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# FY 2017-18 (Year 4)

# Evidence Based Practices

# Fidelity Project

# Quality Improvement Report

**Submitted to the**

**Arizona Health Care Cost Containment System and Mercy Maricopa Integrated Care**

**June 2018**

## Introduction

In January 2014, a key part of the *Arnold vs. Sarn* settlement agreement was a stipulation that the Arizona Department of Health Services (ADHS) would provide training to providers throughout Maricopa County on the four evidence-based practices (EBPs) of Assertive Community Treatment (ACT), Supported Employment (SE), Consumer Operated Services (COS), and Permanent Supportive Housing (PSH), in order to improve services by more closely adhering to fidelity protocols established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). ADHS and the Western Interstate Commission for Higher Education – Mental Health Program (WICHE MHP) contracted consultant David Lynde, a national expert in the four SAMHSA evidence-based practices, to provide training, implementation support, and overall guidance for the project.

As an official kick-off for the EBP implementation and fidelity review project in Maricopa County, David Lynde presented a three-day training in early February 2014, for ADHS staff, Regional Behavioral Health Authority (RBHA) representatives, local service providers, and community members. This training provided a broad overview of the four EBP models and the respective fidelity tools that would be used to measure implementation and adherence to the models. David also explained the fidelity review process that began in July 2014. A review of the final provider census was key in determining staffing requirements and developing a project timeline to achieve deliverables. The overarching goal was to assemble a qualified fidelity review team that was prepared to begin fidelity reviews in July 2014, within SAMHSA protocol guidelines.

In January 2015, Governor Ducey's budget was passed by the Arizona legislature. Within the budget, the Division of Behavioral Health Services was administratively simplified. As of July 1, 2016, all behavioral health services in Arizona, including the exit agreement and provisions of *Arnold v. Sarn*, were transferred to the Arizona Health Care Cost Containment System (AHCCCS).

The composition of the fidelity review team remained unchanged from July 1, 2014 through Year 3. The team consists of four staff based in Arizona, supervised by the WICHE project manager Mimi Windemuller of Colorado, providing both remote and on-site assistance. One fidelity reviewer left the team at the end of FY 2017 and recruitment led to the hiring of a new reviewer to fill the position in August 2017. At the direction of AHCCCS Project Leadership, training and mentoring on the four EBPs was provided from subject matter expert consultants and the other reviewers. WICHE staff trained in ACT and SE fidelity assisted with some of the scheduled reviews during the beginning of the fiscal year. The AHCCCS Project Manager Kelli Donley left her position in October 2017; AHCCCS employees Kristen Challacombe and Judith Walker are now providing this leadership and oversight. Bi-weekly team conference calls occur with the AHCCCS and WICHE project managers, as well as other training consultation with EBP expert consultants as necessary. Effective June 15, 2018, Mimi Windemuller ended employment at WICHE. The new project manager, Rebecca Helfand, PhD, began on June 1, 2018 to allow time for program management transition.

## Project Implementation

Project management initially worked with ADHS to develop an oversight and approval process for conducting the fidelity reviews that was acceptable to the plaintiff's attorneys from the *Arnold* suit. Plaintiffs required that third-party consultants sign off on fidelity reviews for the first year of the project; however, this was not a requirement beyond the first year. WICHE continues to contract with the same consultants used during Year 1: David Lynde is lead consultant and primary contact for ACT; Ann Denton from Advocates for Human Potential (AHP) for PSH, Pat Tucker from AHP for SE and Laurie Curtis from AHP is the contact for COS, although her engagement is limited due to the high performance of the COS providers. Each consultant has extensive experience with SAMHSA EBP fidelity toolkits and provides consultation as needed.

All EBP materials developed for Year 1 of the project, including fidelity scales, review interview guides, scoring protocols and forms, fidelity report templates, provider notification and preparation letters, etc. continue to be used. Applicable documentation was consolidated from the SAMHSA toolkits and reorganized for specific use with the fidelity review team.

The entire fidelity review process continues to accommodate the project scope and timeline, with guidance from the SAMHSA toolkit protocols:

- The team formulates all provider correspondence with necessary data collection tools to accurately conduct reviews across 4 EBPs, while allowing adequate time for both providers and reviewers to prepare for each review. Preparation letters are the first point of contact between the review team and providers.
- Reviews are conducted in a team of two reviewers. Each team has a lead reviewer in charge of preparation correspondence, provider scheduling, and writing the report. The lead alternates for each review.
- Following the one-to-four-day reviews, each team member completes individual scores, and the team then consolidates final consensus scores.
- A detailed fidelity report with scoring rationale and recommendations is drafted by the review team.
- Following discussion and any needed input from respective expert consultant(s), the report with the fidelity scale score sheet is delivered to providers.
- A follow-up call with providers and the RBHA may be scheduled to discuss the review findings and answer specific questions regarding the report.

During training and preparation for fidelity reviews of each EBP, the team discovered that to adequately conduct reviews some adjustments were needed based on how the Arizona system is structured. For example, in the SE and PSH reviews, staff from the Provider Network Organization (PNO) clinics were included to collect appropriate information as the primary referral source for services. Also, it was determined that reviewers have the option to interview a representative from

the RBHA during PSH reviews, due to their role in maintaining the housing referral list. These practices continued during Year 4.

It was noted during Year 1 regarding overall service provision, that the system appears to offer services to members based on what is available versus the members' preferences, which is a distinct difference from the intent of evidence-based practices. Members receiving services benefit more if system structure and service options are embraced and prioritized instead of simply 'adding on' these new EBPs to current offerings. Systemic efforts continue to be initiated to address this issue.

## FY 2017 Fidelity Review Schedule

The review schedule for Year 4 was initially developed in May 2017; however, following the departure of one team member in June, the schedule was adjusted for recruitment and training of a new staff person. The schedule was finalized in July, with all reviews wrapping up by mid-May 2018 to allow adequate time for the fidelity review reports to be completed for end of fiscal year reporting. Due to the compression and timing of the reviews to date, the Interim/Mid-Year Report included findings from the reviews conducted July – November 2017, and this final report includes all the remaining fidelity review findings. The tables delineate the reviews completed before and after the Interim Report by a double line column separation. Reasonable efforts were made to conduct the reviews approximately 10 - 12 months after the previous review, to allow adequate time for performance improvement efforts to be implemented.

The provider census for FY 2018 includes a total of 41 reviews:

- 24 ACT
- 4 COS
- 7 SE
- 6 PSH

During the first part of FY 2018, the team completed 19 reviews: 11 ACT, 4 SE, 2 COS, and 2 PSH. The remaining 22 reviews were completed during the remainder of FY 2018.

## Training and Technical Assistance

The three-pronged quality improvement approach initiated during FY 2015 continued during FY 2018. The three components of this approach include:

- ☐ Education;
- ☐ Training; and
- ☐ Technical assistance.

The focus on the training for the first half of FY 2018 was to train the new reviewer on the four SAMHSA evidence-based practices and to provide an opportunity for review and technical assistance for the entire team. The training was provided by:

- David Lynde – Assertive Community Treatment;
- Pat Tucker – Supported Employment;
- Ann Denton – Permanent Supportive Housing;
- Dr. Dave Wanser & Dr. Maria Monroe-Divita – Substance Use services related to ACT; and
- Laurie Curtis – Consumer Operated Services.

Training and/or technical assistance were provided May 2018 for all four of the evidence-based practices. Below is a summary of the focus for technical assistance provided.

**General Organizational Index**

Alisa Randall, M.Ed. of Mercy Maricopa Integrated Care (MMIC) and Deb Kupfer, MHS of the Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) presented an overview to evidence-based practice providers on the SAMHSA General Organizational Index (GOI). The GOI was framed as a tool they could use internally to measure their organization's capacity to implement evidence-based and promising practices, such as Permanent Supportive Housing (PSH), Supported Employment (SE), Assertive Community Treatment (ACT), and sometimes Consumer Operated Services (COS). Using the GOI as a quality improvement tool could further enhance the successful implementation of evidence-based practices across provider agencies.

**Assertive Community Treatment**

Dr. Steve Harker presented to a group primarily made up of Psychiatrists and Team Leaders from Maricopa County ACT teams. The main focus of the presentation was on the value of doing psychiatric home visits in the context of Person-Centered Treatment Planning. Home visits were presented as being necessary for psychiatrists because they provide so much more information than doing office visits. In the context of recovery goals, the psychiatrist is a key member of the team, because they are the only sub-specialist who sees every member on the team in a regular scheduled fashion. Given this, it is essential that they routinely see members in the same context as the rest of ACT team, so that they can better assess the impact of treatment on member's ability to function as independently as possible in community settings. Basic structural components of ACT, such as centralized scheduling based on treatment plan goals, were discussed in the context of the idea that if a psychiatrist is going to do home visits, it is best that they occur on a team that has fidelity to the model. Without a centrally organized schedule based on client's treatment plan goals, the idea of home visits has much less relevance.

The other topics discussed in the context of home visits were building trust and delivering non-medication treatment for schizophrenia in community settings. Given the fact that many ACT members enter ACT teams in the context of frequent hospital visits and mental health commitments, their ability to trust all mental health providers can be minimal, especially when it comes to psychiatrists. For this reason, it can be very helpful to see them in community settings in which they are comfortable. Short and frequent appointments in community settings can over several years build trust, as compared to appointments in more formal office settings. Trust can also be increased by becoming familiar with family members and other natural supports, and these relationships are much easier to build in community settings. ACT teams provide a myriad of treatments for

schizophrenia that are not based on medications. Cognitive behavioral therapy for psychosis can be very effective, and, given much of this is reliant on exposure and teaching management skills in settings that increase symptoms, a psychiatrist who see the client in the community can collect more data that is helpful in formulating CBT interventions. The presentation ended with a brief discussion of how ACT teams can improve morale and retain employees.

**Supported Employment**

Pat Tucker of AHP provided interactive training to employment specialists providing supported employment and other employment staff. The training focused on methods to successful integration of Supported Employment with Mental Health and why integration is important to the success of the program and the members. It was focused on the roles of employment staff in the clinical team meetings. The training identified the role of employment specialists during clinical team meetings when they are working with members and focused on their role when mental health staff were discussing members that employment staff were not working alongside. The training emphasized that employment specialists are equal partners on the team and responsible to provide input related to services and supports and are just as important as the Mental Health staff. In addition, staff were instructed on how to develop an elevator speech to explain their services to staff outside of employment services.

Additionally, two consultants from Stoel Rives, LLP, Kelly Knivila and Sarah Bimber, conducted a three-hour technical assistance session with mental health (MH) and supported employment (SE) providers. The goal of the session was support the providers' efforts to further integrate supported employment specialists into the clinical care team. The presenters reviewed the current state including the areas where integration was lacking, focusing specifically the difficulties with consistently including employment specialists in care team meetings, particularly where the employment specialist does not have a pre-existing relationship with the clients being discussed. The presenters outlined three scenarios that all have different legal implications:

1. SE provider attends clinical team meeting and both SE and MH provider have a client relationship
2. Co-located SE provider attends clinical team meeting where some clients who are not receiving SE services yet are discussed
3. Co-located SE provider attends clinical team meeting where some clients who are receiving SE services from outside SE provider are discussed

The presenters reviewed the key elements of the two relevant legal structures -- HIPAA and 42 CFR Part 2 -- that might present potential barriers to integration. They then presented legal frameworks for increasing integration. The options presented were:

- Option 1: MH providers may share information with SE providers for treatment purposes without patient consent including
  - Option 1A: SE Provider as Business Associate of MH Provider
  - Option 1B: Co-located SE Provider as Business Associate of Outside SE Provider

- Option 2: Organized Health Care Arrangement

Stoel Rives confirmed that none of these options would permit sharing of substance use disorder (SUD) diagnosis or treatment information with SE providers by an entity covered by 42 CFR Part 2 without written consent of the client.

Stoel Rives then facilitated a discussion among providers, Mercy Maricopa Integrated Care and Arizona Health Care Cost Containment System staff regarding the options and barriers. Some mental health providers shared that not being able to discuss SUD diagnosis and treatment information was a significant barrier to full integration. One mental health provider suggested consideration of an alternative that would allow MH providers to receive the funding for SE providers and to hire SE providers to perform these services. Stoel Rives discussed the potential to redefine the service provided by the MH provider to include SE provider services and to obtain consent to sharing of information with all service providers at the time the client enters the program.

**Permanent Supportive Housing**

Ann Denton of AHP facilitated a session on Permanent Supportive Housing focused on a review of the evidence underlying this successful practice and examined how to more fully implement the elements of choice and streamlined access to the programs. Attendance included provider staff and MMIC housing program staff. The session included intensive work with case scenarios and a role play designed to highlight methods of enhancing choice and ensuring that choice drives program entry, rather than artificial readiness requirements.

**Consumer Operated Services**

Melody Riefer of AHP facilitated a technical assistance session with 12-15 COS providers to discuss ways to clarify the contribution by and maximize the opportunities for peer support in the changing scope of practice related to integrated health/behavioral health expansion. Much of the discussion had to do with specifics to the Arizona legislation and AHCCCS' rules and expectations. To address some of the concerns identified, the benefit of working as a collaboration or consortium to ensure the reference to peer support as a component of the expansion include 'real' peer support was addressed.

The need for a more comprehensive and standardized certification and training for peer specialists (and all the sub-specialties) was noted and would help protect the integrity of the peer support role. Currently, agencies get approved by the AHCCCS to provide the certification and training, which is a process that should continue. With the integrated healthcare mandate, partnerships could bring together various peer and traditional providers in meeting the need for peer support within the continuum of integrated healthcare. The facilitator noted that the peer-run programs and staff could benefit from further training on maintaining the principles and scope of peer work if pressured to become more like traditional clinical services.

## Provider Changes

During FY 2016, several provider changes occurred. Those changes and resulting clinical team transitions are noted below:

- Choices ceased operations July 31, 2015.
  - The Enclave, Townley, and West McDowell clinics transitioned to Terros.
  - The South-Central clinic transitioned to Lifewell Behavioral Wellness.
- People of Color Network ceased operations September 30, 2015.
  - The FACT team at Comunidad clinic moved location and transitioned to Community Bridges Inc.
  - The Centro Esperanza clinic transitioned to Chicanos Por La Causa (CPLC).
  - Comunidad and Capitol clinics transitioned to La Frontera-EMPACT.
  - The Capitol ACT team moved to the Comunidad clinic.
- Circle the City ACT team transitioned to the Terros Dunlap clinic.
- Partners in Recovery (PIR) - Medical ACT (M-ACT) moved from Arrowhead to West Indian School.
- Mountain Health and Wellness merged with another agency to form Horizon Health and Wellness.
- Recovery Innovations Arizona rebranded as RI International.
- Southwest Behavioral Health rebranded as Southwest Behavioral & Health Services (SBHS).

