ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

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Introduction

Arizona Health Care Cost Containment System has contracted with the Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using an adapted version of the Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Fidelity Scale. ACT is an Evidence-Based Practice (EBP).

Method

On October 14 – 16, 2024, Fidelity Reviewers completed a review of the Community Bridges, Inc. Avondale 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.

Community Bridges, Inc. (CBI) operates several locations throughout Arizona. Services include supportive housing, crisis stabilization, ACT, and integrated healthcare. The agency operates two Forensic-ACT teams and three ACT teams in the Central Region of Arizona. The individuals served through the agency are referred to as "*clients*" or "*patients*", but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used. During the review period, the Clinical Coordinator was on leave, and the Serious Mental Illness (SMI) Administrator was covering the position.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. An exception has been made for delivery by psychiatric prescribers due to the lack of availability in Arizona. This review was conducted remotely using videoconferencing and telephone to observe meetings and to interview staff and members.

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

- Remote observation of an ACT team program meeting on October 15, 2024.
- Individual videoconference interview with the agency's SMI Administrator.
- Individual videoconference interviews with the Housing, Employment, and Rehabilitation Specialists.
- Individual phone interviews with two members participating in ACT services with the team.
- Closeout discussion with the SMI Administrator, Director of SMI services, Program Assistant, SMI Services Manager, and a representative from the contractor with a Regional Behavioral Health Agreement.
- Charts were reviewed for 10 randomly selected members using the agency's electronic health records system. The sample included members from the following health plans: contractor with a Regional Behavioral Health Agreement, Other (Medicare, Private, other source of coverage).
- Review of documents: *Mercy Care ACT Admission Criteria*, *ACT Contact List, SMI Services Re-Engagement Policy*, documentation of natural support contacts for a month period, Clinical Coordinator productivity for a month period prior to taking a leave of absence, substance use disorder treatment curriculum and training materials, and resumes and training records for Vocational and Co-Occurring Disorders Specialist staff.

The review was conducted using the SAMHSA ACT Fidelity Scale. This scale assesses how close in implementation a team is to the ACT model using specific observational criteria. It measures the degree of fidelity to the ACT model along 3 dimensions: Human Resources, Organizational Boundaries, and Nature of Services. The ACT Fidelity Scale has 28 program-specific items, and each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented with little room for improvement*).

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The team is of sufficient size to provide services with staffing diversity and coverage to 90 members.
- The team, including the Psychiatric Nurse Practitioner, meets four days a week to discuss all members on the roster. During the program meeting observed, multiple staff contributed to the discussion by reporting on recent and planned contacts with members.
- The team has a fully dedicated Psychiatric Nurse Practitioner who is highly involved in member care, readily available to the team, and provides services to members in the community.
- The team was directly involved in 100% of the 10 most recent psychiatric hospital discharges with members.
- The team offers time-unlimited services to members with an appropriate graduation rate and a low drop-out rate.

- The team includes at least two staff with lived or living psychiatric experience who advocate from a peer perspective and carry the same responsibilities as other ACT staff.

