no members that refused services, nor were there any members that were closed due to inability of the team to locate. The team had five members move out of the geographical area and reports they assisted the members in locating services in the county where they were moving, arranged for first appointments for services, and sent records. During the member group interview, a member did express frustration with regard to feeling unheard by the team; that is, until a complaint was made and the member expressed a desire to leave the team. The member did recognize that the team was responsive to his needs, and reported, was more satisfied than previously.	<ul style="list-style-type: none"> Ensure all members have a diversity of staff from the team from which to work with to alleviate any personality constraints that may arise.
S3	Assertive Engagement Mechanisms	1 – 5 5	The ACT team has a clear strategy for engagement, which begins at the morning meeting when discussing missed appointments and last member contact. Utilizing informal supports appears to be their first line of attack after home visits have not been successful, and then going to more formal supports such as reaching out to the payee. The team has a twelve week <i>Checklist</i> with clear expectations of team outreach. The acting CC reports the team tries to “get to the root cause (of lack of contact) to prevent a repeat in the future” and “identify precipitating factors”. At times, it was reported, the team may petition the member, but the team makes sure to explain to the member	

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			why they took that step so they thoroughly understand.	
S4	Intensity of Services	1 – 5 2	Per a random review of 10 records during a two-week period, the median amount of time the team spends with members in a face-to-face interaction, per week, is 40.25 minutes. This low score likely was due to the low staffing rate, although, staff interviews did not reveal dissatisfaction or stress related to low staffing.	<ul style="list-style-type: none"> • Increase the intensity of face to face contact to 120 minutes per week. • Ensure all interactions between staff and members are entered into the record. • Regular reviewing of documented contact time may improve team’s application of this item. • Should a member require less intensive services due to increased stability, the ACT team should document member needs in the most current individual service plan.
S5	Frequency of Contact	1 – 5 3	Interviews with staff estimated having anywhere from two to four contacts per week, in the clinic and in the community, with members. However, a review of ten records showed the median face-to-face contact was 2.25 per week for a one month period. One member reviewed had nearly 11 visits in a one week period, and the member with the least contact had just over 1 visit per week for the month period reviewed.	<ul style="list-style-type: none"> • Regular review of the records could assist the team in ensuring members are being seen at higher rates to improve member services. • To better assist members with symptom management and improve their functioning in the community, increase the frequency to an average of four or more face-to-face interactions with staff per week, preferably by more than one staff person.
S6	Work with Support System	1 – 5 3	Staff interviewed reported a high incidence of contact with members’ support systems; one reported that some members do not identify natural supports initially when they come to the team, but with time, the member is able to see they do have natural supports. Staff interviewed verbalized the importance of natural supports and the role played in members’ recovery being	<ul style="list-style-type: none"> • Ensure all staff understand and value the sometimes fragile relationships members have with their natural/informal supports, and how their involvement can increase members’ recovery. • Involve natural supports both when positive treatment steps are made and

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			<p>crucial. However, records reviewed indicated only 1.9 contacts, on average, made with members informal supports per month.</p> <p>One record reviewed showed the Psychiatrist had been coordinating with a member's natural support (a parent). The parent called the team to inform of a potential crisis involving the member and police and upon the member's reported incarceration, the parent called the team two consecutive days for assistance in locating the member. However, staff told the parent they could not speak to her and referred her to the Maricopa County Sherriff's Office website to locate her son.</p>	<p>when member may need additional support.</p> <ul style="list-style-type: none"> • Ensure all interactions with informal supports are documented in the record with a goal of four contacts per month.
S7	Individualized Substance Abuse Treatment	1 – 5 4	<p>The record review showed some evidence of formal individualized substance use treatment being delivered by the Psychiatrist and the SAS. During the morning meeting observed, staff reported of efforts made with members to discuss their substance use and treatment being provided; the Psychiatrist identified the stage of change for several members, often reporting their substance of choice. However, many of the records reviewed were extremely brief such as 11, 12, 14, and 16 minutes long. Only one note documented was of sufficient length (32 minutes). Staff did report the Psychiatrist sees some members for substance abuse treatment. It was noted in two records reviewed that the Psychiatrist engaged with members about their use, and a variety of techniques, including harm reduction, were utilized.</p>	<ul style="list-style-type: none"> • The team needs to continue their efforts to provide individualized substance abuse treatment to all members on roster with a substance abuse disorder. • Members with substance use disorders should receive 24 minutes or more of formal substance abuse treatment weekly. • See recommendations for H9.

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S8	Co-occurring Disorder Treatment Groups	1 – 5 1	The record review, including several for COD members, did not show any proof of substance abuse treatment groups happening in the thirty day period. A request for sign in sheets from the past month resulted in one document (outside the review period) being provided to reviewers, which reflected two persons attending group, only one of which had a dual diagnosis.	<ul style="list-style-type: none"> Co-occurring treatment groups should be provided to members by the ACT team and encourage members with a COD to attend at least one time per month. Give consideration to which stage of change members are in. Consider an early stage group and a later stage group to ensure a group is appropriate for any member interested in attending.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 3	The ACT team appears to be using a mixed model with regard to dual diagnosis treatment. The team, and especially the Psychiatrist, appears to have a clear understanding of the Stages of Change model with regard to substance use; however, some do not appear to be aware of the appropriate interventions considering various stages. During the morning meeting, the Psychiatrist informed of many members' stage of change when the roster was reviewed, oftentimes identifying the member's drug of choice and if the member was reducing harm by choosing a less caustic chemical. Review of the records showed staff expectations of "sobriety" and "abstinence" from members rather than "reducing use" or other less shaming terms.	<ul style="list-style-type: none"> Continue practices of identifying stages of change in morning meetings to further inform team of DD principles. Team integrative trainings on appropriate interventions (motivational interviewing, considering member's stage of change) would be beneficial. Documentation should further reflect the co-occurring disorders model language, as well as harm reduction strategies.
S10	Role of Consumers on Treatment Team	1 – 5 5	The team employs one PSS that has been with the team for over a year. Staff interviewed reported the PSS is a tremendous support to the team when a member is having difficulty, especially when it comes to issues of stigma and taking medication to relieve symptoms. However, very few members were aware there was a staff person on the team that was identified as a PSS. One of those	<ul style="list-style-type: none"> Ensure all members are aware of a PSS staff person on the team and how they can be a resource to members.

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			<p>members did report the PSS shared some of her experiences and was very helpful to the member. Another member was unaware of who the PSS was, but reported in his substance use recovery, he is much more open and willing to work with someone with lived experiences.</p>	
Total Score:		3.96		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	5
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	1
5. Continuity of Staffing	1-5	3
6. Staff Capacity	1-5	4
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	5
9. Substance Abuse Specialist on Team	1-5	3
10. Vocational Specialist on Team	1-5	5
11. Program Size	1-5	4
Organizational Boundaries	Rating Range	Score (1-5)
1. Explicit Admission Criteria	1-5	5
2. Intake Rate	1-5	5
3. Full Responsibility for Treatment Services	1-5	4
4. Responsibility for Crisis Services	1-5	5
5. Responsibility for Hospital Admissions	1-5	4

6. Responsibility for Hospital Discharge Planning	1-5	5
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	3
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	3
6. Work with Support System	1-5	3
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders (Dual Disorders) Model	1-5	3
10. Role of Consumers on Treatment Team	1-5	5
Total Score	3.96	
Highest Possible Score	5	