Provider changes for FY 2017 included the addition of an SE review for Recovery Empowerment Network (REN). Also, this included the elimination of the PSH reviews for:

- Terros Behavioral Health Agency (Terros);
- Child and Family Support Services, Inc. (CFSS); and
- Horizon Health and Wellness (HHW) [previously Mountain Health and Wellness (MHW) and Superstition Mountain Mental Health Center (SMMHC).

Provider changes as well as changes in the selection of providers for review are noted below for FY 2018:

- ✓ MIHS/Mesa Riverview was added as a new **ACT** program for review.

- ✓ The following **COS** programs received a combined review in FY 2018:
  - Stand Together and Recover Centers, Inc. (S.T.A.R.) - Central location;
  - Stand Together and Recover Centers, Inc. (S.T.A.R.) - East location; and
  - Stand Together and Recover Centers, Inc. (S.T.A.R.) - West location.

- ✓ The PNO ACT teams are no longer receiving **PSH** reviews; these programs will continue to be reviewed according to the ACT practice:
  - Chicanos Por La Causa (CPLC) ACT team (previously People of Color Network);

- La Frontera – EMPACT (La F)- ACT teams (previously People of Color Network);
- Partners in Recovery (PIR) ACT teams;
- Community Bridges Inc. (CBI) ACT teams;
- Lifewell Behavioral Wellness ACT team (previously Choices South Central);
- Southwest Network (SWN) ACT teams; and
- Terros ACT teams (previously Choices).

Also, Lifewell Behavioral Wellness (Lifewell) has been eliminated from the PSH reviews, as the program was not specifically designed to operate as this evidence-based practice.

✓ There are no changes to the **SE** reviews for FY 2018.

## Summary of Findings from the Fidelity Reviews

The data that follow illustrate the findings from the FY 2018 fidelity reviews conducted July through May of 2018. The yellow and orange highlights indicate the opportunities for improvement, with orange being the greater opportunity. Areas of opportunity that are common across programs help identify potential systemic issues and training/technical assistance opportunities, including areas in which program fidelity clarity may benefit multiple providers. Areas that are challenges for specific providers are also clearly identified in the tables and indicate opportunities for site-specific, fidelity-focused quality improvement interventions. These opportunities are identified for each of the evidence-based practices below, following the data tables. For the providers that received fidelity reviews during FY 2015, 2016 and/or 2017, the Year 1, Year 2 and Year 3 summary data are provided at the end of each FY 2017 table. The full data tables for FY 2015, FY 2016 and FY 2017 are included at the end of this report.

## Assertive Community Treatment (ACT) Fidelity Reviews Completed and Findings

### Reviews Completed July – November 2017

- ✓ Terros Enclave – Now Terros Priest Drive Recovery Center (previously Choices - Enclave)
- ✓ Southwest Network - Osborn Adult Clinic (SWN Osborn)
- ✓ MIHS/Mesa Riverview (MIHS M/R)
- ✓ CBI/99th; formerly Chicanos Por La Causa Maryvale (CPLC-Maryvale)
- ✓ Partners in Recovery (PIR) West Valley
- ✓ Community Bridges, Inc. (CBI) Forensic – Team One (FACT)
- ✓ Partners in Recovery (PIR MV) Metro Varsity
- ✓ Terros 51st Avenue Recovery Center; (formerly Terros West McDowell (Terros W McD) and previously Choices)

- ✓ Lifewell Behavioral Wellness (Lifewell BW) (previously South Central and previously Choices South Central)
- ✓ Partners in Recovery Metro Center Omega (PIR MO)
- ✓ Southwest Network Mesa Heritage Clinic (SWN Mesa HC) (previously Southwest Network -- Hampton Clinic - SWN Hampton)

**Reviews Completed December 2017 – May 2018**

- ✓ Chicanos Por La Causa (CPLC) Centro Esperanza (previously People of Color Network)
- ✓ Southwest Network – San Tan (SWN San Tan)
- ✓ Southwest Network – Saguaro (SWN Sag)
- ✓ Southwest Network – Royal Palms (SWN-RP), (previously Bethany Village (SWN BV))
- ✓ La Frontera-EMPACT Comunidad (La FC) (previously People of Color Network (PCN)
- ✓ Community Bridges, Inc. Avondale ACT (CBI Avondale)
- ✓ Terros 23rd Avenue Recovery Center ACT 1(23rd Ave. ACT 1), (formerly Terros Townley and Choices – Townley Center)
- ✓ Community Bridges, Inc. (CBI) Forensic – Team Two (CBI FACT #2) (previously People of Color Network)
- ✓ Partners in Recovery (PIR) West Indian School Medical Specialty ACT (M-ACT) (previously located at Arrowhead)
- ✓ La Frontera-EMPACT Tempe, previously Madison, (LaF Tempe)
- ✓ La Frontera-EMPACT Capitol Center - Comunidad (La FCC) (previously People of Color Network)
- ✓ Community Bridges, Inc. (CBI) Forensic – Team Three (CBI FACT #3)
- ✓ Terros 23rd Avenue Recovery Center (23rd Ave. ACT 2) – Previously Terros Dunlap and Circle the City)

# Assertive Community Treatment

| Assertive Community Treatment | Terros En-clave | SWN Osborn | MIHS M/R | CBI 99th | PIR West Valley | CBI FACT One | PIR Metro Varsity | Terros 51st Ave. | Lifewell BW | PIR MO | SWN Mesa HC | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN RP | La FC | CBI Avon dale | 23rd Ave. ACT1 | CBI FACT #2 | PIR [M-ACT] | LaF Tempe | La FCC | CBI FACT #3 | 23rd Ave. ACT2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Human Resources: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Caseload | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |
| Team Approach | 4 | 4 | 5 | 5 | 4 | 4 | 3 | 4 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 3 | 5 | 4 | 4 | 4 | 3 |
| Program Meeting | 5 | 5 | 5 | 5 | 5 | 5 | 5 | **5** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 |
| Practicing ACT Leader | 4 | 2 | 3 | 3 | 2 | 4 | 1 | **2** | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 4 | 4 | 3 | 4 | 4 | 1 | 3 | 3 | 2 |
| Continuity of Staffing | 4 | 3 | 3 | 1 | 1 | 3 | 2 | **3** | 1 | 4 | 4 | 1 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 3 | 2 | 4 | 3 | 2 |
| Staff Capacity | 4 | 3 | 3 | 4 | 4 | 5 | 4 | 4 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 4 | 5 | 5 | 5 | 4 | 4 |
| Psychiatrist on Team | 5 | 5 | 5 | 1 | 5 | 4 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 3 | 5 | 5 | 5 | 5 | 5 |
| Nurse on Team | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Substance Abuse Specialist on Team | 5 | 5 | 4 | 4 | 5 | 3 | 5 | 3 | 3 | 5 | 5 | 3 | 5 | 3 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 3 | 3 | 5 |
| Vocational Specialist on Team | 3 | 3 | 4 | 3 | 3 | 5 | 3 | 3 | 4 | 5 | 3 | 2 | 5 | 5 | 5 | 5 | 4 | 1 | 2 | 5 | 5 | 5 | 1 | 4 |
| Program Size | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 |
| **Organizational Boundaries: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | | |
| Explicit Admission Criteria | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 5 | 5 |
| Intake Rate | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Full Responsibility for Treatment Services | 5 | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 4 | 4 | 4 |
| Responsibility for Crisis Services | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |
| Responsibility for Hospital Admissions | 3 | 4 | 4 | 3 | 4 | 5 | 3 | 3 | 3 | 5 | 4 | 3 | 5 | 4 | 4 | 3 | 4 | 3 | 4 | 5 | 5 | 4 | 3 | 4 |
| Responsibility for Hospital Discharge Planning | 4 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 3 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 5 | 4 | 5 | 5 | 4 | 4 | 5 | 4 |
| Time-unlimited Services | 5 | 5 | 5 | 4 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 4 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 |

| ACT | Terros En-clave | SWN Osborn | MIHS M/R | CBI 99th | PIR West Valley | CBI FACT One | PIR Metro Varsity | Terros 51st Ave. | Lifewell BW | PIR MO | SWN Mesa HC | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN RP | La FC | CBI Avon dale | 23rd Ave. ACT1 | CBI FACT #2 | PIR [M-ACT] | LaF Tempe | La FCC | CBI FACT #3 | 23rd Ave. ACT2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nature of Services: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | | |
| Community-based Services | 5 | 2 | 4 | 2 | 2 | 5 | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 4 | 3 | 4 | 2 | 5 | 3 | 4 | 3 | 5 | 2 |
| No Drop-out Policy | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 5 | 5 |
| Assertive Engagement Mechanisms | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 5 | 5 | 5 | 3 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |
| Intensity of Service | 3 | 2 | 2 | 2 | 3 | 4 | 4 | 3 | 2 | 4 | 2 | 3 | 4 | 2 | 4 | 4 | 4 | 3 | 2 | 4 | 3 | 3 | 3 | 3 |
| Frequency of Contact | 4 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 2 | 4 | 3 | 4 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 |
| Work with Support System | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 4 | 3 | 2 | 2 | 4 | 3 | 3 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 3 | 1 |
| Individualized Substance Abuse Treatment | 4 | 3 | 4 | 5 | 3 | 4 | 4 | 3 | 2 | 4 | 3 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 |
| Co-occurring Disorders Treatment Groups | 3 | 2 | 3 | 4 | 5 | 3 | 2 | 4 | 2 | 3 | 2 | 2 | 4 | 1 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 2 | 3 |
| Co-occurring Disorders/ Dual Disorders Model | 3 | 3 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 2 |
| Role of Consumers on Treatment Team | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Year 4 Total Score** | **121** | **109** | **115** | **105** | **111** | **121** | **96** | **110** | **105** | **122** | **110** | **102** | **126** | **111** | **119** | **120** | **118** | **104** | **108** | **125** | **115** | **115** | **111** | **109** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **86.4** | **77.9** | **82.1** | **75.0** | **79.3** | **86.4** | **68.6** | **78.6** | **75.0** | **87.1** | **78.6** | **72.9** | **90.0** | **79.3** | **85.0** | **85.7** | **84.3** | **74.3** | **77.1** | **89.3** | **82.1** | **82.1** | **79.3** | **77.9** |
| **Average** | **4.32** | **3.89** | **4.07** | **3.75** | **3.96** | **4.32** | **3.43** | **3.93** | **3.75** | **4.36** | **3.93** | **3.64** | **4.5** | **3.96** | **4.25** | **4.29** | **4.21** | **3.71** | **3.86** | **4.46** | **4.11** | **4.11** | **3.96** | **3.89** |
| **Year 3 Total Score** | **117** | **90** | **NA** | **91** | **91** | **116** | **103** | **96** | **96** | **112** | **106** | **106** | **115** | **104** | **110** | **119** | **113** | **109** | **108** | **128** | **109** | **113** | **110** | **113** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **83.6** | **64.3** | **NA** | **65.0** | **65.0** | **82.9** | **73.6** | **68.6** | **68.6** | **80.0** | **75.7** | **75.7** | **82.1** | **74.3** | **78.6** | **85.0** | **80.7** | **77.9** | **77.1** | **91.4** | **77.9** | **80.7** | **78.6** | **80.7** |
| **Average** | **4.18** | **3.21** | **NA** | **3.25** | **3.29** | **4.14** | **3.68** | **3.43** | **3.43** | **4.0** | **3.79** | **3.79** | **4.11** | **3.71** | **3.93** | **4.25** | **4.04** | **3.89** | **3.86** | **4.57** | **3.89** | **4.04** | **3.93** | **4.03** |
| **Year 2 Total Score** | **101** | **97** | **NA** | **NA** | **115** | **117** | **100** | **114** | **104** | **115** | **99** | **98** | **101** | **93** | **111** | **90** | **NA** | **111** | **114** | **113** | **NA** | **103** | **NA** | **99** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **72.1** | **69.3** | **NA** | **NA** | **82.1** | **83.6** | **71.4** | **81.4** | **74.3** | **82.1** | **70.7** | **70** | **72.1** | **66.4** | **79.3** | **64.3** | **NA** | **79.3** | **81.4** | **80.7** | **NA** | **73.6** | **NA** | **70.7** |
| **Average** | **3.6** | **3.46** | **NA** | **NA** | **4.11** | **4.18** | **3.57** | **4.07** | **3.71** | **4.1** | **3.54** | **3.50** | **3.61** | **3.32** | **3.92** | **3.21** | **NA** | **3.96** | **4.07** | **4.04** | **NA** | **3.68** | **NA** | **3.54** |

| ACT | Terros En-clave | SWN Osborn | MIHS M/R | CBI 99th | PIR West Valley | CBI FACT One | PIR Metro Varsity | Terros 51st Ave. | Lifewell South Central | PIR MO | SWN Mesa HC | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN RP | La FC | CBI Avon dale | 23rd Ave. ACT1 | CBI FACT #2 | PIR [M-ACT] | LaF Tempe | La FCC | CBI FACT #3 | 23rd Ave. ACT2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Year 1 Total Score** | **97** | **103** | **NA** | **NA** | **109** | **NA** | **111** | **112** | **112** | **98** | **114** | **90** | **110** | **NA** | **97** | **114** | **NA** | **109** | **111** | **NA** | **NA** | **81** | **NA** | **NA** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **69.3** | **73.6** | **NA** | **NA** | **77.9** | **NA** | **79.3** | **80** | **80** | **70** | **81.4** | **64.3** | **80** | **NA** | **69.3** | **81.4** | **NA** | **77.9** | **79.3** | **NA** | **NA** | **57.9** | **NA** | **NA** |
| **Average** | **3.46** | **3.68** | **NA** | **NA** | **3.89** | **NA** | **3.96** | **4** | **4** | **3.5** | **4.07** | **3.21** | **3.93** | **NA** | **3.46** | **4.07** | **NA** | **3.89** | **3.96** | **NA** | **NA** | **2.89** | **NA** | **NA** |

### The fidelity team noted the following:

- Staff contacts with members should be focused on meaningful clinical interactions, with the majority of contacts occurring in the community.
- Both licensed and unlicensed Substance Abuse Specialists (SASs) should have specific training in substance abuse treatment. Both should receive clinical supervision by clinicians who are qualified to provide it.
- Some agencies have provided resources (e.g., workbooks or curriculum) to ensure consistent treatment approaches across teams, and processes are beginning to be put in place to provide weekly supervision to SASs. However, some are also adapting curriculum and models that they are interested in or familiar with, and although there may be evidence that they are effective with a niche group of members, they may not be the best fit to serve all SMI/COD diagnosed members.
- It does not appear that all staff on the teams are familiar with an integrated treatment approach. It appears that staff on several teams continue to rely on traditional, confrontational approaches to substance use treatment. It has been recommended that a proven co-occurring treatment model (such as Integrated Dual Disorder Treatment (IDDT)) be implemented across the system, with supporting training and documentation provided to all providers and clinics.
- Direct member services delivered by the Clinical Coordinator (CC) (i.e., Team Leader) are below the recommended 50% threshold. Agencies should identify issues that may be limiting direct service time and ensure that the Team Leader's actual face-to-face service time (versus billable time) is accurately documented.
- ACT teams continue to introduce new clinic-based groups into their member services. While these may be intended to increase the intensity and frequency of service, agencies should ensure that these do not replace individualized treatment in members' natural settings in the community. Additional groups should align with targeted skill building tied to individual service plans (ISPs). Several groups (such as art and craft groups) are of questionable benefit and appear to be solely designed to increase contact expectations. Some teams appear to be replicating day treatment, with members remaining at the clinic all day, engaged to participate in both team and general clinic groups. Those members may receive more staff service time than those members who do not elect to spend their days at the clinic.
- Staff retention and turnover on ACT teams have become a concern. When teams are fully staffed with people stable in their roles (more than a year), team members can focus more on their specialty. Turnover in the CC position is particularly challenging, causing reduced morale from lack of leadership and mentoring. Agencies should explore strategies to retain staff, based on the technical assistance, focused on staff retention, which was provided May 2018.