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

- Based on 10 randomly selected member records, 30% received in-person services from more than one staff in the two-week period reviewed. Ensure that 90% of members have in-person contact with more than one staff weekly.
- The Clinical Coordinator's productivity report indicated delivery at approximately 10% of the expected productivity level compared to other ACT staff. Optimally, the ACT Clinical Coordinator delivers direct services to members accounting for at least 50% of the expected productivity of other ACT staff.
- The team experienced a turnover rate of 63% during the past two years. Identify factors that contribute to staff turnover and implement a protocol that supports retention.
- At the time of review, the team had one Co-Occurring Disorders Specialist (CODS) who did not have one year of experience providing substance use treatment. Hire a second CODS with at least one year of experience. Provide eight hours of training annually in the treatment of co-occurring disorders to both staff.
- The team was credited with only providing medication management/psychiatric services as over 10% of the member roster had services brokered with other service providers off the team in housing and employment areas. Additionally, the team was not providing services relating to co-occurring disorders treatment or counseling. Work to provide members with an integrated team approach by providing those services. ACT services are fully integrated into a single team with very few referrals to external providers to avoid duplication and to ensure a collaborative approach to supportive services.
- Increase support for members that receive a low intensity and frequency of service. ACT teams provide members with an average of two (2) or more hours of in-person service delivery and an average of four (4) or more in-person contacts weekly. ACT services are best provided in the community where challenges are more likely to occur and where staff can directly assess needs, monitor progress, model behaviors, and assist members in using resources in a natural, non-clinical setting at least 80% of the time.
- At the time of the review, the team was not providing individualized substance use treatment or groups. Initiate formal, individualized co-occurring one-to-one and group counseling to assist members in making progress in their treatment goals.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team serves 90 members with nine full-time equivalent (FTE) direct service staff excluding the psychiatric prescriber and administrative staff. The team has a member-to-staff ratio of 10 to 1. The Clinical Coordinator was on leave at the time of the review for less than three months so is included in this item. The team includes the Clinical Coordinator, Nurse, Rehabilitation Specialist, Employment Specialist, Peer Support Specialist, Housing Specialist, ACT Specialist, Independent Living Skills Specialist, and a Co-Occurring Disorders Specialist. ACT members also receive services from an integrated Primary Care Physician in the office.	
H2	Team Approach	1 - 5 2	Staff reported that over a two-week period, 50% of members are seen by more than one ACT staff. A zoned approach is utilized, and staff rotate assigned zones weekly. During the program meeting, members are reviewed, and staff identify scheduled visits which are tracked on each member calendar. Staff work four 10-hour days each week including weekends. Members interviewed reported seeing one to two ACT staff per week. Based on 10 randomly selected member records, 30% received in-person services from	• Increase contact of diverse staff with members such that 90% have contact with more than one staff from the team every two weeks. ACT team staff are jointly responsible for making sure each member receives the services needed to support recovery from mental illness. Diversity of staff interaction allows members access to unique perspectives and expertise of staff, as well as the potential to reduce the burden of responsibility of member care on staff.

			more than one staff in the two-week period reviewed. Staff have caseloads assigned for administrative purposes only.	
H3	Program Meeting	1 - 5 5	The team meets in person four times a week to review all members on the roster. All staff are expected to attend the meetings on their scheduled days, including the Psychiatric Nurse Practitioner. In addition, there is a weekly modified meeting for more extensive discussion of members as needed. The Clinical Coordinator was on leave at the time of the review, but staff reported that the Clinical Coordinator facilitates the program meeting when present. During the observed program meeting, the Program Assistant led the discussion, and all staff participated in providing updates on member contact. Topics discussed included member appointments, recent and planned contacts, stages of change for members with co-occurring disorders, natural supports, benefit applications, treatment documentation needed, housing, and hospitalizations.	
H4	Practicing ACT Leader	1 - 5 2	A productivity report provided to reviewers for a month in which the Clinical Coordinator worked their normal schedule showed approximately 10% of the expected productivity level of the other ACT staff. *The fidelity tool does not accommodate delivery of telehealth services.* *This item is dependent on the Provider productivity expectation.*	• Continue efforts to provide in-person services to members. Optimally, the ACT Clinical Coordinator delivers direct services to members accounting for at least 50% of the expected productivity of other ACT staff. • The Clinical Coordinator and agency may consider identifying administrative functions not essential to the Clinical Coordinator's time that could be performed by the Program Assistant or other team members.

