ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: April 20, 2021

To: James Singleton, Clinical Coordinator
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AHCCCS Fidelity Reviewers

Method

On March 8 – 9, 2021, Annette Robertson and Karen Voyer-Caravona completed a review of the Southwest Network Saguaro 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 the Central Region of Arizona.

Southwest Network (SWN) provides behavioral health services to infants, children, adolescents, and adults. SWN operates four integrated health outpatient treatment centers serving persons diagnosed with a Serious Mental Illness (SMI). ACT services are available at three locations.

Due to the COVID-19 public health emergency, it was determined that the record portion of the review should be documentation for a period prior to the public health emergency. Reference in this report to the member records reviewed and related documentation are for the period prior to the public health emergency. Due to the public health emergency, the review was conducted remotely, using video or phone contact to interview staff and members. Federal, State, and local government guidance regarding contact with others outside individuals' homes has varied per the positivity rates. Some agencies impose their own guidance which may be more restrictive relating to contact with others.

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

During the fidelity review, reviewers participated in the following activities:

- Observation of an ACT program meeting.
- Individual interviews with the Clinical Coordinator (CC), and the Substance Abuse, Employment, and Peer Support Specialists.

- Individual phone interviews with three members participating in ACT services with the team.
- Charts were reviewed for ten members using the agency's electronic medical records system.
- Review of documents: *Mercy Care ACT Admission Criteria*; CC productivity log; resumes and training records for Vocational and Substance Abuse Specialists positions; *Lack of Contact Checklist*; and the SAS's individual substance use treatment 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 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 5point 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:

- The team has two Nurses and a Psychiatrist that provide services to members in the community and coordinate with other health care providers. They provide guidance to the team on medications, symptomology, and medical conditions.
- Admission criteria to the team is clear and there is a low intake rate of new members. Once members join the ACT team, they can continue to receive ongoing services and are retained by the team.
- The team has maintained delivering crisis services to members in the community, despite the public health emergency.
- Continuity of care by direct involvement in psychiatric hospital discharges for members has been provided by the team.
- This team has consistently involved members' natural supports in their care, providing support, education, and coordination of care.

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

- The team is short a position in the SAS role. With 64 members with a co-occurring diagnosis, not all members are able to be served by the team. Fill the vacant SAS position to ensure members are provided with service as well as to reduce potential burden on the current SAS.
- Even though the record review was for a period prior to the public health emergency, the team should increase community-based services, frequency, and intensity of services to members to the extent possible while following public health guidance. It was reported that not all specialists on the team are providing in-person services to members at the same level and are relying on phone contact instead. The fidelity tool does not account for telehealth.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	At the time of the review, there were nine full-time equivalent (FTE) staff on the team, excluding the Psychiatrist and program assistant. It was reported that there are 94 members on the team, leaving a member to staff ratio of approximately 11:1.	• Optimally, the member to staff ratio does not exceed 10:1 on an ACT team. Continue efforts to hire and retain experienced staff in order to maintain low member/staff ratio.
H2	Team Approach	1 – 5 4	Staff interviewed reported 100% of members have contact with more than one member of the ACT team in a two-week period. Some of those contacts are by phone as it was reported that some members may decline to meet in-person with the team or may be following public health emergency guidelines on isolating due to possible exposure. Other staff reported using a team approach to meeting member needs and collaborate when developing member treatment plans. Some staff reportedly feel less comfortable seeing members in the community and rely on phone contact. Other staff report understanding that the public health emergency has been difficult for some members and that they would benefit more from in-person services. A review of ten randomly selected member records, for a period prior to the public health emergency, showed that 80% of members met with more than one staff from the ACT team in a two-week period.	• Under ideal circumstances, 90% of ACT members have contact with more than one staff in a two-week period. Consider options to increase contact while following public health guidelines. • Increase contact of diverse staff with members. Team staff are jointly responsible for making sure each client receives the services needed to support recovery from mental illness. Diversity of staff interaction with members allows the members access to unique perspectives and expertise of staff, as well as the potential to reduce burden of responsibility of member care on staff.
H3	Program Meeting	1 – 5 5	Staff interviewed reported that the team meets four days a week, Monday, Tuesday, Thursday, and Friday for an hour to review all members on the team roster. The program meeting is	