### Assertive Community Treatment Quality Improvement Opportunities

The overall ratings for ACT fidelity reviews ranged from 68.6% to 90.0% with an average of 80.6% percent during Year 4. While there has been fluctuation in the highest and lowest ratings from year-to-year, there has been a 5.5 percent increase in the average ratings since Year 1.

| ACT Fidelity Scores | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Lowest Rating | 57.9% | 64.3% | 64.3% | 68.6% |
| Highest Rating | 81.4% | 83.6% | 91.4% | 90.0% |
| Overall Average | 74.8% | 75.1% | 76.9% | 80.6% |

In the Human Resources domain, challenges remain in the areas of Practicing Team Leader and Continuity of Staffing, which was also noted in previous annual reports. There has been notable improvement in Substance Abuse and Vocational Specialists being assigned to teams, although several providers continue to have challenges with assigning these specialists to teams, and more so for Vocational Specialists than Substance Abuse Specialists during FY 2018.

Within the domain of Organizational Boundaries, all providers continue to receive ratings of three or higher in Full Responsibility for Treatment Services. Responsibility for Hospital Admissions received the most ratings of three, which remains an area for improvement.

The Nature of Services domain continues to be the most challenging for providers, and continued efforts are needed to address this. The areas that present the greatest opportunities for quality improvement across multiple sites (with average ratings across providers) include: provision of Community-based Services (3.1, up from 2.9 in FY 2017), Work with Support Systems (2.5, same as FY 2017), Intensity of Services (3.0, up from 2.9 in FY 2017), Frequency of Contact (2.9, down from 3.2 in FY 2017, which may be related to a greater focus on treatment groups rather than more general activity groups), Co-occurring Disorders Treatment Groups (2.75, up from 2.7 in FY 2017) and Co-occurring Disorders/ Dual Disorders Model (3.4 up from 3.1 in 2017). Additionally, one provider is not approaching fidelity on the Role of Consumers on Treatment Teams. Efforts to improve the fidelity of these areas will require the engagement of both leadership staff and the ACT teams through focused practice changes, as well as ongoing training and technical assistance. Deviations from these fidelity items jeopardize the treatment outcomes of the members served.

MMIC may want to develop processes and procedures that outline expectations of providers if ACT teams change provider agencies. For example, to provide guidance to providers on preferred thresholds for staff retention, and to update agency websites to reflect changes, primary contacts, where members can direct questions, etc.

Training focus to support continued quality improvement should include:

- Focusing on ACT as a service with multiple key components, when operationalized in an integrated way, produce desired outcomes. While addressing specific fidelity markers is important to improve adherence to the evidence-based model, a segmented approach versus a comprehensive approach jeopardizes the stability of ACT.
- Continuing emphasis on understanding the components of the Nature of Services domain.
- Ongoing staff training in specific areas of specialization (Substance Abuse Specialists, Vocational Specialists, etc.).
- Training and ongoing supervision to support all ACT staff as they transition to an integrated treatment approach to work with members with co-occurring challenges. More education and training are recommended on stage-wise treatment and the stages of change model and how these should effectively be implemented.

## Consumer Operated Services (COS) Fidelity Reviews Completed and Findings

**Reviews completed July – November 2017**

- ✓ Center for Health Empowerment, Education, Employment and Recovery Services (CHEEERS)
- ✓ Recovery Empowerment Network (REN)

**Reviews completed December 2017 – May 2018**

- ✓ Stand Together and Recover Centers, Inc. (Star All) – Central, East & West combined beginning in FY 2018
- ✓ Vive La Esperanza – Hope Lives (Hope Lives)

## Consumer Operated Services

| COS | Likert Scale | CHEEERS | REN | STAR All | Hope Lives |
|---|---|---|---|---|---|
| **Structure** | | | | | |
| Board Participation | 1-5 | 4 | 4 | 4 | 4 |
| Consumer Staff | 1-5 | 5 | 4 | 5 | 4 |
| Hiring Decisions | 1-4 | 4 | 4 | 4 | 4 |
| Budget Control | 1-4 | 4 | 4 | 4 | 3 |
| Volunteer Opportunities | 1-5 | 5 | 5 | 5 | 4 |
| Planning Input | 1-5 | 5 | 5 | 5 | 4 |
| Satisfaction/Grievance Response | 1-5 | 5 | 5 | 5 | 5 |
| Linkage with Traditional MH Services | 1-5 | 5 | 5 | 5 | 4 |
| Linkage with other COS Programs | 1-5 | 5 | 5 | 5 | 4 |
| Linkage with other Services Agencies | 1-5 | 5 | 5 | 5 | 5 |
| **Environment** | | | | | |
| Local Proximity | 1-4 | 4 | 4 | 3 | 4 |
| Access | 1-5 | 5 | 5 | 5 | 5 |
| Hours | 1-5 | 5 | 3 | 4 | 3 |
| Cost | 1-5 | 5 | 5 | 5 | 5 |
| Reasonable Accommodation | 1-4 | 3 | 3 | 3 | 3 |
| Lack of Coerciveness | 1-5 | 5 | 5 | 5 | 4 |
| Program Rules | 1-5 | 5 | 5 | 5 | 4 |
| Physical Environment | 1-4 | 4 | 4 | 4 | 3 |
| Social Environment | 1-5 | 5 | 5 | 5 | 4 |
| Sense of Community | 1-4 | 4 | 4 | 4 | 4 |
| Timeframes | 1-4 | 4 | 4 | 4 | 4 |
| **Belief Systems** | | | | | |
| Peer Principle | 1-4 | 4 | 4 | 4 | 4 |
| Helper's Principle | 1-4 | 4 | 4 | 4 | 4 |
| Personal Empowerment | 1-5 | 5 | 5 | 5 | 5 |
| Personal Accountability | 1-5 | 5 | 5 | 5 | 5 |
| Group Empowerment | 1-4 | 4 | 4 | 4 | 4 |
| Choice | 1-5 | 5 | 5 | 4 | 5 |
| Recovery | 1-4 | 4 | 4 | 4 | 4 |
| Spiritual Growth | 1-4 | 4 | 4 | 4 | 4 |

| COS | Likert Scale | CHEEERS | REN | STAR All | Hope Lives |
|---|---|---|---|---|---|
| **Peer Support** | | | | | |
| Formal Peer Support | 1-5 | 5 | 5 | 5 | 5 |
| Informal Peer Support | 1-4 | 4 | 4 | 4 | 4 |
| Telling Our Story | 1-5 | 5 | 5 | 5 | 5 |
| Artistic Expression | 1-5 | 5 | 3 | 5 | 4 |
| Consciousness Raising | 1-4 | 4 | 4 | 4 | 3 |
| Formal Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 |
| Informal; Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 |
| Peer Mentoring and Teaching | 1-4 | 4 | 4 | 4 | 4 |
| **Education** | | | | | |
| Formally Structured Activities | 1-5 | 5 | 5 | 5 | 5 |
| Receiving Informal Support | 1-5 | 5 | 5 | 5 | 5 |
| Providing Informal Support | 1-5 | 5 | 5 | 5 | 5 |
| Formal Skills Practice | 1-5 | 5 | 5 | 5 | 5 |
| Job Readiness Activities | 1-5 | 5 | 5 | 4 | 5 |
| **Advocacy** | | | | | |
| Formal Self Advocacy | 1-5 | 4 | 5 | 5 | 5 |
| Peer Advocacy | 1-5 | 5 | 5 | 5 | 5 |
| Outreach to Participants | 1-5 | 5 | 5 | 3 | 3 |
| **Year 4 Total Score** | | 205 | 201 | 200 | 190 |
| **Total Possible** | 208 | 208 | 208 | 208 | 208 |
| **Percentage Score** | | **98.6** | **96.6** | **96.1** | **91.3** |
| **Year 3 Total Score** | | 204 | 198 | | 192 |
| **Total Possible** | 208 | 208 | 208 | | 208 |
| **Percentage Score** | | **98.1** | **95.2** | **93.6** | **92.3** |
| **Year 2 Total Score** | | 204 | 193 | | 186 |
| **Total Possible** | **208** | 208 | 208 | | 208 |
| **Percentage Score** | | **98.1** | **92.8** | **90.1** | **89.4** |
| **Year 1 Total Score** | | 187 | 199 | | 187 |
| **Total Possible** | **208** | 208 | 208 | | 208 |
| **Percentage Score** | | **89.9** | **95.7** | **81.9** | **89.9** |

### The fidelity team has noted the following:

- COS programs should review accessibility issues, which have not seen much improvement from year to year. For example, ensure that members who are deaf or hearing impaired can participate in programs fully, and make sure all staff can access and understand how to use TTY services.
- COS programs should also review, update, and modernize their outreach and engagement strategies to include better use of social media and websites that are member oriented and include weekly or monthly calendars and/or menus and links to community resources. This may be of benefit to young adult members who are more likely to use this as their primary means of communication and information gathering.

### Consumer Operated Services Quality Improvement Opportunities

The overall scores for the reviewed Consumer Operated Services sites remain very good, with percentage scores ranging from 91.3% to 98.6% with an average of 95.7% based on FY 2018 data. The table below illustrates the rating trends during the past four years. The improvement is remarkable and appears to be sustaining over time.

| COS Fidelity Scores | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Lowest Rating | 79.8% | 85.1% | 92.3% | 91.3% |
| Highest Rating | 95.7% | 98.1% | 98.1% | 98.6% |
| Overall Average | 86.9% | 91.7% | 94.4% | 95.7% |

As noted in previous reports, although COS staff collaborate on occasion, it is not clear if collaboration is consistent or always reciprocated. A 'community of practice' approach would be beneficial in providing support to all the providers. This collaborative approach would allow staff to learn from each other's practices and provide an avenue for shared problem solving in areas that are challenging across agencies. Moreover, this approach could be facilitated through periodic conference calls with COS staff from each of the programs. An identified MMIC staff lead and WICHE staff could also participate and help clarify fidelity expectations and practices, while promoting collaboration across sites. This was the focus of some technical assistance offered to COS providers May 2018.

Also, as noted in previous reports, few programs have avenues for members to share information through their program websites, utilize social media, or have other targeted methods to engage sub-groups in the community (e.g., young adults). Engagement in these or similar efforts would enhance the current programs.

## Supported Employment (SE) Fidelity Reviews Completed and Findings

**Reviews completed July – November 2017**

- ✓ Marc Community Resource's Supported Employment (Marc CR)
- ✓ Focus Employment Services (Focus)
- ✓ Lifewell Behavioral Wellness Supported Employment (Lifewell)
- ✓ VALLEYLIFE Supported Employment (VALLEYLIFE)

**Reviews completed December 2017 – May 2018**

- ✓ Wedco Employment Center (WEDCO)
- ✓ Beacon Supported Employment (Beacon)
- ✓ Recovery Empowerment Network (REN)

Note: DK Advocates Supported Employment (DK Advocates) was not a contracted provider beyond Year 2.

## Supported Employment

| **SE** 1-5 Likert Scale | Marc CR | Focus | Lifewell | VALLEYLIFE | WEDCO | Beacon | REN |
|---|---|---|---|---|---|---|---|
| **Staffing** | | | | | | | |
| Caseload | 5 | 5 | 5 | 4 | 5 | 3 | 4 |
| Vocational Services Staff | 5 | 4 | 5 | 5 | 5 | 4 | 5 |
| Vocational Generalists | 5 | 4 | 4 | 5 | 4 | 4 | 4 |
| **Organization** | | | | | | | |
| Integration of rehabilitation with MH treatment | 4 | 3 | 2 | 4 | 2 | 2 | 1 |
| Vocational Unit | 5 | 3 | 3 | 5 | 4 | 5 | 1 |
| Zero-exclusion criteria | 3 | 3 | 4 | 5 | 4 | 3 | 3 |
| **Services** | | | | | | | |
| Ongoing work-based assessment | 5 | 4 | 4 | 4 | 4 | 5 | 5 |
| Rapid search for competitive jobs | 5 | 4 | 4 | 4 | 3 | 4 | 4 |
| Individual job search | 5 | 5 | 4 | 5 | 5 | 5 | 5 |
| Diversity of jobs developed | 4 | 5 | 4 | 3 | 4 | 4 | 4 |
| Permanence of jobs developed | 5 | 5 | 5 | 5 | 4 | 5 | 5 |
| Jobs as transitions | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Follow-along supports | 4 | 4 | 5 | 4 | 5 | 5 | 4 |
| Community-based services | 4 | 2 | 3 | 3 | 5 | 5 | 2 |
| Assertive engagement and outreach | 3 | 3 | 3 | 5 | 4 | 4 | 3 |
| **Year 4 Total Points: Total Possible 75** | 67 | 59 | 60 | 66 | 63 | 63 | 55 |
| **Percentage** | **89.3%** | **78.7%** | **80.0%** | **88.0%** | **84%** | **84%** | **73.3%** |
| **Average** | 4.5 | 3.9 | 4.0 | 4.4 | 4.2 | 4.2 | 3.7 |
| **Year 3 Total Points: Total Possible 75** | 66 | 61 | 50 | 63 | 61 | 68 | 46 |
| **Percentage** | **88%** | **81.3%** | **66.6%** | **84%** | **81.3%** | **90.7%** | **61.3%** |
| **Average** | 4.4 | 4.1 | 3.3 | 4.2 | 4.2 | 4.5 | 3.1 |
| **Year 2 Total Points: Total Possible 75** | 63 | 55 | 61 | 65 | 61 | 60 | NA |
| **Percentage** | **84%** | **73.3%** | **81.3%** | **86.7%** | **81.3%** | **80%** | **NA** |
| **Average** | 4.2 | 3.7 | 4.1 | 4.3 | 4.07 | 4 | NA |

| **SE** 1-5 Likert Scale | Marc CR | Focus | Lifewell | VALLEYLIFE | WEDCO | Beacon | REN |
|---|---|---|---|---|---|---|---|
| **Year 1 Total Points: Total Possible 75** | 41 | 58 | 57 | 51 | 47 | 51 | NA |
| **Percentage** | **54.6%** | **77.3%** | **76%** | **68%** | **62.6%** | **68%** | **NA** |
| **Average** | 2.73 | 3.87 | 3.8 | 3.29 | 3.13 | 3.29 | NA |

### The fidelity team has noted the following:

- Job development remains an area for focused training, particularly job development provided in the community interacting directly with potential employers. Some Employment Specialists do not provide the majority of services in the community, and primarily submit internet applications during employment searches. Agencies should focus on hiring SE staff who have the right personality fit for the duties of the job and are comfortable with community-based job development and employer engagement. A combination of marketing skills with behavioral health experience is ideal.
- Though SE providers and clinic staff at co-located locations report a high level of coordination, SE providers often cite confidentiality concerns (i.e., HIPPA restrictions) that prevent full integration with clinic teams. As a result, Employment Specialists often do not attend full team meetings, only a portion of the meeting where members served, or pending referral are discussed, potentially resulting in missed opportunities to suggest employment for other members served by clinic teams. The RBHA supported technical assistance in May 2018, which included a discussion of potential options to address some of these challenges.
- Community-based services are still a challenge. Coffee shops should not serve as satellite offices, but rather members should be engaged in a place where they can be exposed to a variety of settings and explore vocational possibilities that may assist with their employment goals and related to their interest area.