H5	Continuity of Staffing	1 - 5 2	Based on information provided and reviewed with staff, the team experienced a turnover rate of 63% during the past two years. All positions on the team have had a vacancy in the past two years except the Employment Specialist and Clinical Coordinator. The Co-Occurring Disorders Specialist and Nurse positions had the highest turnover frequency.	• If not done so already, attempt to identify factors that contributed to staff turnover or that support retention. Ideally, turnover should be no greater than 20% over a two-year period. Consistency in staffing contributes to building therapeutic relationships with members and their supports, as well as reducing the potential burden on staff. • Support specialty staff to work in their area of interest and expertise with members. Research shows staff remain in positions longer when supported in their roles by being provided supervision and training in their specialty practice.
H6	Staff Capacity	1 - 5 3	In the past 12 months, the team operated at approximately 74% of full staffing capacity. The Co-Occurring Disorders Specialist and Nurse positions had the highest vacancy rate.	• Continue efforts to retain qualified staff with the goal of operating at 95% or more of full staffing annually.
H7	Psychiatrist on Team	1 - 5 5	The team includes one FTE Psychiatric Nurse Practitioner (Prescriber) who is scheduled to work four 10-hour days weekly and is occasionally available after hours and when assigned as the on-call Prescriber for the agency. The Prescriber meets with members in person at the office, in the community, and via videoconference. Members reported having appointments with the Prescriber every two to four weeks both at the office and in the community. Of the 10 records reviewed, over a one-month period, the Prescriber provided services to nine members both at the office and in community settings.	

H8	Nurse on Team	1 - 5 3	The team includes one FTE Registered Nurse who works four 10-hour days weekly. The Nurse's responsibilities include coordinating with inpatient teams, administering injectable medications, distributing and educating on medications, participating in treatment planning, checking vital signs, and performing blood draws, among other duties. The Nurse is readily accessible to the team on scheduled days. Staff were uncertain about the Nurse's availability after business hours. Staff reported that the Nurse provides services to members both in the office and in community settings. Of the 10 records reviewed over a one-month period, the Nurse delivered services to nine members in the office.	• Continue efforts to recruit and retain Nurses to ensure consistency of coverage for clinic-based services and community-based services. Having two full-time nurses is a critical ingredient of a successful ACT program.
H9	Co-Occurring Disorders Specialist on Team	1 - 5 2	At the time of review, an FTE Co-Occurring Disorders Specialist (CODS) had recently been hired but was not yet fully trained or providing services to members. A review of the CODS resume and training records indicate they had completed one hour of harm reduction training but did not have one year of experience providing substance use treatment services.	• ACT teams are staffed with two Co-Occurring Disorders Specialists for a roster of 100 members, each with one year or more of experience providing substance use treatment services. • Provide eight (8) hours of annual training to Co-Occurring Disorders Specialists in co-occurring disorders treatment best practices, including appropriate interventions, i.e., *stage-wise approach*; the evidence-based practice of *harm reduction*; and *motivational interviewing*. On ACT teams, CODS can cross-train other staff, provide guidance on appropriate interventions, based on members' stage of treatment and in the

				adopted co-occurring disorders model used by the team.
H10	Vocational Specialist on Team	1 - 5 4	The team has two FTE Vocational Specialists: A Rehabilitation Specialist (RS) and an Employment Specialist (ES). The RS was hired in March 2024 and has no prior vocational experience. The ES has served the team for several years providing vocational services. Both specialists have recently completed 2.5 hours of training focused on supporting individuals with serious mental illness in obtaining and retaining employment.	• Ensure both Vocational Specialist staff receive ongoing training in helping members find and retain competitive employment in integrated settings. Supervision by qualified staff should be provided to support skill development during this first year in the role when there is no prior experience.
H11	Program Size	1 - 5 5	At the time of the review, the team was composed of 10 direct service staff including the Prescriber. The team is of sufficient size to provide staffing diversity and coverage for members of the team. There are two vacant positions: Registered Nurse and Co-Occurring Disorders Specialist (CODS).	
O1	Explicit Admission Criteria	1 - 5 5	The team utilizes the *Mercy Care ACT Admission Criteria* to assess potential members for admission onto the ACT team. Specialists complete screenings, staff with the team, and provide records to the Prescriber who makes the final decision regarding admission to the team. Referrals are received internally and externally from other providers in the community. The team reported that there is no internal or external pressure to admit members that do not meet admission criteria to the team.	
O2	Intake Rate	1 - 5 5	Based on the data provided and reviewed with staff, the team has an appropriate admission rate. The periods with the highest admissions during the six months prior to the review were May, June, and July with two new members added to the ACT roster each month.	