			conducted via videoconferencing to ensure safety precautions are taken due to the public health emergency. During the program meeting observed by reviewers, all staff of the team were present except one Nurse. Staff provided updates on recent in person and phone interactions with members as it related to their specialty position, and other duties. The Psychiatrist informed the team of recent medication adjustments for several members. The CC provided staff direction for follow up with some members.	
H4	Practicing ACT Leader	1 – 5 3	The CC is new to the team and reports still getting to know all the members. The CC reported spending 50 – 60% of their time in delivery of services to members, and that some of that is telehealth as well as coordinating care. *This tool only measures direct in person contact.* Documentation sent to reviewers regarding actual in-person time spent with members for a month period just prior to the fidelity review showed less than 10% of the CC's time being in direct service. However, during the meeting observed, the CC informed the team of in person contacts with members the prior business day. *The fidelity tool does not accommodate for telehealth services.*	• Optimally the CC should provide in-person services to members 50% or more of the time. ACT leaders who have direct clinical contact with members are better able to model appropriate clinical interventions and remain in touch with the members served by the team. Shadowing and mentoring specialists delivering community-based services, such as outreach, and skill building activities designed to promote integration and recovery all qualify as direct in-person service.
H5	Continuity of Staffing	1 – 5 4	Based on information provided, the team experienced turnover of about 38% during the past two years. At least nine staff left the team during this period. The SAS position had the highest turnover.	• Examine employees' motives for resignation, and attempt to identify factors contributing to employee turnover, as well as opportunities that support staff retention. ACT teams should strive for a turnover rate of less than 20%. Maintaining consistent staffing supports team cohesion and the therapeutic relationship between members and staff.

H6	Staff Capacity	1 – 5 4	The team had about 89% staffing capacity for the twelve months prior to the review. The second Nurse and SAS positions were each vacant for six and five months, respectively. Several staff on the team work four ten-hour days.	• To ensure diversity of staff, adequate coverage, and continuity of care for members, fill vacant positions as soon as possible. Timely filling of vacant positions helps to reduce potential burden on staff.
H7	Psychiatrist on Team	1 – 5 5	The team has a full time Psychiatrist assigned to work with the 94 members on the team, working four ten-hour days. One day a week the Psychiatrist provides services at another agency clinic to members of a lower level of care. Staff reported that the Psychiatrist provides services to members in the community, and records reviewed confirmed that, as well as providing education and insight on members to the team. Staff interviewed reported telehealth is available to members, as well as phone appointments, and staff will assist members to facilitate telehealth appointments, if needed. Staff reported the Psychiatrist is easily accessible through email, Jabber, or phone.	
H8	Nurse on Team	1 – 5 5	The team has two Nurses assigned that each work four ten-hour days, with alternate days off to ensure adequate coverage. Staff described the Nurses as working closely with the Psychiatrist but are easily accessible to the team when needed. Nurses go into the community to provide services to members and documentation was noted in records reviewed. Responsibilities include providing education to members, medication monitoring, administering injections, coordination of care with primary care physicians and specialists, and pharmacies. Several staff interviewed stated their appreciation of the Nurses on the team.	

H9	Substance Abuse Specialist on Team	1 – 5 3	At the time of the review, ACT team was staffed with one SAS. The SAS has many years of experience providing substance use treatment services on an ACT team and in other treatment settings. The SAS participates in the on-call rotation for the team. Training records indicate the SAS participated in several trainings pertinent to the position during the past year. The second SAS position on the team is vacant and has been for four months.	• Hire a second SAS. Prioritize specific training and experience treating dually diagnosed adults using a co-occurring disorders model when hiring for the SAS position. • Consider reassigning position responsibilities while the second position is vacant.
H10	Vocational Specialist on Team	1 – 5 5	The ACT team has two Vocational Specialist (VS) staff, an Employment Specialist (ES) and Rehabilitation Specialist. Both have many years' experience working with members diagnosed with an SMI. Additionally, the ES has been in the position on the ACT team for nearly six years and the RS in a comparable position for more than a decade. Training records were provided and showed both participated in the Evidence Based Practice of *Supported Employment*, and one participated in *Motivational Interviewing* and the other in *DB101*. Records reviewed showed evidence of both VS staff providing services to members as it related to their service plan in the community.	
H11	Program Size	1 – 5 5	At the time of the review, there were 10 direct service staff on the team. Although two positions were vacant at the time, the Housing Specialist and the second SAS, the team is adequately staffed to provide services to the 94 members.	
O1	Explicit Admission Criteria	1 – 5 5	Based on interviews with staff, the team follows the Mercy Care ACT admission criteria. Staff reported that the CC conducts screenings of members referred and then will discuss the member with the Psychiatrist and the team. One staff said the member has final say whether they	