### Supported Employment Quality Improvement Opportunities

Opportunities to improve the fidelity of the Supported Employment programs continue across all sites; however, gradual improvement is notable across the years. The table below illustrates the four-year trends.

| SE Fidelity Scores | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Lowest Rating | 50.6%* | 73.3% | 61.3% | 73.3% |
| Highest Rating | 77.3% | 86.7% | 90.7% | 89.3% |
| Overall Average | 67.8% | 81.2% | 79.0% | 82.5% |

* This provider was not a contracted provider following Year 1.

Zero exclusion shows improvement across most sites. Readiness activities should not delay members from competitive, permanent employment in community integrated settings. A key part of evidence-based Supported Employment is collaboration among the agency, clinical teams and vocational rehabilitation, which is an opportunity to reduce exclusion from employment opportunities.

For some reviews, it was difficult to ascertain whether member contacts occurred in the community or in the office. Additionally, documentation did not always clearly indicate whether employer contacts were made by phone or in person in the community. It is important that the majority of services be provided in the community rather than in an office or clinic. Ensuring documentation accurately reflects the services provided may improve some of the fidelity ratings.

Given the improvements noted across all three fidelity domains of Staffing, Organization and Services over the four years of review, it appears that most providers have a better understanding of the program model and have implemented structural or policy practices to improve fidelity. Additional training and technical assistance for service providers and clinical partners will be valuable in continuing to improve adherence to the Supported Employment model. Additionally, a greater focus on community integration and clearer documentation of these services may also improve adherence to the model.

Training focus to support continued quality improvement should include:

- Continued engagement with AHCCCS, MMIC and clinic/treatment team staff to achieve fuller integration, clarifying HIPPA and 42CFR Part 2 regulations so that services are provided through integrated teams, to the extent possible.
- Continued community-based job development training for Employment Specialists and their supervisors including: sales/marketing techniques, role-playing with other staff and supervisors, and shadowing other successful job developers in the field. While previous technical assistance efforts have addressed this, it continues to be a challenge, especially given some staffs' lack of sales/marketing experience and staff turnover.

## Permanent Supportive Housing (PSH) Fidelity Reviews Completed and Findings

**Reviews completed July – November 2017**

- ✓ PSA Behavioral Health Agency (PSA)
- ✓ Arizona Health Care Contract Management Services, Inc. (AHCCMS)

**Reviews completed December 2017 – May 2018**

- ✓ RI International (RI)
- ✓ Community Bridges Inc. (CBI)
- ✓ Southwest Behavioral & Health Services (SBHS) [previously Southwest Behavioral Health (SBH)]
- ✓ Marc Community Resources (MARC)

Note: To better identify areas for improvement for PSH, for the Year 2 and 3 reports, items receiving a 2.5 rating are highlighted. These items were not highlighted in the Year 1 tables to avoid overwhelming providers and to offer them some time to gain a better understanding of the fidelity expectations.

## Permanent Supportive Housing

| PSH | Scale | PSA | AHC-CMS | RI | CBI | SBHS | MARC |
|---|---|---|---|---|---|---|---|
| **Choice of Housing** | | | | | | | |
| Tenants have choice of type of housing | 1,2.5,4 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 4 |
| Real choice of housing unit | 1 or 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Tenant can wait without losing their place in line | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Tenants have control over composition of household | 1,2.5,4 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 4 |
| Average Score for Dimension | | 3.25 | 3.25 | 4 | 3.25 | 3.25 | 4 |
| **Functional Separation of Housing and Services** | | | | | | | |
| Extent to which housing management providers do not have any authority or formal role in providing social services | 1,2.5,4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Extent to which service providers do not have any responsibility for housing management functions | 1,2.5,4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Extent to which social and clinical service providers are based off site (not at housing units) | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Average Score for Dimension | | 4 | 4 | 4 | 4 | 4 | 4 |
| **Decent, Safe and Affordable Housing** | | | | | | | |
| Extent to which tenants pay a reasonable amount of their income for housing | 1-4 | 2 | 3 | 4 | 4 | 3 | 3 |
| Whether housing meets HUD's Housing Quality Standards | 1,2.5,4 | 1 | 1 | 2.5 | 2.5 | 1 | 1 |
| Average Score for Dimension | | 1.5 | 2 | 3.25 | 4 | 2 | 2 |
| **Housing Integration** | | | | | | | |
| Extent to which housing units are integrated | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Average Score for Dimension | | 4 | 4 | 4 | 4 | 4 | 4 |
| **Rights of Tenancy** | | | | | | | |
| Extent to which tenants have legal rights to the housing unit | 1,4 | 1 | 1 | 4 | 4 | 1 | 1 |
| Extent to which tenancy is contingent on compliance with program provisions | 1,2.5,4 | 4 | 4 | 4 | 2.5 | 4 | 4 |
| Average Score for Dimension | | 2.5 | 2.5 | 4 | 3.25 | 2.5 | 2.5 |
| **Access to Housing** | | | | | | | |
| Extent to which tenants are required to demonstrate housing readiness to gain access to housing units | 1-4 | 4 | 3 | 4 | 3 | 4 | 4 |
| Extent to which tenants with obstacles to housing stability have priority | 1,2.5,4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |

| PSH | | PSA | AHC-CMS | RI | CBI | SBHS | MARC |
|---|---|---|---|---|---|---|---|
| Extent to which tenants control staff entry into the unit | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Average Score for Dimension | | 3.5 | 3.17 | 3.5 | 3.17 | 3.5 | 3.5 |
| **Flexible, Voluntary Services** | | | | | | | |
| Extent to which tenants choose the type of services they want at program entry | 1 or 4 | 1 | 1 | 1 | 1 | 1 | 4 |
| Extent to which tenants have the opportunity to modify services selection | 1 or 4 | 1 | 1 | 4 | 1 | 4 | 1 |
| Extent to which tenants are able to choose the services they receive | 1-4 | 4 | 3 | 3 | 3 | 3 | 3 |
| Extent to which services can be changed to meet the tenants changing needs and preferences | 1-4 | 2 | 3 | 4 | 3 | 4 | 2 |
| Extent to which services are consumer driven | 1-4 | 2 | 2 | 3 | 3 | 2 | 3 |
| Extent to which services are provided with optimum caseload sizes | 1-4 | 3 | 4 | 3 | 4 | 4 | 3 |
| Behavioral health services are team based | 1-4 | 2 | 2 | 2 | 2 | 2 | 2 |
| Extent to which services are provided 24 hours, 7 days per week | 1-4 | 2 | 4 | 4 | 2 | 4 | 2 |
| Average Score for Dimension | | 2.13 | 2.5 | 3 | 2.38 | 3 | 2.5 |
| **Year 4 Total Score** | | **20.88** | **21.42** | **25.75** | **23.3** | **22.25** | **22.5** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **74.6%** | **76.5%** | **91.9%** | **85.0%** | **79.4%** | **80.3%** |
| **Year 3 Total Score** | | **21.7** | **20.2** | **25.88** | **22.26** | **21.8** | **22.8** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **77.5%** | **72.1%** | **92.4%** | **79.5%** | **77.9%** | **81.4%** |
| **Year 2 Total Score** | | **20.5** | **18.4** | **24.9** | **23.8** | **21.8** | **20.2** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **73%** | **65.5%** | **88.9%** | **85%** | **78%** | **72.3%** |
| **Year 1 Total Score** | | **12.3** | **13.1** | **20.7** | **NA** | **13.9** | **19.2** |
| **Highest Possible Score** | | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **43.9** | **46.7** | **74.1** | **67.1** | **49.6** | **68.6** |

### The fidelity team has noted the following:

- Some staff reported that landlords/property managers are still not receiving rent for voucher-based housing in a timely manner, which could be contributing to more managers not accepting vouchers. Additionally, some members expressed that they cannot switch voucher administrators, which has caused some members to receive 10-day notices from landlords that their rental agreement will terminate if issues cited are not resolved, which also may lead to associated distress.
- Agencies should be capable of providing *all* aspects of the PSH model, including searching for housing based on member preference, maintaining member housing, and assisting members in re-locating to different housing if needed. Some do not appear to see themselves as ongoing housing support providers but rather shift PSH caseloads to other service providers and/or back to supportive teams. Services are not intended to be "a la carte"; some referral sources perceive that certain providers cannot serve members without vouchers/subsidies.
- Many agencies need to develop avenues for member control of services, including design and provision. Member input should be solicited on types of services and actual program development, such as member involvement in advisory councils that can direct services, participation in committees, or member involvement in quality assurance activities. Some agencies utilize member surveys, but multiple methods to track member satisfaction should be available and utilized.
- Housing services should be provided by an integrated team. At a minimum; providers and clinical staff should proactively coordinate services and those involved in housing management should also be involved in the coordination of services. Ad hoc meetings when members are struggling does not meet fidelity requirements, however, this issue may be difficult to resolve with separate service providers.
- PSH providers and clinic Housing Specialists/Case Managers repeatedly report lack of affordable housing options due to external market pressure as a significant barrier to housing members, with or without a subsidy voucher. Additionally, PSH providers, clinic Housing Specialists and members reported loss of housing when current landlords no longer accept subsidy vouchers and subsequent difficulty finding property managers who will accept them.

### Permanent Supportive Housing Quality Improvement Opportunities

Of the six PSH reviews completed, the lowest was rating was 74.6% and the highest rating was 91.9%, with an overall average of 81.3%. Given the significant reduction from 14 to 6 PSH reviews conducted this year, equivalent comparisons may therefore be compromised.

| PSH Fidelity Scores | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Lowest Rating | 43.2%* | 52.4% | 44.5% | 74.6% |
| Highest Rating | 74.1% | 88.9% | 92.4% | 91.9% |
| Overall Average | 54.0% | 67.7% | 72.6% | 81.3% |

* This provider was not reviewed after Year 1.

Significant systemic issues continue to impede fidelity to the PSH model; however, MMIC began engaging in a housing redesign effort during FY 2016 to begin identifying and developing a plan to address some of these issues. Beyond redesign efforts, opportunities exist to improve the fidelity of the Permanent Supportive Housing programs across sites. These opportunities include education for leadership staff to continue gaining a better understanding of the program model and to explore any structural or policy practices that may inhibit better fidelity to the model.

Additional quality improvement opportunity includes:

- System development of transitional living opportunities. For example, opportunities may exist for the development of member run respite housing support services.

Training focus to support continued quality improvement should include:

- Continued training and technical assistance for service providers and community partners will be beneficial in improving adherence to the PSH model and identifying specific quality improvement opportunities. It would be helpful if all PSH providers used common language, especially when working with community partners. It appears each PSH provider has its own interpretation of PSH. Due to lack of consistent language and terminology about PSH services, clinic staff have difficulty understanding what various providers offer (scattered site vouchers, ILS supports, etc.).
- Additional technical assistance regarding readiness requirements and considering members' preferences and choices would be beneficial. This could involve the use of scenarios and role-playing ways to ensure and support choice, spotting when it is not happening, and practicing what happens next to incorporate members' preferences and choices.
- Additional housing resource training may be helpful, especially given staff turnover. Areas of focus should include HUD Housing Quality Standards and Rights of Tenancy. Ultimately, the housing specialists must become experts on everything that is available and should make connections in the community.

## Recommended Quality Improvement Structure for Evidence-Based Practices

As noted in the beginning of this report, there have been several provider changes resulting in transition issues for staff, members served, and data/record maintenance. This has also presented a need for new team and agency training in both working with individuals with serious mental illnesses and the evidence-based practices. While some change and turnover can be expected as part of normal business, these changes can be disruptive to members seeking services and ideally should be monitored and mitigated when feasible.

Program expansion has resulted in additional access to ACT teams, increased competitive employment and increased scattered-site housing. There has also been a g*radual* shift toward less screening of member readiness for work and housing. It has been observed that some providers are implementing better tracking mechanisms to support fidelity items and these efforts should be encouraged.

However, there still needs to be more training for clinical staff/case managers regarding the intensive supports needed in both SE and PSH, including evidence that positive outcomes are possible. As noted previously, terminology and language used by the providers should be aligned to be more consistent with the EBPs, including job titles, roles, service elements, etc. along with continued training and technical assistance on best practices to support continued quality improvement.

Given the findings of the fidelity reviews of the evidence-based practices conducted July 2014 through June 2018, the continuation of the three-pronged quality improvement approach is recommended. As noted previously, the three components of this approach include:

- ☐ Education;
- ☐ Training; and
- ☐ Technical assistance.

**Education** should continue to include a review of the key opportunities for improved fidelity scores based on the findings from the reviews. This effort could target leadership staff and the direct care staff from the agencies providing the evidence-based practices and could also include community partners that play key roles in the implementation of the practices.

**Training** for the evidence-based practices will target direct service providers, supervisors, key community partners, and Mercy Maricopa Integrated Care (MMIC) fidelity and training staff, as appropriate. The focus of the training should target the key challenging areas identified through the reviews. When indicated, communities of practice/collaborative learning communities

(dialogues with the experts) will continue to be available using telecommunications and be facilitated by experts in the implementation of the fidelity tools, as well as experience in the implementation of best practices. Efforts to encourage cross provider collaboration should be encouraged. As appropriate, formal presentations followed by dialogues with the participants should occur to enhance their learning opportunity and to promote the engagement and collaboration across provider sites. MMIC staff will continue to promote fidelity quality improvement opportunities and to support the sustainability of the fidelity efforts in future years.

**Individualized technical assistance** will build off the training component and allow the providers to engage with experts when indicated and discuss system-wide and site-specific ways to enhance fidelity, recognize obstacles, begin problem solving concerns and identify any additional technical assistance needs. Additionally, with guidance from the EBP-specific consultants and the fidelity review team, MMIC staff will also provide regular support and technical assistance to providers.