O3	Full Responsibility for Treatment Services	1 - 5 2	In addition to case management, the team provides psychiatric services which includes medication management. The team is not credited with the following services: Housing support – Based on staff interviews and data provided, the team has 14 members residing in settings where ACT services are duplicated. Counseling/psychotherapy – At the time of review, the team did not have the capability to provide therapeutic counseling to ACT members. Staff reported referring members to agency staff for counseling needs. Employment support – Staff reported approximately 15 members receive employment supports from outside providers participating in Work Adjustment Training programs (WAT). In one member record reviewed, vocational staff documented providing ongoing employment support to a member at their place of employment. Substance use treatment - At the time of review, the new CODS was not yet providing substance use treatment, and the team was referring members to a CODS on another team for this service.	In the evidenced-based practice of ACT, all member services are delivered by the ACT team. As a transdisciplinary service delivery model, area specialists are trained and cross-trained to provide the core components of ACT: Case management, psychiatric services, counseling/psychotherapy, employment and rehabilitation services, housing support, and substance use treatment. • Evaluate members' circumstances and housing options before they are referred to staffed residences over independent living with ACT staff providing housing support. Enlist natural supports as a resource to assist in identifying housing options. • Educate the team on the benefits of ACT staff engaging and directly supporting members with rehabilitation and competitive employment goals rather than referring them to participate in temporary WAT activities or employment services with brokered providers. • Counseling/psychotherapy is available to members on ACT teams and provided by ACT staff. This staff will also act as a generalist within the team. Consider exploring options to provide counseling services to members of the ACT team, either through new or currently existing ACT staff. • Make available the delivery of co-occurring disorders treatment to members of the ACT team. ACT teams fully assume responsibility for providing members with formal substance use treatment in an

				integrated setting staying within the team approach of the EBP.
O4	Responsibility for Crisis Services	1 - 5 5	Based on interviews, the ACT team is available to provide crisis services 24 hours a day, seven days a week. The on-call responsibilities rotate between the specialist positions daily. Staff reported meeting members in the community during crises to assess and offer support. For after-hours supervisor support, staff will contact the rotating on-call agency supervisor for direction, which may not be the Clinical Coordinator assigned to the team. On-call Prescriber duties also rotate between agency Prescribers. Members are provided with the *ACT Contact List* which includes the on-call number, staff names with titles, and staff phone numbers. Members interviewed were aware of the after-hours services available from the team and reported utilizing this service in the past.	• Ensure staff have access to clinical support from the ACT team when addressing members' needs after hours, promoting continuity of care instead of relying on rotating agency staff who are not familiar with the ACT members.
O5	Responsibility for Hospital Admissions	1 - 5 4	Staff reported that when a member is experiencing increased symptoms, staff evaluate the member in the community, conduct a risk assessment, and consult the Clinical Coordinator and Prescriber or Nurse to triage. The Prescriber then determines the necessity of hospitalization. Staff also provide transportation to the hospital and remain with the member until admitted. Per review of data with staff relating to the 10 most recent member psychiatric hospital admissions, the team was directly involved in	• ACT teams performing to high fidelity of the model are directly involved in 95% or more of psychiatric admissions. Evaluate what contributed to members not seeking team support prior to self-admission.