			are admitted to the team as they lean on the criteria to determine eligibility.	
O2	Intake Rate	1 – 5 5	During the past six months the team had a low admission rate. During the month of September five new members joined the team, and then one each month of November, December, and January. Two members were added in February, and none the month of October.	
O3	Full Responsibility for Treatment Services	1 – 5 4	The team directly provides case management, psychiatric services and medication management, employment and substance use treatment services, and most housing support services. The team does not have psychotherapy/counseling services available within the team. During the team meeting, and documented in records, there were examples of staff supporting members with employment goals, inquiring about housing needs, delivering medication observation services and discussion about recent medication changes, and individual and group substance use treatment services by team staff. One record reviewed showed staff discussion with a member about participating in a sheltered work setting. Records reviewed showed that the team referred a member for in-home counseling services through another agency and that another member requested individual therapy. One staff reported that the team avoids referring members outside providers for counseling.	• The agency should explore their options for providing psychotherapy/counseling services on the team, either with new or currently existing staff. Members with a Serious Mental Illness often benefit from individual counseling for grief and loss, trauma, relationship issues, and other problems. Optimally, it would be the team providing the service, but because they are not capable at this time, referrals for such service should not be limited. The team is responsible for ensuring members get that service if they are unable to provide it. In these cases, the ACT team should coordinate with the outside provider regarding the member's care and be documented in member records.
O4	Responsibility for Crisis Services	1 – 5 5	Staff reported the team assigns an on-call staff weekly to provide after hours and weekend support to members in crisis. Staff interviewed reported that the team has continued to provide	• Ensure all members are aware of 24-hour availability of the ACT team. Consider creating an easily accessible resource such as a wallet sized card that members can carry

			on-site crisis services to members during the public health emergency adjusting only to practice safety measures. The team has staff scheduled to work the weekends to expand the service delivery hours to members. The team report that having a conversation with the member in crisis will often resolve their troubles. The team will encourage members in utilize healthy coping mechanisms such as deep breathing exercises and engaging with natural supports. One staff stated the team's goals is to prevent hospitalizations. Staff report members are encouraged to contact the ACT team rather than the local mobile crisis team and are given a flier with all staff numbers and the on-call number listed. Reviewers asked for a copy of that flier, but it was not received. Staff provided documentation/examples of three recent incidents in which the on-call staff went into the community to provide services to members. In one record reviewed, from a period prior to the public health emergency, staff provided support to a member in the community after hours. Two members interviewed were unaware of crisis services being available to members of the ACT team.	with them in the community. Include the on-call number, as well as individual specialist's phone numbers to improve member access to the team. Offer these cards to members' natural supports to improve coordination of care and build a supportive network for members.
O5	Responsibility for Hospital Admissions	1 – 5 4	Review of the ten most recent psychiatric hospital admissions showed the team was directly involved in seven. Staff reported that the team will offer members an appointment with the Psychiatrist if they are requesting psychiatric hospitalization. The team shared examples of	• The team should continue to educate members and their natural supports on the team's availability to support members when in crisis and/or seeking hospital admission. Proactively develop plans with members on how the team can aid them during the

			supporting members through transportation, coordinating with natural supports, accompanying members while waiting for admission, and by coordinating with the inpatient staff by advocating for members and providing medication lists. Staff stated that most hospitals do not allow them to accompany members inside, reporting that they will wait in their vehicles until the admission is confirmed by inpatient staff. Some members seek hospitalization without the team's support. One record reviewed showed the staff from the team working together to support an unstable member to voluntarily be admitted. Another record showed staff coordinating with inpatient staff after assisting the member to go inpatient after experiencing suicidal ideation.	admission, especially when members have a history of seeking hospitalization without team support.
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Based on review with staff of the ten most recent psychiatric hospital discharges, the team was directly involved in all ten. Staff reported discharge planning begins when members enter an inpatient program. Staff reported coordinating with inpatient staff and natural supports and attending staffings by phone due to hospitals not allowing visits because of the public health emergency. Staff stated they provide transportation to members upon discharge, assisting them in getting new medications, providing discharge follow up appointments with the team Psychiatrist and a Nurse, coordinating with natural supports, and conducting five days of follow up to the member, three in person and two by phone. Staff reported that the team follows the agency's policies and practices as	• Ensure the team delivers post psychiatric hospital follow up services and supports as outlined in policies and procedures. Some teams identify during the program meeting the specialist that will be responsible for contact on that day.