# Year 1 (FY 2015) Fidelity Review Findings

# Assertive Community Treatment Year 1 – FY 2015

| ACT | Choices Enclave | SWN Osborn | Choices South Central | PIR West Valley | SWN Hamp-ton | PCN Centro Esper-anza | PIR Metro Varsity | PIR Metro Omega | SWN San Tan | Choices WM | SWN BV | Choices Townley | PCN Comun-idad | PCN Comun–idad [FACT] | PCN CC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Human Resources** | **1-5 Likert Scale** | | | | | | | | | | | | | | |
| Small Caseload | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 |
| Team Approach | 4 | 5 | 5 | 3 | 5 | 3 | 5 | 4 | 5 | 5 | 3 | 5 | 5 | 5 | 4 |
| Program Meeting | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Practicing ACT Leader | 2 | 1 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 3 | 2 | 3 | 3 | 3 | 1 |
| Continuity of Staffing | 3 | 3 | 3 | 5 | 4 | 3 | 3 | 4 | 4 | 3 | 3 | 2 | 5 | 4 | 3 |
| Staff Capacity | 4 | 3 | 4 | 5 | 4 | 1 | 5 | 4 | 3 | 4 | 5 | 4 | 5 | 4 | 4 |
| Psychiatrist on Team | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 4 | 3 |
| Nurse on Team | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Substance Abuse Specialist on Team | 1 | 5 | 5 | 3 | 3 | 1 | 1 | 1 | 3 | 5 | 3 | 4 | 5 | 3 | 2 |
| Vocational Specialist on Team | 1 | 1 | 5 | 5 | 3 | 4 | 5 | 2 | 5 | 3 | 1 | 3 | 4 | 5 | 3 |
| Program Size | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 3 |
| **Organizational Boundaries** | **1-5 Likert Scale** | | | | | | | | | | | | | | |
| Explicit Admission Criteria | 5 | 4 | 4 | 5 | 4 | 3 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 3 |
| Intake Rate | 4 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Full Responsibility for Treatment Services | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 2 | 3 | 2 |
| Responsibility for Crisis Services | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 4 |
| Responsibility for Hospital Admissions | 4 | 4 | 4 | 5 | 4 | 3 | 3 | 4 | 5 | 4 | 4 | 5 | 4 | 3 | 3 |
| Responsibility for Hospital Discharge Planning | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 4 |
| Time-unlimited Services | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 |

| ACT | Choices Enclave | SWN Osborn | Choices South Central | PIR West Valley | SWN Hamp-ton | PCN Centro Esper-anza | PIR Metro Varsity | PIR Metro Omega | SWN San Tan | Choices WM | SWN BV | Choices Townley | PCN Comun-idad | PCN Comun–idad (FACT) | PCN CC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nature of Services** | **1-5 Likert Scale** | | | | | | | | | | | | | | |
| Community-based Services | 3 | 3 | 4 | 2 | 5 | 2 | 5 | 2 | 3 | 3 | 2 | 4 | 3 | 5 | 3 |
| No Drop-out Policy | 4 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 |
| Assertive Engagement Mechanisms | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 |
| Intensity of Service | 2 | 4 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 3 | 5 | 5 | 2 |
| Frequency of Contact | 2 | 5 | 5 | 2 | 4 | 2 | 4 | 3 | 3 | 3 | 2 | 2 | 5 | 4 | 2 |
| Work with Support System | 1 | 1 | 2 | 4 | 1 | 2 | 3 | 1 | 2 | 2 | 3 | 3 | 1 | 3 | 1 |
| Individualized Substance Abuse Treatment | 1 | 1 | 2 | 1 | 3 | 1 | 1 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 1 |
| Co-occurring Disorders Treatment Groups | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 2 | 4 | 3 | 2 | 2 | 1 | 1 | 1 |
| Co-occurring Disorders/Dual Disorders Model | 2 | 2 | 3 | 2 | 4 | 2 | 3 | 2 | 2 | 4 | 2 | 3 | 2 | 2 | 2 |
| Role of Consumers on Treatment Team | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 1 |
| **TOTAL SCORE** | **97** | **103** | **112** | **109** | 114 | 90 | 111 | 98 | 110 | 112 | 97 | 109 | 114 | 111 | 81 |
| Total Possible (5 point Likert scale -all items) | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **69.3** | **73.6** | **80** | **77.9** | **81.4** | **64.3** | **79.3** | **70** | **80** | **80** | **69.3** | **77.9** | **81.4** | **79.3** | **57.9** |
| **Averages** | **3.46** | **3.68** | **4** | **3.89** | **4.07** | **3.21** | **3.96** | **3.5** | **3.93** | **4** | **3.46** | **3.89** | **4.07** | **3.96** | **2.89** |

## Consumer Operated Services Year 1 – FY 2015

| COS | Likert Scale | CHEEERS | REN | STAR Central | STAR East | STAR West | Vive la Esp. |
|---|---|---|---|---|---|---|---|
| **Structure** | | | | | | | |
| Board Participation | 1-5 | 5 | 4 | 5 | 4 | 4 | 4 |
| Consumer Staff | 1-5 | 5 | 5 | 5 | 5 | 5 | 4 |
| Hiring Decisions | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Budget Control | 1-4 | 3 | 3 | 4 | 4 | 4 | 3 |
| Volunteer Opportunities | 1-5 | 5 | 3 | 4 | 5 | 5 | 5 |
| Planning Input | 1-5 | 5 | 5 | 3 | 5 | 5 | 5 |
| Satisfaction/Grievance Response | 1-5 | 5 | 5 | 5 | 5 | 5 | 4 |
| Linkage with Traditional MH Services | 1-5 | 3 | 5 | 4 | 4 | 4 | 5 |
| Linkage with other COS Programs | 1-5 | 5 | 5 | 5 | 5 | 5 | 4 |
| Linkage with other Services Agencies | 1-5 | 5 | 5 | 3 | 3 | 3 | 5 |
| **Environment** | | | | | | | |
| Local Proximity | 1-4 | 4 | 4 | 4 | 3 | 3 | 3 |
| Access | 1-5 | 5 | 5 | 5 | 4 | 3 | 4 |
| Hours | 1-5 | 5 | 5 | 3 | 4 | 3 | 3 |
| Cost | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Reasonable Accommodation | 1-4 | 2 | 3 | 3 | 3 | 2 | 3 |
| Lack of Coerciveness | 1-5 | 5 | 5 | 4 | 3 | 3 | 4 |
| Program Rules | 1-5 | 5 | 5 | 5 | 3 | 3 | 5 |
| Physical Environment | 1-4 | 2 | 4 | 4 | 3 | 3 | 2 |
| Social Environment | 1-5 | 4 | 5 | 3 | 4 | 5 | 5 |
| Sense of Community | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Timeframes | 1-4 | 4 | 4 | 2 | 3 | 3 | 4 |
| **Belief Systems** | | | | | | | |
| Peer Principle | 1-4 | 4 | 4 | 3 | 4 | 4 | 4 |
| Helper's Principle | 1-4 | 4 | 4 | 3 | 4 | 2 | 4 |
| Personal Empowerment | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Personal Accountability | 1-5 | 5 | 5 | 5 | 5 | 4 | 5 |
| Group Empowerment | 1-4 | 4 | 4 | 3 | 4 | 3 | 4 |
| Choice | 1-5 | 5 | 5 | 4 | 4 | 4 | 4 |
| Recovery | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Spiritual Growth | 1-4 | 3 | 4 | 3 | 4 | 3 | 2 |

| COS | Likert Scale | CHEEERS | REN | STAR Central | STAR East | STAR West | Vive la Esp. |
|---|---|---|---|---|---|---|---|
| **Peer Support** | | | | | | | |
| Formal Peer Support | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Informal Peer Support | 1-4 | 4 | 4 | 3 | 4 | 3 | 4 |
| Telling Our Story | 1-5 | 4 | 4 | 4 | 4 | 4 | 5 |
| Artistic Expression | 1-5 | 3 | 4 | 4 | 4 | 4 | 4 |
| Consciousness Raising | 1-4 | 3 | 4 | 3 | 3 | 3 | 4 |
| Formal Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Informal; Crisis Prevention | 1-4 | 3 | 4 | 3 | 4 | 2 | 4 |
| Peer Mentoring and Teaching | 1-4 | 4 | 4 | 3 | 4 | 2 | 4 |
| **Education** | | | | | | | |
| Formally Structured Activities | 1-5 | 4 | 5 | 3 | 4 | 4 | 5 |
| Receiving Informal Support | 1-5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Providing Informal Support | 1-5 | 4 | 5 | 2 | 3 | 3 | 5 |
| Formal Skills Practice | 1-5 | 4 | 4 | 3 | 4 | 4 | 3 |
| Job Readiness Activities | 1-5 | 4 | 4 | 2 | 3 | 3 | 4 |
| **Advocacy** | | | | | | | |
| Formal Self Advocacy | 1-5 | 4 | 5 | 3 | 4 | 4 | 5 |
| Peer Advocacy | 1-5 | 4 | 5 | 3 | 4 | 4 | 5 |
| Outreach to Participants | 1-5 | 4 | 5 | 3 | 3 | 2 | 4 |
| **Total Score** | **208** | 187 | 199 | 166 | 179 | 166 | 187 |
| **Total Possible** | | 208 | 208 | 208 | 208 | 208 | 208 |
| **Percent Score** | | **89.9** | **95.7** | **79.8** | **86.1** | **79.8** | **89.9** |

## Supported Employment Year 1 – FY 2015

| **SE** 1-5 Likert Scale | Marc CR | DK Advocates | Focus | Lifewell | VALLEYLIFE | WEDCO | Beacon |
|---|---|---|---|---|---|---|---|
| **Staffing** | | | | | | | |
| Caseload | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Vocational Services Staff | 3 | 4 | 4 | 4 | 5 | 5 | 3 |
| Vocational Generalists | 4 | 4 | 5 | 4 | 4 | 3 | 3 |
| **Organization** | | | | | | | |
| Integration of rehabilitation with MH treatment | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Vocational Unit | 5 | 4 | 3 | 5 | 4 | 3 | 2 |
| Zero-exclusion criteria | 1 | 4 | 2 | 4 | 4 | 2 | 2 |
| **Services** | | | | | | | |
| Ongoing work-based assessment | 1 | 4 | 5 | 5 | 3 | 3 | 5 |
| Rapid search for competitive jobs | 1 | 1 | 4 | 4 | 2 | 3 | 3 |
| Individual job search | 1 | 1 | 5 | 4 | 2 | 2 | 3 |
| Diversity of jobs developed | 2 | 1 | 5 | 3 | 2 | 3 | 3 |
| Permanence of jobs developed | 1 | 2 | 4 | 4 | 3 | 3 | 5 |
| Jobs as transitions | 5 | 1 | 5 | 4 | 5 | 2 | 5 |
| Follow-along supports | 4 | 1 | 4 | 4 | 4 | 4 | 5 |
| Community-based services | 2 | 3 | 2 | 2 | 3 | 5 | 3 |
| Assertive engagement and outreach | 5 | 4 | 4 | 4 | 4 | 3 | 3 |
| **Total Points** | 41 | 38 | 58 | 57 | 51 | 47 | 51 |
| Total Possible | 75 | 75 | 75 | 75 | 75 | 75 | 75 |
| **Percentages** | 54.6% | 50.6% | 77.3% | 76% | 68% | 62.6% | 68% |
| **Averages** | 2.73 | 2.67 | 3.87 | 3.8 | 3.29 | 3.13 | 3.29 |

## Permanent Supportive Housing Year 1 - FY 2015

| PSH | Scale | PSA | AHC-CMS | Terros | PCN | RI | Help Hearts | AZ Mentor | Life-well | SBH | PIR | Marc | MHW | Cho-ices | SWN | CF SS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Choice of Housing** | | | | | | | | | | | | | | | | |
| Tenants have choice of type of housing | 1,2.5, 4 | 1 | 1 | 1 | 1 | 2.5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Real choice of housing unit | 1,4 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 |
| Tenant can wait without losing their place in line | 1-4 | 2 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 2 |
| Tenants have control over composition of household | 1,2.5, 4 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 |
| Average Score for Dimension | | 1.63 | 1.87 | 1.88 | 1.88 | 3.62 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 3.25 | 1.88 | 1.88 | 1.88 | 1.63 |
| **Functional Separation of Housing and Services** | | | | | | | | | | | | | | | | |
| Extent to which housing management providers do not have any authority or formal role in providing social services | 1,2.5, 4 | 2.5 | 4 | 1 | 2.5 | 4 | 4 | 4 | 2.5 | 4 | 2.5 | 4 | 1 | 2.5 | 2.5 | 4 |
| Extent to which service providers do not have any responsibility for housing management functions | 1,2.5, 4 | 1 | 2.5 | 1 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 |
| Extent to which social and clinical service providers are based off site (not at housing units) | 1-4 | 3 | 2 | 2 | 3 | 4 | 1 | 1 | 4 | 2 | 3 | 4 | 4 | 4 | 3 | 1 |
| Average Score for Dimension | | 2.17 | 2.83 | 1.33 | 2.67 | 4 | 2.5 | 2.5 | 3 | 2.83 | 2.67 | 4 | 2.5 | 3 | 2.67 | 2.5 |
| **Decent, Safe and Affordable Housing** | | | | | | | | | | | | | | | | |
| Extent to which tenants pay a reasonable amount of their income for housing | 1-4 | 4 | 2 | 4 | 3 | 4 | 4 | 3 | 4 | 1 | 2 | 1 | 2 | 2 | 2 | 1 |

| PSH | Scale | PSA | AHC-CMS | Terros | PCN | RI | Help Hearts | AZ Mentor | Life-well | SBH | PIR | Marc | MHW | Cho-ices | SWN | CF SS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Whether housing meets HUD's Housing Quality Standards | 1,2.5, 4 | 1 | 1 | 4 | 1 | 1 | 4 | 1 | 2.5 | 1 | 1 | 1 | 4 | 1 | 1 | 1 |
| Average Score for Dimension | | 2.5 | 1.5 | 4 | 2 | 2.5 | 4 | 2 | 3.25 | 1 | 1.5 | 1 | 3 | 1.5 | 1.5 | 1 |
| **Housing Integration** | | | | | | | | | | | | | | | | |
| Extent to which housing units are integrated | 1-4 | 1 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 1 | 3 | 4 | 1 | 2 | 2 | 1 |
| Average Score for Dimension | | 1 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 1 | 3 | 4 | 1 | 2 | 2 | 1 |
| **Rights of Tenancy** | | | | | | | | | | | | | | | | |
| Extent to which tenants have legal rights to the housing unit | 1,4 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 4 | 1 | 1 | 1 | 4 | 1 | 1 | 1 |
| Extent to which tenancy is contingent on compliance with program provisions | 1,2.5, 4 | 1 | 2.5 | 1 | 1 | 2.5 | 1 | 1 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |
| Average Score for Dimension | | 1 | 1.75 | 1 | 1 | 3.25 | 1 | 1 | 4 | 1.75 | 1.75 | 1.75 | 3.25 | 1.75 | 1.75 | 1.75 |
| **Access to Housing** | | | | | | | | | | | | | | | | |
| Extent to which tenants are required to demonstrate housing readiness to gain access to housing units | 1-4 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 2 |
| Extent to which tenants with obstacles to housing stability have priority | 1,2.5, 4 | 2.5 | 2.5 | 2.5 | 4 | 1 | 2.5 | 4 | 4 | 2.5 | 4 | 1 | 1 | 4 | 2.5 | 2.5 |
| Extent to which tenants control staff entry into the unit | 1-4 | 1 | 1 | 2 | 3 | 3 | 1 | 1 | 3 | 2 | 3 | 4 | 1 | 2 | 3 | 2 |
| Average Score for Dimension | | 1.5 | 1.5 | 1.83 | 2.67 | 2 | 1.5 | 2 | 2.67 | 2.17 | 2.67 | 2.33 | 1 | 2.67 | 2.5 | 2.17 |