			80% which occurred during a one-month period. Two members self-admitted to hospitals.	
O6	Responsibility for Hospital Discharge Planning	1 - 5 5	Staff reported direct involvement with psychiatric hospital discharge planning for members. Upon admission, the team reported seeing members every 72 hours while inpatient. The team coordinates care with the hospitals, participates in staffings and discharge planning, transports members upon discharge, assists with medication management, and schedules a Prescriber and Primary Care Provider appointment within 24 - 72 hours. Staff reported following a five-day follow-up protocol, meeting with the member in person daily upon discharge. Per review of data with staff relating to the 10 most recent member psychiatric hospital discharges, the team was directly involved in 100% which occurred during a one-month period.	
O7	Time-Unlimited Services	1 - 5 5	Data provided showed no member graduations in the past 12 months. The team reported continual assessments of members to determine the need for ongoing ACT services, and that members may stay on the ACT team as long as they wish.	
S1	Community-Based Services	1 - 5 3	Staff reported that 80% of in-person contacts with members occur in the community. Results of 10 randomly selected member records reviewed show staff provided services a median of 47% of the time in the community. According to the records reviewed, two members received 100% of their services in	• Increase the delivery of services to members in their communities. Optimally, 80% or more of services occur in members' communities where staff can directly assess needs, monitor progress, model behaviors, and assist members in using resources in a natural, non-clinical setting.

			community-based settings. Five members received less than 50% of services in the community. Documented activities included home visits, inpatient hospital visits, assistance with hospital discharge and transportation, accompanying a member to a government agency, and Prescriber appointments conducted at a member's home.	• Ensure all staff engage with members in the community at a similar level to what was reported by staff interviewed.
S2	No Drop-Out Policy	1 - 5 4	According to data provided and reviewed with staff, the team had seven members that dropped out of the program in the past year. The team retained 93% of the total number of members served in the past 12 months.	• ACT teams ideally retain 95% of the entire caseload yearly. Work to retain membership in ACT. Several factors can affect this number positively including a clear admission policy, consistency in staffing, natural support involvement, assertive engagement practices, and taking a recovery perspective and member-centered approach with member care.
S3	Assertive Engagement Mechanisms	1 - 5 4	Staff stated that outreach efforts are initiated to reconnect with members who have lost contact with the team. When a member is identified as being on outreach, efforts to engage are made four times a week for eight consecutive weeks which includes two community attempts to locate and two attempts via phone or internet websites/portals. The outreach and engagement strategies utilized by the team involve visiting the last known address and locations frequented by the member and coordinating with shelters, natural supports, the medical examiner's office, Arizona's Medicaid program portal, jails, hospitals, and probation officers. The Program Assistant completes the phone/electronic outreach attempts.	• When members are not seen at the frequency indicative of ACT services, consider starting outreach efforts immediately after an identified lapse in contact. • Increase assertive engagement efforts with members. Ideally, outreach is carried out by multiple ACT direct care staff and documented in member records, drawing from motivational interviewing skills and allowing members a diverse group with whom to connect. • On ACT teams, all members' service needs are provided by direct care ACT staff and

			Records reviewed showed inconsistencies in the application of engagement and outreach efforts. Documentation showed that engagement lapses by ACT staff ranged from 6 to 10 days in half of the records reviewed.	documented within member medical records.
S4	Intensity of Services	1 - 5 2	Per a review of 10 randomly selected member records, during a one-month period before the fidelity review, the median amount of time the team spent in-person with members per week was approximately 18 minutes. The highest weekly average for direct in-person services was 75.25 minutes. The lowest weekly average was 3.5 minutes of direct service. The median time of contact via phone was approximately seven minutes. *The fidelity tool does not accommodate delivery of telehealth services.*	• ACT teams provide members with an average of two or more hours of in-person contact weekly. Work with staff to identify and resolve barriers to increasing the average service time delivered. Ensure services are accurately documented. • Evaluate how the team can engage or enhance support to members that receive a lower intensity of service. Documented service time is significantly higher for some members than for others.
S5	Frequency of Contact	1 – 5 2	Of the 10 records randomly sampled, ACT staff provided a median frequency of one in-person contact to members per week. The range for average frequency was 0.25 to 2.25 contacts weekly.	• Increase the frequency of contact with members by ACT staff, optimally averaging four or more in-person contacts a week per member across all members, with an emphasis on community-based services to support member goals. Members may have diverse needs/goals and frequency of contact should be determined by those needs and immediacy.
S6	Work with Support System	1 - 5 3	Staff reported 33% of members on the ACT roster have natural supports. Staff reported maintaining contact with these supports 1 - 2 times per week. During the observed program meeting, natural supports were noted on member calendars and discussion included staff	• Increase contacts with natural supports to an average of four per month for each member with a support system. Contact natural supports as much as possible during the natural course of delivery of services provided to members.