			they relate to the public health emergency. During the program meeting observed, the team leader stressed the importance of providing wraparound services to members after a psychiatric hospital discharge. One record reviewed from a period prior to the health emergency lacked evidence of coordination of care with the inpatient team after admission to a local psychiatric unit. The member appeared to be at the unit less than 24-hours and there was confusion about possible medication changes during that period. Another record showed one day of the five day follow up post psychiatric discharge was not conducted by the team.	
O7	Time-unlimited Services	1 – 5 5	Data provided reviewers and discussed with staff indicate no members graduated from the program during the twelve months leading up to the review.	
S1	Community-based Services	1 – 5 2	Staff interviewed reported that 80 – 90% of contacts with members occur in the community stating that the public health emergency has not impacted where members are seen. One staff said there was an imbalance among staff in delivering community-based services to members versus telehealth, suggesting that it was tied to the public health emergency and concerns about contracting the virus. The agency does have limits to the number of members that can be in the clinic at one time. Meeting members outdoors at their homes is one way the team has been able to keep members safe while still delivering services or meeting them in the doorway while keeping distance and wearing masks. Staff	• ACT teams should deliver 80% or more of their contacts in the community where staff can directly assess member needs, monitor progress, model behaviors, and assist members to use resources in a natural, non-clinical setting. • Ensure members are engaged in the community at a similar rate reported by staff interviewed. Members preferences for in person contact, while following safety guidelines, should be respected.

			expressed a concern for members with little support, knowing how appreciative they are to have services provided in person. Two members interviewed stated they see staff at their home once a week. Another member reported going to the office once a month to see medical staff. A review of ten randomly selected member records, for a period prior to the public health emergency, showed that a median 39% of members received services in the community. One record identified a member's concern about the virus that led up to the public health emergency.	
S2	No Drop-out Policy	1 – 5 5	During the past twelve months prior to the review, the team retained 100% of members. No members left the service area without a referral. One member was assisted by the team in transferring to an ACT team in another area of the region. Two other members left the team for a higher level of care. One member was incarcerated and closed. Two members died during the 12 months prior to the review. Staff interviewed stated the team never closes cases, if after eight weeks of outreach they are unable to locate them, the member will be transferred to Navigator status. One staff reported that this did happen with one member during the past year and the member returned to the team and is still open with them today.	
S3	Assertive Engagement Mechanisms	1 – 5 4	The team demonstrates a well-thought-out engagement strategy using natural supports, street outreach, and legal mechanisms when appropriate. Reviewers were provided outreach	• When members miss scheduled appointments or are not seen at the frequency of ACT services, ensure a team discussion occurs, and

			strategies which includes twice weekly outreach to emergency contacts, guardians/advocates, probation officers, and other involved agencies, as well as visiting last known location. The team reports that most members are located prior to the end of the eight weeks. Records reviewed did indicate the team makes efforts to contact members when out of touch. One record showed staff coordinating with a counseling agency for a member on outreach. Yet, another record showed one staff being aware that a member was staying with family, yet the team continued to attempt visits at the members' home to no avail. Other records showed lack of follow up from the team when members missed scheduled appointments.	is documented in member records, during the program meeting to plan follow up care.
S4	Intensity of Services	1 – 5 2	Per a review of ten randomly selected member records, during a month period prior to the public health emergency, the median amount of time the team spends in-person with members per week, is 28.5 minutes. Staff interviewed reported that members are at varying degrees of comfort with staff coming to their homes. It was reported few members have yet to receive a vaccination for the virus.	• ACT teams should provide an average of two hours or more of in person services per week to help members with serious symptoms maintain and improve their functioning in the community. This is based on all members across the team; some may require more time and some less, week to week, based on their individual needs, recovery goals, and symptoms.
S5	Frequency of Contact	1 – 5 2	The median weekly in-person contact for ten member records reviewed was 1.5 contacts a week. Over a month timeframe before the public health emergency, only one of ten members received an average of four or more contacts per week and that member was receiving medication observation services. One record documented a member only being seen by two different staff during the month period. The member had requested speaking to staff that were able to	• Increase the frequency of contact with members by ACT staff, preferably averaging four or more face-to-face contacts a week per member, with an emphasis on community-based services to support member goals. Members may have different needs/goals and frequency of contact should be determined by those needs and immediacy. • Ensure language preferences/barriers are adequately resolved. Use of language