| PSH | Scale | PSA | AHC-CMS | Terros | PCN | RI | Help Hearts | AZ Men-tor | Life-well | SBH | PIR | Marc | MHW | Cho-ices | SWN | CF SS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Flexible, Voluntary Services** | | | | | | | | | | | | | | | | |
| Extent to which tenants choose the type of services they want at program entry | 1,4 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 | 1 |
| Extent to which tenants have the opportunity to modify services selection | 1,4 | 4 | 4 | 4 | 4 | 4 | 1 | 1 | 4 | 4 | 1 | 4 | 1 | 4 | 1 | 4 |
| Extent to which tenants are able to choose the services they receive | 1-4 | 2 | 3 | 2 | 3 | 3 | 1 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 |
| Extent to which services can be changed to meet the tenants changing needs and preferences | 1-4 | 2 | 3 | 2 | 3 | 4 | 2 | 2 | 4 | 3 | 3 | 3 | 2 | 3 | 3 | 4 |
| Extent to which services are consumer driven | 1-4 | 2 | 2 | 2 | 2 | 3 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 3 |
| Extent to which services are provided with optimum caseload sizes | 1-4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 1 | 3 | 4 | 4 |
| Behavioral health services are team based | 1-4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 4 | 2 | 3 |
| Extent to which services are provided 24 hours, 7 days per week | 1-4 | 3 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 1 | 4 | 4 | 4 |
| Average Score for Dimension | | 2.5 | 2.62 | 2.63 | 2.88 | 3.37 | 2 | 2.13 | 3 | 3.25 | 2.5 | 2.87 | 1.38 | 3 | 2.5 | 3.25 |
| **Total Score** | | **12.3** | **13.1** | **13.7** | **15.1** | **20.7** | **13.9** | **12.5** | **18.8** | **13.9** | **16.0** | **19.2** | **14.0** | **15.8** | **14.8** | **13.3** |
| **Highest Possible Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **43.9** | **46.7** | **48.8** | **53.9** | **74.1** | **49.6** | **43.2** | **67.1** | **49.6** | **57.0** | **68.6** | **50.0** | **56.4** | **52.9** | **47.5** |

# Year 2 (FY 2016) Fidelity Review Findings

# Assertive Community Treatment

| ACT | Terros En-clave | SWN Osborn | Lifewell South Central | PIR West Valley | CBI FACT | Terros W McD | PIR Metro Varsity | PIR Metro Omega | SWN Hamp-ton | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN BV | La FC | Terros Townley | CBI Com. FACT | PIR [M-ACT] | La FCC | Cir. The City |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Human Resources** | | | | | | | | | | | | | | | | | | | |
| Small Caseload | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 4 |
| Team Approach | 3 | 3 | 5 | 5 | 4 | 5 | 3 | 3 | 5 | 2 | 4 | 3 | 5 | 3 | 5 | 5 | 5 | 3 | 2 |
| Program Meeting | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Practicing ACT Leader | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 1 | 3 | 2 | 2 | 3 | 3 | 3 | 4 |
| Continuity of Staffing | 3 | 3 | 2 | 3 | 4 | 3 | 3 | 4 | 4 | 2 | 4 | 4 | 3 | 3 | 2 | 1 | 4 | 2 | 1 |
| Staff Capacity | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 5 | 4 | 5 | 3 | 3 | 3 |
| Psychiatrist on Team | 4 | 4 | 5 | 4 | 5 | 5 | 5 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 5 |
| Nurse on Team | 3 | 4 | 3 | 5 | 5 | 5 | 3 | 5 | 4 | 3 | 4 | 4 | 5 | 3 | 5 | 5 | 5 | 3 | 4 |
| Substance Abuse Specialist on Team | 3 | 3 | 5 | 5 | 4 | 5 | 4 | 5 | 1 | 5 | 1 | 3 | 3 | 3 | 5 | 3 | 2 | 4 | 1 |
| Vocational Specialist on Team | 5 | 1 | 2 | 5 | 4 | 5 | 3 | 4 | 3 | 3 | 2 | 4 | 3 | 4 | 5 | 2 | 3 | 3 | 1 |
| Program Size | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 |
| **Organizational Boundaries** | | | | | | | | | | | | | | | | | | | |
| Explicit Admission Criteria | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 5 | 5 | 5 | 5 |
| Intake Rate | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 1 | 5 | 4 | 5 | 5 | 5 |
| Full Responsibility for Treatment Services | 4 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | 3 | 2 | 2 | 2 | 4 | 2 | 4 | 4 | 3 | 3 | 4 |
| Responsibility for Crisis Services | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 |
| Responsibility for Hospital Admissions | 3 | 4 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 5 | 4 | 4 | 4 | 5 |
| Responsibility for Hospital Discharge Planning | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 5 | 5 | 4 | 5 | 5 |
| Time-unlimited Services | 5 | 5 | 4 | 3 | 5 | 4 | 5 | 4 | 5 | 4 | 4 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 5 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nature of Services** | | | | | | | | | | | | | | | | | | | |
| Community-based Services | 4 | 2 | 4 | 4 | 4 | 3 | 2 | 5 | 2 | 3 | 3 | 3 | 2 | 1 | 2 | 5 | 2 | 3 | 5 |
| No Drop-out Policy | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Assertive Engagement Mechanisms | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 4 | 5 |
| Intensity of Service | 2 | 2 | 2 | 4 | 3 | 2 | 2 | 2 | 4 | 2 | 3 | 3 | 2 | 3 | 2 | 5 | 5 | 2 | 2 |
| Frequency of Contact | 2 | 2 | 3 | 4 | 3 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 5 | 5 | 2 | 1 |
| Work with Support System | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 4 | 1 | 2 | 2 | 3 | 2 | 2 |
| Individualized Substance Abuse Treatment | 2 | 1 | 3 | 2 | 4 | 3 | 1 | 4 | 2 | 3 | 2 | 2 | 4 | 2 | 2 | 4 | 3 | 3 | 4 |
| Co-occurring Disorders Treatment Groups | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 3 |
| Co-occurring Disorders/ Dual Disorders Model | 2 | 2 | 3 | 2 | 4 | 3 | 2 | 4 | 3 | 3 | 2 | 2 | 4 | 2 | 3 | 4 | 4 | 3 | 4 |
| Role of Consumers on Treatment Team | 1 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 |
| **Year 2 Total Score** | **101** | **97** | **104** | **115** | **117** | **114** | **100** | **115** | **99** | **98** | **101** | **93** | **111** | **90** | **111** | **114** | **113** | **103** | **99** |
| Total Possible (5 point Likert scale -all items) | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **72.1** | **69.3** | **74.3** | **82.1** | **83.6** | **81.4** | **71.4** | **82.1** | **70.7** | **70** | **72.1** | **66.4** | **79.3** | **64.3** | **79.3** | **81.4** | **80.7** | **73.6** | **70.7** |
| **Average** | **3.6** | **3.46** | **3.71** | **4.11** | **4.18** | **4.07** | **3.57** | **4.1** | **3.54** | **3.50** | **3.61** | **3.32** | **3.92** | **3.21** | **3.96** | **4.07** | **4.04** | **3.68** | **3.54** |
| **Year 1 Total Score** | 97 | 103 | 112 | 109 | NA | 112 | 111 | 98 | 114 | 90 | 110 | NA | 97 | 114 | 109 | 111 | NA | 81 | NA |
| Total Possible (5 point Likert scale -all items) | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **69.3** | **73.6** | **80** | **77.9** | **NA** | **80** | **79.3** | **70** | **81.4** | **64.3** | **80** | **NA** | **69.3** | **81.4** | **77.9** | **79.3** | **NA** | **57.9** | **NA** |
| **Average** | **3.46** | **3.68** | **4** | **3.89** | **NA** | **4** | **3.96** | **3.5** | **4.07** | **3.21** | **3.93** | **NA** | **3.46** | **4.07** | **3.89** | **3.96** | **NA** | **2.89** | **NA** |

## Consumer Operated Services

| COS | Likert Scale | REN | CHEERS | STAR Central | STAR East | STAR West | Hope Lives |
|---|---|---|---|---|---|---|---|
| **Structure** | | | | | | | |
| Board Participation | 1-5 | 4 | 4 | 4 | 4 | 4 | 4 |
| Consumer Staff | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Hiring Decisions | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Budget Control | 1-4 | 3 | 4 | 4 | 4 | 4 | 3 |
| Volunteer Opportunities | 1-5 | 3 | 5 | 5 | 5 | 5 | 5 |
| Planning Input | 1-5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Satisfaction/Grievance Response | 1-5 | 4 | 5 | 5 | 5 | 5 | 4 |
| Linkage with Traditional MH Services | 1-5 | 5 | 4 | 4 | 4 | 4 | 4 |
| Linkage with other COS Programs | 1-5 | 2 | 5 | 4 | 4 | 4 | 3 |
| Linkage with other Services Agencies | 1-5 | 5 | 5 | 3 | 5 | 5 | 5 |
| **Environment** | | | | | | | |
| Local Proximity | 1-4 | 4 | 4 | 4 | 3 | 3 | 3 |
| Access | 1-5 | 5 | 5 | 5 | 5 | 3 | 4 |
| Hours | 1-5 | 5 | 5 | 5 | 5 | 4 | 3 |
| Cost | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Reasonable Accommodation | 1-4 | 3 | 4 | 4 | 3 | 3 | 3 |
| Lack of Coerciveness | 1-5 | 5 | 5 | 4 | 5 | 4 | 4 |
| Program Rules | 1-5 | 5 | 5 | 3 | 5 | 5 | 5 |
| Physical Environment | 1-4 | 4 | 4 | 4 | 3 | 3 | 2 |
| Social Environment | 1-5 | 5 | 4 | 4 | 5 | 5 | 5 |
| Sense of Community | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Timeframes | 1-4 | 4 | 4 | 3 | 4 | 4 | 4 |
| **Belief Systems** | | | | | | | |
| Peer Principle | 1-4 | 4 | 4 | 3 | 4 | 3 | 4 |
| Helper's Principle | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Personal Empowerment | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Personal Accountability | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Group Empowerment | 1-4 | 4 | 4 | 3 | 4 | 4 | 4 |
| Choice | 1-5 | 4 | 4 | 4 | 5 | 5 | 4 |
| Recovery | 1-4 | 4 | 4 | 4 | 4 | 3 | 4 |
| Spiritual Growth | 1-4 | 4 | 4 | 2 | 4 | 4 | 3 |

| COS | Likert Scale | REN | CHEERS | STAR Central | STAR East | STAR West | Hope Lives |
|---|---|---|---|---|---|---|---|
| **Peer Support** | | | | | | | |
| Formal Peer Support | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Informal Peer Support | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Telling Our Story | 1-5 | 5 | 5 | 3 | 4 | 4 | 4 |
| Artistic Expression | 1-5 | 4 | 5 | 4 | 5 | 4 | 4 |
| Consciousness Raising | 1-4 | 4 | 4 | 3 | 3 | 3 | 4 |
| Formal Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Informal; Crisis Prevention | 1-4 | 4 | 4 | 3 | 4 | 4 | 4 |
| Peer Mentoring and Teaching | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Education** | | | | | | | |
| Formally Structured Activities | 1-5 | 4 | 5 | 3 | 5 | 5 | 5 |
| Receiving Informal Support | 1-5 | 5 | 5 | 5 | 5 | 4 | 5 |
| Providing Informal Support | 1-5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Formal Skills Practice | 1-5 | 5 | 5 | 5 | 5 | 5 | 3 |
| Job Readiness Activities | 1-5 | 3 | 5 | 2 | 4 | 3 | 4 |
| **Advocacy** | | | | | | | |
| Formal Self Advocacy | 1-5 | 4 | 5 | 4 | 5 | 5 | 5 |
| Peer Advocacy | 1-5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Outreach to Participants | 1-5 | 5 | 5 | 3 | 3 | 3 | 4 |
| **Year 2 Total Score** | | 193 | 204 | 177 | 197 | 188 | 186 |
| **Total Possible** | | 208 | 208 | 208 | 208 | 208 | 208 |
| **Percentage Score** | | **92.8** | **98.1** | **85.1** | **94.7** | **90.4** | **89.4** |
| **Year 1 Total Score** | **208** | 199 | 187 | 166 | 179 | 166 | 187 |
| **Total Possible** | | 208 | 208 | 208 | 208 | 208 | 208 |
| **Percentage Score** | | **95.7** | **89.9** | **79.8** | **86.1** | **79.8** | **89.9** |

## Supported Employment

| SE 1-5 Likert Scale | Marc CR | Focus | Lifewell | VALLEYLIFE | WEDCO | Beacon |
|---|---|---|---|---|---|---|
| **Staffing** | | | | | | |
| Caseload | 5 | 5 | 5 | 5 | 5 | 5 |
| Vocational Services Staff | 5 | 4 | 5 | 5 | 5 | 5 |
| Vocational Generalists | 4 | 4 | 5 | 5 | 4 | 5 |
| **Organization** | | | | | | |
| Integration of rehabilitation with MH treatment | 3 | 3 | 3 | 3 | 1 | 2 |
| Vocational Unit | 3 | 3 | 3 | 5 | 3 | 3 |
| Zero-exclusion criteria | 2 | 2 | 3 | 3 | 3 | 3 |
| **Services** | | | | | | |
| Ongoing work-based assessment | 5 | 5 | 5 | 5 | 4 | 5 |
| Rapid search for competitive jobs | 5 | 4 | 4 | 4 | 4 | 4 |
| Individual job search | 5 | 3 | 4 | 4 | 5 | 4 |
| Diversity of jobs developed | 4 | 4 | 3 | 4 | 3 | 3 |
| Permanence of jobs developed | 5 | 3 | 5 | 4 | 4 | 4 |
| Jobs as transitions | 5 | 5 | 5 | 5 | 5 | 5 |
| Follow-along supports | 5 | 4 | 5 | 4 | 5 | 5 |
| Community-based services | 2 | 2 | 2 | 4 | 5 | 4 |
| Assertive engagement and outreach | 5 | 4 | 4 | 5 | 5 | 3 |
| **Year 2 Total Points** | 63 | 55 | 61 | 65 | 61 | 60 |
| Total Possible | 75 | 75 | 75 | 75 | 75 | 75 |
| **Percentage** | 84% | 73.3% | 81.3% | 86.7% | 81.3% | 80% |
| **Averages** | 4.2 | 3.7 | 4.1 | 4.3 | 4.07 | 4 |
| **Year 1 Total Points** | 41 | 58 | 57 | 51 | 47 | 51 |
| Total Possible | 75 | 75 | 75 | 75 | 75 | 75 |
| **Percentage** | 54.6% | 77.3% | 76% | 68% | 62.6% | 68% |
| **Averages** | 2.73 | 3.87 | 3.8 | 3.29 | 3.13 | 3.29 |