			contact with natural supports. Of 10 member records reviewed, 30% demonstrated natural support contact in the one-month review period with an average of 0.80 contacts per month among all 10 members. The provided documentation indicated 49 contacts with natural supports for 22 members over one month, averaging 1.63 contacts per member during that time.	• Assist members in developing a natural, community-based support system. Active participation with peer run programs is a good first step in helping members connect to a natural support system, as is assistance in reengaging with natural supports with whom they have lost contact.
S7	Individualized Co-Occurring Disorders Treatment	1 - 5 2	Per data provided, there are approximately 54 members (60%) on the ACT team with co-occurring disorders. At the time of the fidelity review, the team was not providing individualized substance use treatment to members to address co-occurring disorders due to staff turnover. Based on the records reviewed, substance use was addressed with members by more than just the former CODS; the Prescriber, Independent Living Skills Specialist, and Rehabilitation Specialist also discussed substance use during member visits.	• Provide an average of 24 minutes or more per week of individualized substance use treatment for all members with co-occurring disorders.
S8	Co-Occurring Disorders Treatment Groups	1 - 5 1	At the time of the review, the team was not providing co-occurring disorders treatment groups.	• Ensure groups are created to provide treatment to the population of members with co-occurring disorders. Offer groups specific to members with co-occurring disorders. • Optimally, 50% or more of members with a substance use disorder attend at least one co-occurring disorders treatment group each month. On ACT teams, all staff encourage members with co-occurring disorders to participate in treatment groups, based on their stage of change,

				with content reflecting stage-wise treatment approaches.
S9	Co-Occurring Disorders Model	1 - 5 3	Staff interviews indicated that the team utilizes a non-judgmental approach when addressing members with co-occurring disorders. Most staff reported using harm reduction strategies when working with members with co-occurring disorders, though some indicated that abstinence is the primary goal. Documented interactions in member records predominantly cited traditional model terminology such as "sobriety" due to quoting the member's own words. The team supports members who wish to attend peer-run substance use programs as there is no group treatment available from the team. Members are referred to detoxification facilities when medically necessary. During the observed program meeting, stages of change were identified for each member with co-occurring disorders. Of the seven records of members with co-occurring disorders, all service plans included goals related to substance use treatment. Referrals to external outpatient treatment programs, identifying triggers, and learning new coping skills were frequently noted. *Integrated Treatment for Co-Occurring Disorders* curriculum and materials were received for review. Staff endorsed an integrated model and harm reduction. There were inconsistent reports	• Provide all specialists with annual training and ongoing mentoring in a co-occurring disorders treatment model, such as *Integrated Co-Occurring Disorders Treatment*, in the principles of a *stage-wise approach* to interventions, the EBP of *harm reduction*, and *motivational interviewing*. • Ensure treatment plans are recovery-focused, and outline steps the team will take to address substance use while supporting the member in recovery. Support members to identify a reduction of use goal when a desire for abstinence is expressed.

			of regular co-occurring disorders training and clinical supervision among staff.	
S10	Role of Consumers on Treatment Team	1 - 5 5	The team includes at least two staff with lived or living psychiatric experience who advocate from a peer perspective and carry the same responsibilities as other ACT staff. Staff reported that sharing personal experiences with members builds rapport and reassures members that they are not alone in their journey. Members interviewed were knowledgeable about staff with lived or living psychiatric experience and indicated that this is valuable and offers hope for the future.	
Total Score:		**98**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	2
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	2
5. Continuity of Staffing	1-5	2
6. Staff Capacity	1-5	3
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	3
9. Co-Occurring Disorders Specialist on Team	1-5	2
10. Vocational Specialist on Team	1-5	4
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	2
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	4
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	3
7. Individualized Co-Occurring Disorders Treatment	1-5	2
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders Model	1-5	3
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**3.50**	
Highest Possible Score	**5**	