ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: October 29, 2020

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AHCCCS Fidelity Reviewers

Method

On October 5-6, 2020, TJ Eggsware and Karen Voyer-Caravona completed a review of the La Frontera-EMPACT Tempe Assertive Community Treatment (ACT) team. This review is intended to provide specific feedback in the development of your agency's ACT services, in an effort to improve the overall quality of behavioral health services in the Central Region of Arizona.

La Frontera-EMPACT offers behavioral health services to children, adults, and families. La Frontera-EMPACT operates three ACT teams: two in Phoenix, Comunidad and Capitol (located in the same clinic), and the Tempe team. The fidelity review was originally scheduled with La Frontera-EMPACT Tempe in April 2020. The review was postponed due to the COVID-19 public health emergency. It was determined that the record portion of the review should be documentation for a period prior to the public health emergency. Reference in this report to the member records reviewed and related documentation are for the period prior to the public health emergency. Due to the public health emergency, the review was conducted remotely, using video or phone contact to interview staff and members.

The individuals served through the agency are referred to as *client* and *patient* in records. The term *member* is also used by staff at the agency, and is used for the purpose of this report for consistency across fidelity reports in the Central Region of Arizona.

The reviewers participated in the following activities:

- Observation of a daily ACT team meeting on October 5, 2020 via videoconference;
- Individual telephone or video interviews with the Clinical Coordinator (i.e., Team Leader), Substance Abuse Therapist (SAT), Rehabilitation Specialist (RS) and Peer Support Specialist (PSS);
- Individual telephone interviews with five members receiving ACT services;
- Charts were reviewed for ten members using the agency's electronic medical records system; and,
- Review of: the Tempe ACT Brochure; Tempe ACT Weekly Groups calendar; tacking of direct member contacts by the CC; the team *8 Week Outreach* tracking form; resumes and training records for the two Substance Abuse Specialists (SASs), the Employment Specialist

(ES), and the RS; substance use treatment resources; and, the Regional Behavioral Health Authority's (RBHA) ACT Admission Criteria tool.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The Psychiatrist is fully dedicated to the ACT team with no other duties outside the team. Staff said that the Psychiatrist is accessible to staff, including after hours and on weekends, when the need arises. The Nurses and the Psychiatrist provide community-based services.
- The team currently has two experienced SASs to provide substance abuse treatment to members with co-occurring diagnoses.
- The ACT team has two vocational staff that have experience in assisting people with disabilities find and retain competitive employment.
- The 12 ACT staff positions are filled. The team is of sufficient size to provide the necessary coverage to the 96 member roster. The team also offers integrated physical health care through a Family Nurse Practitioner (FNP).
- Staff is available to provide crisis support. The specialists rotate on-call phone coverage daily. The CC is available for consultation, back-up coverage, and to accompany specialists into the field. Members said that staff provided them with the on-call number and are responsive.
- The team maintained consistency and continuity of care for members with a low admission and drop-out rate for the period reviewed.

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

- Attempt to identify factors that contributed to staff turnover or supported retention. Ideally, turnover should be no greater than 20% over a two-year period.
- Increase support to members that receive a lower intensity and frequency of service. Evaluate the engagement strategies employed by the team. In sample records, over a month period, some members received infrequent contact, or, lapses in contact or outreach. Ideally, services are individualized and primarily community-based.
- Increase engagement with natural supports as partners in supporting members' recovery goals. Training staff on strategies for engaging informal support may be helpful. Staff may then be able to advise informal supports on how they can reinforce healthy recovery behaviors or use recovery language when they interact with members.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team includes 12 staff serving 96 members. Excluding the Psychiatrist and the FNP, the member to staff ratio is about 9:1.	
H2	Team Approach	1 – 5 5	Staff interviewed estimated that at least 90% of members see more than one staff in a two week period, consistent with the records reviewed. Due to the public health emergency, staff said that the way staff interacts with members changed. For example, staff have more contact with members over the phone than prior to the public health emergency. Staff also visit member's residences and use their phones or a video platform to interact with members. The approach allows staff to see members, and provide support, at a safe distance. Staff said that due to the public health emergency, some members with preexisting conditions decline face-to-face contact. To maintain a diverse mix of staff contact with members, the team's caseload is split into members living on the east and west side of the service area. The two halves are separated into sections. The staff visit members in their assigned sections. The assigned sections rotate so members meet with a variety of staff.	
H3	Program Meeting	1 – 5 5	The ACT team meets four days a week to discuss services delivered to all members. Staff attend the meetings on the days they are scheduled to work. At least one of the Nurses attend each meeting. Both team Nurses attend one meeting per week together. The Psychiatrist or Nurse may leave the meeting early on occasion if member needs arise.	