## Permanent Supportive Housing

| PSH | Scale | PSA | Terros | AHC-CMS | La F ACT | CPLC ACT | Life-well | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | CFSS | Ter-ros ACT | MA RC | HHW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Choice of Housing** | | | | | | | | | | | | | | | | | | |
| Tenants have choice of type of housing | 1,2.5 4 | 1 | 1 | 1 | 2.5 | 2.5 | 1 | 2.5 | 2.5 | 4 | 4 | 2.5 | 2.5 | 2.5 | 1 | 1 | 2.5 | 1 |
| Real choice of housing unit | 1,4 | 4 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 4 | 1 | 1 | 1 | 1 | 4 | 1 |
| Tenant can wait without losing their place in line | 1-4 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 3 |
| Tenants have control over composition of household | 1,2.5 4 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 4 | 4 | 4 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 |
| Average Score for Dimension | | 3.25 | 1.88 | 1.88 | 2.25 | 2.25 | 1.88 | 3.63 | 3.38 | 4 | 4 | 3.38 | 2.5 | 2.5 | 1.88 | 1.88 | 3.63 | 1.88 |
| **Functional Separation of Housing and Services** | | | | | | | | | | | | | | | | | | |
| Extent to which housing management providers do not have any authority or formal role in providing social services | 1,2.5 4 | 4 | 4 | 4 | 2.5 | 2.5 | 2.5 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 4 | 2.5 |
| Extent to which service providers do not have any responsibility for housing management functions | 1,2.5 4 | 4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 |
| Extent to which social and clinical service providers are based off site (not at housing units) | 1-4 | 4 | 2 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 1 | 3 | 4 | 4 |
| Average Score for Dimension | | 4 | 3.33 | 4 | 2.67 | 3.17 | 3.5 | 4 | 3 | 4 | 3.67 | 4 | 3 | 3.17 | 2.5 | 3.2 | 4 | 3 |
| **Decent, Safe and Affordable Housing** | | | | | | | | | | | | | | | | | | |
| Extent to which tenants pay a reasonable amount of their income for housing | 1-4 | 1 | 2 | 2 | 1 | 1 | 4 | 4 | 1 | 3 | 2 | 2 | 3 | 2 | 1 | 3 | 1 | 2 |

| PSH | Scale | PSA | Terros | AHC-CMS | La F ACT | CPLC ACT | Life-well | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | CFSS | Ter-ros ACT | MA RC | HHW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Whether housing meets HUD's Housing Quality Standards | 1,2.5,4 | 1 | 2.5 | 1 | 1 | 1 | 4 | 4 | 1 | 2.5 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 2.5 |
| Average Score for Dimension | | 1 | 2.25 | 1.5 | 1 | 1 | 4 | 4 | 1 | 2.75 | 1.5 | 1.5 | 2 | 1.5 | 2.5 | 2 | 1 | 2.25 |
| **Housing Integration** | | | | | | | | | | | | | | | | | | |
| Extent to which housing units are integrated | 1-4 | 4 | 1 | 4 | 3 | 3 | 1 | 4 | 3 | 4 | 3 | 4 | 2 | 3 | 1 | 2 | 4 | 1 |
| Average Score for Dimension | | 4 | 1 | 4 | 3 | 3 | 1 | 4 | 3 | 4 | 3 | 4 | 2 | 3 | 1 | 2 | 4 | 1 |
| **Rights of Tenancy** | | | | | | | | | | | | | | | | | | |
| Extent to which tenants have legal rights to the housing unit | 1,4 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 1 | 4 |
| Extent to which tenancy is contingent on compliance with program provisions | 1,2.5,4 | 4 | 2.5 | 4 | 2.5 | 1 | 4 | 2.5 | 2.5 | 4 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |
| Average Score for Dimension | | 2.5 | 1.75 | 2.5 | 1.75 | 1 | 4 | 3.25 | 1.75 | 2.5 | 1.75 | 2.5 | 1.75 | 1.75 | 3.25 | 3.25 | 1.75 | 3.25 |
| **Access to Housing** | | | | | | | | | | | | | | | | | | |
| Extent to which tenants are required to demonstrate housing readiness to gain access to housing units | 1-4 | 2 | 1 | 1 | 2 | 3 | 2 | 1 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 2 | 2 |
| Extent to which tenants with obstacles to housing stability have priority | 1,2.5,4 | 2.5 | 2.5 | 1 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 4 | 2.5 |
| Extent to which tenants control staff entry into the unit | 1-4 | 4 | 2 | 4 | 2 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 3 | 3 | 2 | 2 | 3 | 2 |
| Average Score for Dimension | | 2.83 | 1.83 | 2 | 2.17 | 3.17 | 2.83 | 2.5 | 3.67 | 3.5 | 3.17 | 3.17 | 2.83 | 2.83 | 2.5 | 2.5 | 3 | 2.17 |

| PSH | Scale | PSA | Terros | AHC-CMS | La F ACT | CPLC ACT | Life-well | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | CFSS | Ter-ros ACT | MA RC | HHW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Flexible, Voluntary Services** | | | | | | | | | | | | | | | | | | |
| Extent to which tenants choose the type of services they want at program entry | 1,4 | 1 | 1 | 1 | 4 | 1 | 1 | 4 | 4 | 1 | 4 | 4 | 1 | 1 | 1 | 1 | 4 | 4 |
| Extent to which tenants have the opportunity to modify services selection | 1,4 | 4 | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 1 | 4 | 1 | 4 | 4 |
| Extent to which tenants are able to choose the services they receive | 1-4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Extent to which services can be changed to meet the tenants changing needs and preferences | 1-4 | 4 | 2 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 4 | 1 | 3 | 3 |
| Extent to which services are consumer driven | 1-4 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 2 | 3 | 3 | 2 | 1 | 2 | 3 | 2 | 2 | 2 |
| Extent to which services are provided with optimum caseload sizes | 1-4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 |
| Behavioral health services are team based | 1-4 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 4 | 2 | 3 | 2 | 3 | 4 | 3 | 4 | 2 | 3 |
| Extent to which services are provided 24 hours, 7 days per week | 1-4 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 1 |
| Average Score for Dimension | | 2.87 | 2.63 | 2.5 | 3.5 | 3 | 2.88 | 3.5 | 3.5 | 3 | 3.63 | 3.25 | 2.88 | 2.75 | 3.25 | 2.5 | **2.86** | 2.88 |
| **Year 2 Total Score** | | **20.5** | **14.7** | **18.4** | **16.3** | **16.3** | **20.1** | **24.9** | **19.3** | **23.8** | **20.7** | **21.8** | **16.9** | **17.5** | **16.9** | **17.3** | **20.2** | **16.4** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **73** | **52.4** | **65.5** | **58.4** | **58.4** | **71.8** | **88.9** | **69** | **85** | **74** | **78** | **60.4** | **62.5** | **60.3** | 61.8 | **72.3** | **59.7** |

| PSH | Scale | PSA | Terros | AHC-CMS | La F | CPLC | Life-well | RI | PIR ACT | CBI | CBI ACT | SBH | Life-well ACT | SWN | CFSS | Ter-ros ACT | MA RC | HHW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Year 1 Total Score** | | **12.3** | **13.7** | **13.1** | **15.1** | **15.1** | **15.8** | **20.7** | **16.0** | **NA** | **NA** | **13.9** | **15.8** | **14.8** | **13.3** | **15.8** | **19.2** | **14** |
| **Highest Possible Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **43.9** | **48.8** | **46.7** | **53.9** | **53.9** | **56.4** | **74.1** | **57.0** | **67.1** | **49.6** | **49.6** | **56.4** | **52.9** | **47.5** | **52.9** | **68.6** | **50** |

# Year 3 (FY 2017) Fidelity Review Findings

## Assertive Community Treatment

| Assertive Community Treatment | Terros En-clave | SWN Os-born | CPLC Mary-vale | Lifewell South Central | PIR West Valley | CBI FACT | Terros W McD | PIR Metro Varsity | PIR Metro Omega | SWN Mesa HC | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN BV | La FC | CBI Avon dale | Terros Town-ley | CBI FACT #2 | PIR [M-ACT] | LaF Madi-son | La FCC | CBI FACT #3 | Terros Dunlap |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Human Resources: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | |
| Small Caseload | 5 | 4 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Team Approach | 5 | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 5 | 4 | 5 | 5 | 4 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 4 | 4 | 4 |
| Program Meeting | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Practicing ACT Leader | 3 | 2 | 2 | 3 | 2 | 4 | 3 | 1 | 3 | 3 | 3 | 3 | 2 | 3 | 4 | 3 | 3 | 2 | 3 | 3 | 4 | 4 | 2 |
| Continuity of Staffing | 3 | 3 | 2 | 1 | 1 | 4 | 1 | 3 | 3 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 2 | 3 | 3 | 1 |
| Staff Capacity | 4 | 3 | 2 | 3 | 2 | 5 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Psychiatrist on Team | 4 | 4 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 5 |
| Nurse on Team | 5 | 4 | 4 | 5 | 5 | 5 | 3 | 4 | 3 | 4 | 3 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 3 | 5 | 3 | 5 |
| Substance Abuse Specialist on Team | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 5 | 2 | 5 | 3 | 3 | 5 | 5 | 4 | 5 | 5 | 5 | 4 | 3 | 4 | 5 |
| Vocational Specialist on Team | 3 | 1 | 3 | 1 | 3 | 2 | 3 | 3 | 4 | 5 | 3 | 4 | 5 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 5 | 3 | 3 |
| Program Size | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Organizational Boundaries: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | |
| Explicit Admission Criteria | 4 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 |
| Intake Rate | 5 | 5 | 2 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 4 |
| Full Responsibility for Treatment Services | 5 | 3 | 2 | 3 | 2 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Responsibility for Crisis Services | 5 | 3 | 4 | 4 | 3 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 5 |
| Responsibility for Hospital Admissions | 4 | 4 | 3 | 2 | 3 | 4 | 3 | 4 | 3 | 3 | 4 | 3 | 1 | 4 | 1 | 4 | 3 | 4 | 5 | 3 | 4 | 2 | 3 |
| Responsibility for Hospital Discharge Planning | 5 | 5 | 4 | 5 | 4 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 |
| Time-unlimited Services | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

| ACT | Terros En-clave | SWN Osborn | CPLC Mary-vale | Lifewell South Central | PIR West Valley | CBI FACT | Terros W McD | PIR Metro Varsity | PIR Metro Omega | SWN Mesa HC | CPLC Centro Esper-anza | SWN San Tan | SWN Sag-uaro | SWN BV | La FC | CBI Avon dale | Terros Town-ley | CBI FACT #2 | PIR [M-ACT] | LaF Madi-son | La FCC | CBI FACT #3 | Terros Dunlap |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nature of Services: 5 Point Likert Scale** | | | | | | | | | | | | | | | | | | | | | | | |
| Community-based Services | 5 | 3 | 4 | 2 | 3 | 3 | 4 | 3 | 2 | 2 | 4 | 4 | 3 | 2 | 4 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 4 |
| No Drop-out Policy | 5 | 5 | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Assertive Engagement Mechanisms | 5 | 3 | 4 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 3 | 5 | 4 | 5 | 4 | 5 | 4 | 5 |
| Intensity of Service | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 4 | 2 | 2 | 2 | 5 | 3 | 2 | 4 | 4 |
| Frequency of Contact | 4 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 4 | 2 | 3 | 3 | 5 | 2 | 2 | 3 | 4 |
| Work with Support System | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 1 | 3 | 1 | 3 | 3 | 1 |
| Individualized Substance Abuse Treatment | 3 | 2 | 3 | 1 | 1 | 4 | 3 | 3 | 4 | 3 | 1 | 3 | 2 | 3 | 4 | 4 | 3 | 3 | 5 | 4 | 3 | 4 | 4 |
| Co-occurring Disorders Treatment Groups | 3 | 3 | 2 | 2 | 3 | 4 | 3 | 2 | 3 | 2 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 2 | 2 | 3 |
| Co-occurring Disorders/ Dual Disorders Model | 3 | 2 | 2 | 2 | 3 | 5 | 3 | 3 | 4 | 3 | 3 | 4 | 2 | 4 | 4 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 |
| Role of Consumers on Treatment Team | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Year 3 Total Score** | **117** | **90** | **91** | **96** | **91** | **116** | **96** | **103** | **112** | **106** | **106** | **115** | **104** | **110** | **119** | **113** | **109** | **108** | **128** | **109** | **113** | **110** | **113** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **83.6** | **64.3** | **65.0** | **68.6** | **65.0** | **82.9** | **68.6** | **73.6** | **80.0** | **75.7** | **75.7** | **82.1** | **74.3** | **78.6** | **85.0** | **80.7** | **77.9** | **77.1** | **91.4** | **77.9** | **80.7** | **78.6** | **80.7** |
| **Average** | **4.18** | **3.21** | **3.25** | **3.43** | **3.29** | **4.14** | **3.43** | **3.68** | **4.0** | **3.79** | **3.79** | **4.11** | **3.71** | **3.93** | **4.25** | **4.04** | **3.89** | **3.86** | **4.57** | **3.89** | **4.04** | **3.93** | **4.03** |
| **Year 2 Total Score** | **101** | **97** | **NA** | **104** | **115** | **117** | **114** | **100** | **115** | **99** | **98** | **101** | **93** | **111** | **90** | **NA** | **111** | **114** | **113** | **NA** | **103** | **NA** | **99** |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **72.1** | **69.3** | **NA** | **74.3** | **82.1** | **83.6** | **81.4** | **71.4** | **82.1** | **70.7** | **70** | **72.1** | **66.4** | **79.3** | **64.3** | **NA** | **79.3** | **81.4** | **80.7** | **NA** | **73.6** | **NA** | **70.7** |
| **Average** | **3.6** | **3.46** | **NA** | **3.71** | **4.11** | **4.18** | **4.07** | **3.57** | **4.1** | **3.54** | **3.50** | **3.61** | **3.32** | **3.92** | **3.21** | **NA** | **3.96** | **4.07** | **4.04** | **NA** | **3.68** | **NA** | **3.54** |
| **Year 1 Total Score** | 97 | 103 | NA | 112 | 109 | NA | 112 | 111 | 98 | 114 | 90 | 110 | NA | 97 | 114 | NA | 109 | 111 | NA | NA | 81 | NA | NA |
| Total Possible | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| **Percentage** | **69.3** | **73.6** | **NA** | **80** | **77.9** | **NA** | **80** | **79.3** | **70** | **81.4** | **64.3** | **80** | **NA** | **69.3** | **81.4** | **NA** | **77.9** | **79.3** | **NA** | **NA** | **57.9** | **NA** | **NA** |
| **Average** | **3.46** | **3.68** | **NA** | **4** | **3.89** | **NA** | **4** | **3.96** | **3.5** | **4.07** | **3.21** | **3.93** | **NA** | **3.46** | **4.07** | **NA** | **3.89** | **3.96** | **NA** | **NA** | **2.89** | **NA** | **NA** |