			communicate in the members preferred language. Staff stated that high turnover has impacted the teams' ability to connect with members; members are reluctant to accept a visit from someone on the team whom they have not yet met. Since the public health emergency, some staff reported working from home and that the agency has a cap on how many members can be at the office at one time. Although there have been accommodations made in the delivery of telehealth services, this fidelity tool does not accommodate for telehealth services.	interpretation services or utilizing staff should be documented when interacting with members. Language preferences should be noted in the service plan and other important member documents. The team may need to adjust how they deliver services when a member with language preferences is unstable, recognizing that translation ability can be impacted by symptoms. • Provide new staff with a proper introduction to members before attempting an unscheduled home visit. Accompanying another specialist to make introductions may be helpful.
S6	Work with Support System	1 – 5 5	During the program meeting observed, staff reported contact with members' natural supports to the team. Staff interviewed discussed how valuable natural supports are the to team. One staff interviewed reported meeting weekly with at least one members' natural support to provide education and emotional support. Six out of ten records reviewed, for a period prior to the public health emergency, showed the team coordinating with natural supports at least forty different times.	• *System stakeholders may want to consider learning from this team and how they have been able to build healthy and supportive relationships with members' natural supports. Longevity of staff may play a key role as well as the additional support provided to natural supports by specific staff.*
S7	Individualized Substance Abuse Treatment	1 – 5 4	Reviewers were provided with a copy of the SAS's weekly schedule which indicated 19 members with a co-occurring disorder (COD) were scheduled for individual substance use treatment services weekly. It was reported the SAS will meet with 5-6 members each day for approximately 30 minutes or more for individualized treatment. One staff interviewed	• Continue efforts to recruit and hire an additional SAS, ideally with experience delivering services to members with a dual diagnosis. • Increase the number of members receiving structured individualized substance use treatment services by ACT staff.

			reported the SAS offering substance use treatment services to one-half of the 64 members diagnosed with a COD. The SAS provides services in person, by phone, and by videoconference drawing from *Motivational Interviewing* techniques, *Cognitive Behavioral Therapy*, and using a *Trauma Informed* lens.	• Ensure the SAS is provided the necessary training, mentoring, and ongoing guidance to provide structured, individual substance use counseling to members identified with a co-occurring disorder. Supervision should be provided.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	At the time of the review, the team was providing one substance use treatment group through videoconferencing to the members on the team with a COD. Staff supported members unfamiliar with Zoom by assisting with downloading and using the application, reporting members increased their knowledge and understanding of use. Staff stated that approximately 30% of members with a COD have attended the group during the past month, with the highest attendance at a single group of seven members. Reviewers were informed that no more than ten people could gather in one location per county guidelines relating to the public health emergency. Staff stated that consideration was given to holding the group in a park but were concerned more than nine members would attend. Staff reported that an additional provider would make the group sessions more available members. The SAS encourages harm reduction measures and draws from SAMHSA literature. Reviewers requested but did not receive reference materials used for the group.	• When planning for an additional substance use treatment group, consider offering one that is structured for members in earlier stages of recovery, and one for members in later stages of recovery. Interventions should align with a stage-wise approach to treatment.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	Staff are familiar with *stages of change* model and reported the stage of change for some members during the meeting observed. The few training records that reviewers were provided showed that some staff participated in co-	• Train staff in the stage-wise approach to substance use treatment as a means to motivate members in their recovery. The approach matches care/interventions to a member's stage of change in order to support

			occurring disorders training modules and staff said that the team follows the Integrated Dual Disorders Treatment (IDDT) model. One staff interviewed was familiar with the *stage-wise treatment approach* and that *harm reduction* was a concept the team was familiar. However, another staff stated that abstinence was the goal for members and that reduction of use is part of the process to obtain that goal. The team uses a stage of change lens for other problems areas for members', such increasing income through obtaining employment. Documentation in member records reviewed appeared to use neutral, non-judgmental language when referencing member substance use. Although, treatment plans were often non-specific to member needs and goals when relating to substance use and treatment services to be provided by the team.	behavior changes. Support staff to reflect that treatment language when documenting services and treatment plans. Training staff in a comprehensive model may help the team to maintain consistent service when SASs transition off the team. Optimally, consistent evidence-based co-occurring treatment is provided to members. Access *TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment* at https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf • Continue efforts to help members find safe and affordable housing. Housing Specialists on ACT teams play an integral part in supporting members in their recovery by assisting with obtaining and maintaining housing.
S10	Role of Consumers on Treatment Team	1 – 5 5	The team has at least one staff with lived psychiatric recovery, the PSS. Staff interviewed reported the PSS enlightens the team by providing perspective as a consumer. Another staff stated the PSS shares her experiences with members helping to build understanding and trust. The PSS also offers assistance to the natural supports, providing insight regarding members' behaviors and symptoms. The PSS has the same responsibilities as other staff.	
Total Score:		116		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	4
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	3
5. Continuity of Staffing	1-5	4
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	5
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	2
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	4
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	5
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	3
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	4.14	
Highest Possible Score	**5**	