## Consumer Operated Services

| COS | Likert Scale | REN | CHEEERS | STAR Central | STAR East | STAR West | Hope Lives |
|---|---|---|---|---|---|---|---|
| **Structure** | | | | | | | |
| Board Participation | 1-5 | 4 | 4 | 4 | 4 | 4 | 4 |
| Consumer Staff | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Hiring Decisions | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Budget Control | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Volunteer Opportunities | 1-5 | 4 | 5 | 5 | 5 | 5 | 5 |
| Planning Input | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Satisfaction/Grievance Response | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Linkage with Traditional MH Services | 1-5 | 5 | 4 | 4 | 5 | 5 | 4 |
| Linkage with other COS Programs | 1-5 | 3 | 5 | 4 | 5 | 5 | 4 |
| Linkage with other Services Agencies | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Environment** | | | | | | | |
| Local Proximity | 1-4 | 4 | 4 | 4 | 3 | 3 | 3 |
| Access | 1-5 | 5 | 5 | 5 | 5 | 5 | 4 |
| Hours | 1-5 | 3 | 5 | 5 | 4 | 5 | 3 |
| Cost | 1-5 | 4 | 5 | 5 | 5 | 5 | 5 |
| Reasonable Accommodation | 1-4 | 3 | 3 | 3 | 3 | 5 | 3 |
| Lack of Coerciveness | 1-5 | 5 | 5 | 4 | 5 | 5 | 4 |
| Program Rules | 1-5 | 5 | 5 | 3 | 5 | 5 | 4 |
| Physical Environment | 1-4 | 4 | 4 | 4 | 3 | 4 | 2 |
| Social Environment | 1-5 | 5 | 4 | 4 | 5 | 5 | 5 |
| Sense of Community | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Timeframes | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Belief Systems** | | | | | | | |
| Peer Principle | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Helper's Principle | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Personal Empowerment | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Personal Accountability | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Group Empowerment | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Choice | 1-5 | 5 | 5 | 5 | 4 | 4 | 5 |
| Recovery | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Spiritual Growth | 1-4 | 4 | 4 | 4 | 3 | 3 | 3 |

| COS | Likert Scale | REN | CHEEERS | STAR Central | STAR East | STAR West | Hope Lives |
|---|---|---|---|---|---|---|---|
| **Peer Support** | | | | | | | |
| Formal Peer Support | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Informal Peer Support | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Telling Our Story | 1-5 | 5 | 5 | 5 | 4 | 4 | 4 |
| Artistic Expression | 1-5 | 4 | 5 | 4 | 5 | 3 | 4 |
| Consciousness Raising | 1-4 | 4 | 4 | 3 | 3 | 4 | 4 |
| Formal Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Informal; Crisis Prevention | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Peer Mentoring and Teaching | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Education** | | | | | | | |
| Formally Structured Activities | 1-5 | 5 | 5 | 5 | 4 | 5 | 5 |
| Receiving Informal Support | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Providing Informal Support | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Formal Skills Practice | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Job Readiness Activities | 1-5 | 5 | 5 | 3 | 3 | 3 | 5 |
| **Advocacy** | | | | | | | |
| Formal Self Advocacy | 1-5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Peer Advocacy | 1-5 | 5 | 5 | 4 | 5 | 5 | 5 |
| Outreach to Participants | 1-5 | 4 | 5 | 4 | 3 | 3 | 4 |
| **Year 3 Total Score** | | **198** | **204** | **194** | **194** | **196** | **192** |
| **Total Possible** | **208** | **208** | **208** | **208** | **208** | **208** | **208** |
| **Percentage Score** | | **95.2** | **98.1** | **93.3** | **93.3** | **94.2** | **92.3** |
| **Year 2 Total Score** | | **193** | **204** | **177** | **197** | **188** | **186** |
| **Total Possible** | **208** | **208** | **208** | **208** | **208** | **208** | **208** |
| **Percentage Score** | | **92.8** | **98.1** | **85.1** | **94.7** | **90.4** | **89.4** |
| **Year 1 Total Score** | | **199** | **187** | **166** | **179** | **166** | **187** |
| **Total Possible** | **208** | **208** | **208** | **208** | **208** | **208** | **208** |
| **Percentage Score** | | **95.7** | **89.9** | **79.8** | **86.1** | **79.8** | **89.9** |

## Supported Employment

| SE 1-5 Likert Scale | Marc CR | Focus | Lifewell | VALLEYLIFE | WEDCO | Beacon | REN |
|---|---|---|---|---|---|---|---|
| **Staffing** | | | | | | | |
| Caseload | 5 | 5 | 4 | 5 | 5 | 4 | 4 |
| Vocational Services Staff | 5 | 5 | 3 | 5 | 5 | 5 | 5 |
| Vocational Generalists | 4 | 5 | 4 | 4 | 4 | 5 | 3 |
| **Organization** | | | | | | | |
| Integration of rehabilitation with MH treatment | 3 | 3 | 1 | 3 | 2 | 2 | 1 |
| Vocational Unit | 5 | 3 | 3 | 4 | 4 | 5 | 4 |
| Zero-exclusion criteria | 3 | 4 | 3 | 3 | 4 | 4 | 2 |
| **Services** | | | | | | | |
| Ongoing work-based assessment | 5 | 5 | 4 | 5 | 4 | 5 | 4 |
| Rapid search for competitive jobs | 5 | 4 | 3 | 4 | 3 | 5 | 3 |
| Individual job search | 5 | 4 | 5 | 4 | 5 | 5 | 3 |
| Diversity of jobs developed | 4 | 4 | 4 | 5 | 3 | 4 | 4 |
| Permanence of jobs developed | 5 | 4 | 5 | 5 | 3 | 5 | 4 |
| Jobs as transitions | 5 | 4 | 5 | 5 | 5 | 5 | 3 |
| Follow-along supports | 5 | 4 | 3 | 4 | 5 | 5 | 2 |
| Community-based services | 3 | 3 | 1 | 2 | 5 | 5 | 2 |
| Assertive engagement and outreach | 4 | 4 | 2 | 5 | 4 | 4 | 2 |
| **Year 3 Total Points: Total Possible 75** | **66** | **61** | **50** | **63** | **61** | **68** | **46** |
| **Percentage** | 88% | 81.3% | 66.6% | 84% | 81.3% | 90.7% | 61.3% |
| **Average** | 4.4 | 4.1 | 3.3 | 4.2 | 4.2 | 4.5 | 3.1 |
| **Year 2 Total Points: Total Possible 75** | 63 | 55 | 61 | 65 | 61 | 60 | NA |
| **Percentage** | 84% | 73.3% | 81.3% | 86.7% | 81.3% | 80% | NA |
| **Average** | 4.2 | 3.7 | 4.1 | 4.3 | 4.07 | 4 | NA |
| **Year 1 Total Points: Total Possible 75** | 41 | 58 | 57 | 51 | 47 | 51 | NA |
| **Percentage** | 54.6% | 77.3% | 76% | 68% | 62.6% | 68% | NA |
| **Average** | 2.73 | 3.87 | 3.8 | 3.29 | 3.13 | 3.29 | NA |

## Permanent Supportive Housing

| PSH | Scale | PSA | AHC-CMS | CPLC ACT | Life-well | La F ACT | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | Terros ACT | MARC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Choice of Housing** | | | | | | | | | | | | | | | |
| Tenants have choice of type of housing | 1,2.5,4 | 1 | 1 | 4 | 1 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |
| Real choice of housing unit | 1,4 | 4 | 1 | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 1 | 1 | 1 | 4 |
| Tenant can wait without losing their place in line | 1-4 | 4 | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 2 | 4 | 4 | 4 |
| Tenants have control over composition of household | 1,2.5,4 | 4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 2.5 | 2.5 | 1 | 2.5 | 2.5 | 2.5 |
| Average Score for Dimension | | 3.25 | 2.5 | 3.75 | 2.13 | 4 | 3.63 | 3.75 | 3.63 | 3.63 | 3.25 | 1.63 | 2.5 | 2.5 | 3.25 |
| **Functional Separation of Housing and Services** | | | | | | | | | | | | | | | |
| Extent to which housing management providers do not have any authority or formal role in providing social services | 1,2.5,4 | 4 | 4 | 4 | 4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 4 | 2.5 | 4 | 4 |
| Extent to which service providers do not have any responsibility for housing management functions | 1,2.5,4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 4 | 2.5 | 4 | 4 | 2.5 | 4 | 4 | 4 |
| Extent to which social and clinical service providers are based off site (not at housing units) | 1-4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 2 | 3 | 3 | 4 |
| Average Score for Dimension | | 4 | 4 | 3.5 | 4 | 3.67 | 4 | 3.5 | 3.5 | 3.67 | 4 | 2.83 | 3.17 | 3.67 | 4 |
| **Decent, Safe and Affordable Housing** | | | | | | | | | | | | | | | |
| Extent to which tenants pay a reasonable amount of their income for housing | 1-4 | 3 | 3 | 1 | 4 | 3 | 4 | 1 | 4 | 3 | 3 | 1 | 1 | 2 | 4 |

| PSH | Scale | PSA | AHC-CMS | CPLC ACT | Life-well | La F ACT | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | Terros ACT | MARC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Whether housing meets HUD's Housing Quality Standards | 1,2.5,4 | 1 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2.5 |
| Average Score for Dimension | | 2 | 2 | 1 | 4 | 2 | 4 | 1 | **2.5** | 2 | 2 | 1 | 1 | 1.5 | 3.25 |
| **Housing Integration** | | | | | | | | | | | | | | | |
| Extent to which housing units are integrated | 1-4 | 4 | 4 | 4 | 1 | 4 | 4 | 3 | 4 | 3 | 4 | 1 | 2 | 3 | 4 |
| Average Score for Dimension | | 4 | 4 | 4 | 1 | 4 | 4 | 3 | 4 | 3 | 4 | 1 | 2 | 3 | 4 |
| **Rights of Tenancy** | | | | | | | | | | | | | | | |
| Extent to which tenants have legal rights to the housing unit | 1,4 | 1 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Extent to which tenancy is contingent on compliance with program provisions | 1,2.5,4 | 4 | 4 | 2.5 | 4 | 4 | 4 | 2.5 | 4 | 2.5 | 4 | 1 | 2.5 | 2.5 | 4 |
| Average Score for Dimension | | 2.5 | 2.5 | 1.75 | 4 | 2.5 | 4 | 1.75 | 2.5 | 1.75 | 2.5 | 1 | 1.75 | 1.75 | 2.5 |
| **Access to Housing** | | | | | | | | | | | | | | | |
| Extent to which tenants are required to demonstrate housing readiness to gain access to housing units | 1-4 | 3 | 2 | 2 | 2 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 |
| Extent to which tenants with obstacles to housing stability have priority | 1,2.5,4 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |
| Extent to which tenants control staff entry into the unit | 1-4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 2 | 3 | 3 | 4 |
| Average Score for Dimension | | 3.17 | 2.83 | 2.83 | 2.83 | 3.17 | 3.5 | 3.5 | 3.5 | 3.17 | 3.17 | 2.5 | 2.83 | 2.83 | 3.17 |

| PSH | Scale | PSA | AHC-CMS | CPLC ACT | Life-well | La F ACT | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | Terros ACT | MARC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Flexible, Voluntary Services** | | | | | | | | | | | | | | | |
| Extent to which tenants choose the type of services they want at program entry | 1,4 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 4 | 4 |
| Extent to which tenants have the opportunity to modify services selection | 1,4 | 4 | 1 | 1 | 4 | 1 | 1 | 4 | 1 | 4 | 1 | 1 | 1 | 1 | 1 |
| Extent to which tenants are able to choose the services they receive | 1-4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Extent to which services can be changed to meet the tenants changing needs and preferences | 1-4 | 4 | 3 | 2 | 3 | 2 | 4 | 2 | 4 | 3 | 2 | 2 | 3 | 2 | 2 |
| Extent to which services are consumer driven | 1-4 | 2 | 2 | 2 | 1 | 1 | 4 | 2 | 3 | 2 | 3 | 2 | 2 | 1 | 3 |
| Extent to which services are provided with optimum caseload sizes | 1-4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Behavioral health services are team based | 1-4 | 2 | 2 | 3 | 2 | 4 | 2 | 3 | 2 | 3 | 2 | 3 | 4 | 4 | 2 |
| Extent to which services are provided 24 hours, 7 days per week | 1-4 | 2 | 3 | 4 | 2 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 2 |
| Average Score for Dimension | | 2.75 | 2.38 | 2.88 | 2.5 | 2.5 | 2.75 | 2.88 | 2.63 | 3 | 2.88 | 2.5 | 2.75 | 2.75 | 2.63 |
| **Year 3 Total Score** | | **21.7** | **20.2** | **19.71** | **20.46** | **21.84** | **25.88** | **19.38** | **22.26** | **22.22** | **21.8** | **12.46** | **16** | **18** | **22.8** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **77.5%** | **72.1%** | **70.4%** | **73.1%** | **78.0%** | **92.4%** | **69.2%** | **79.5%** | **79.4%** | **77.9%** | **44.5%** | **57.1%** | **64.3%** | **81.4%** |

| PSH | Scale | PSA | AHC-CMS | CPLC ACT | Life-well | La F ACT | RI | PIR ACT | CBI | CBI ACT | SBHS | Life-well ACT | SWN ACT | Terros ACT | MARC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Year 2 Total Score** | | **20.5** | **18.4** | **16.3** | **20.1** | **16.3** | **24.9** | **19.3** | **23.8** | **20.7** | **21.8** | **16.9** | **17.5** | **17.3** | **20.2** |
| **Highest Possible Dimension Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **73%** | **65.5%** | **58.4%** | **71.8%** | **58.4%** | **88.9%** | **69%** | **85%** | **74%** | **78%** | **60.4%** | **62.5%** | **61.8%** | **72.3%** |
| **Year 1 Total Score** | | **12.3** | **13.1** | **15.1** | **15.8** | **15.1** | **20.7** | **16.0** | **NA** | **NA** | **13.9** | **15.8** | **14.8** | **15.8** | **19.2** |
| **Highest Possible Score** | | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| **Percentage Score** | | **43.9** | **46.7** | **53.9** | **56.4** | **53.9** | **74.1** | **57.0** | **67.1** | **49.6** | **49.6** | **56.4** | **52.9** | **52.9** | **68.6** |