			During the team meeting observed via videoconference, staff collaboratively planned services and shared information about their recent member contacts. Staff discussed members' behavioral and physical health treatment.	
H4	Practicing ACT Leader	1 – 5 2	Staff said that the CC provides direct services to members and also conducts the bulk of coordination with external parties for coordination of care. Staff said that due to the public health emergency, there was a reduction in direct service time. Staff said that the CC facilitated a group prior to the public health emergency. In-person group treatment was suspended, but staff reported their plans to begin small groups again, with three to four members to allow for social distancing and safety measures. Records reviewed showed few examples of direct member services provided by the CC. Staff said that the CC was out of the office for two weeks that month. An encounter report for a recent month period showed the CC provided direct services to members less than 5% of CC's time.	● Under ideal circumstances, the CC's delivery of direct services to members should account for at least 50% of the time. ● Identify administrative tasks currently performed by the CC that can be transitioned to other administrative or support staff, if applicable.
H5	Continuity of Staffing	1 – 5 3	Based on data provided, 11 staff left the team in the most recent 24 month period. Of those, six staff left the team from January through October 2019, and five staff left the team from January through May 2020. The members experienced nearly 46% turnover in staff, an improvement from the prior review. During the two years prior to review, multiple staff filled the vocational, SAS, and Independent Living Specialist (ILS) positions.	● Attempt to identify factors that contributed to staff turnover or supported retention. Ideally, turnover should be no greater than 20% over a two-year period. Consistency in staffing contributes to building therapeutic relationships with members and their supports.
H6	Staff Capacity	1 – 5 4	The team operated at about 92% of staff capacity over the prior 12 months. There were a total of 11 months with position vacancies. Positions vacant for multiple months include: ACT Specialist (AS), ES, and Housing Specialist (HS).	● Continue efforts to retain qualified staff with the goal of operating at 95% or more of full staffing annually.

H7	Psychiatrist on Team	1 – 5 5	The team has a fully dedicated ACT Psychiatrist. Staff said that the Psychiatrist is accessible and collaborates with other team staff. During the team meeting observed, the Psychiatrist actively contributed to discussions. For example, the Psychiatrist told the team how laboratory testing can help to confirm if a member takes medications as prescribed, and what potential follow-up should occur. Staff said that due to the public health emergency, the Psychiatrist meets with the majority of members using telehealth. Some members with aversion to the use of computers meet the Psychiatrist in person with social distancing and safety measures in place.	
H8	Nurse on Team	1 – 5 5	The ACT team has two Nurses. The Nurses provide injections, prepare medication sets, provide members with medication education, and coordinate care. For example, staff said that the Nurses can have more success coordinating with Nurses that work at Skilled Nursing Facilities than other staff on the team. The Nurses have no other responsibilities outside of the ACT team. Staff said that the Nurses are accessible and responsive. Staff reported that the Nurses rotate their time in the office and field, including during the public health emergency. Examples were found in the records reviewed of the Nurses offering services to members in the community.	
H9	Substance Abuse Specialist on Team	1 – 5 5	The ACT team has two SASs with training and experience in co-occurring treatment. One SAS attained a Master in Education School Counseling degree and is a Licensed Professional Counselor. Prior to joining the team in May 2020, the second SAS worked as an SAS on an ACT team at another agency August 2014 through October 2019.	
H10	Vocational Specialist on Team	1 – 5	The ACT team has two vocational staff: an ES, who has been with the team since February 2020, and	

		5	an RS, who has been with the team since May 2019. The ES came to the position with two years of experience as a RS. The ES has 11 months experience working as a Job Coach and over two years experience as a Job Developer and Employment Specialist with other agencies. During the team meeting observed, vocational staff identified their efforts to engage members in employment and rehabilitation activities and used Stages of Change terminology to identify members' desires in those areas.	
H11	Program Size	1 – 5 5	With 12 staff, not including the Program Assistant and FNP, the team is of adequate size to provide coverage to the 96 member roster.	
O1	Explicit Admission Criteria	1 – 5 5	The Tempe team uses the RBHA's ACT Admission Criteria tool. Staff said that the CC and other specialists conduct screenings from referrals that are usually sent by the RBHA. Staff said that prior to the public health emergency, screenings were done in person. Due to the public health emergency, screenings are done by phone. Staff said that the Psychiatrist reviews documentation, the screening information, and discusses with the CC to make the determination if the member joins the team. Staff said that for some referrals a collaborative complex case review occurs with RBHA staff if ACT staff feels a person referred for ACT services does not appear to fit criteria. Staff said that the team does not feel pressured to admit members to the team.	
O2	Intake Rate	1 – 5 5	Over the prior six months, the peak member admission was three members per month for both April and June 2020. There were two admissions during August 2020, one admission May 2020, and zero admissions July and September 2020.	
O3	Full Responsibility	1 – 5	In addition to case management services, the ACT	● As the designated Permanent Supportive

	for Treatment Services	4	team is fully responsible for psychiatric services and most substance abuse treatment, with the exception of members that enter substance use type treatment programs. During the team meeting observed, the SAS and SAT gave examples of offering and providing substance use treatment. The team SAT provides counseling/psychotherapy, and cited examples during the team meeting observed. Per report, the vocational staff are assisting eight members with working toward their employment goals. The vocational staff provides support to five or six employed members. Staff said one member was involved in a Work Adjustment Training (WAT) program with another agency, but stopped due to the public health emergency. The team provides housing support and assists members in locating housing, but more than 10% of members live in staffed or semi-staffed settings where they receive some level of support.	Housing services provider, the ACT team, to the extent possible, should seek to move members to independent housing units in integrated settings where all housing support and case management responsibilities are provided by the ACT team. ● Ensure members are educated about the benefits of competitive employment compared to WAT activities. Offer to assist members to seek competitive employment in their areas of interest.
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team has full responsibility for crisis services. The ACT team has an on-call system which rotates daily between specialists. The CC serves as backup. Interviewees reported that members are provided with a card that lists staff and the on-call phone number. Members confirmed that staff is responsive to after hour calls. Staff said that it is rare for calls to be routed through the crisis line. Staff reported that if needed, they respond to members in the field, accompanied by the CC. During the team meeting, some staff discussed providing services to members during the weekend.	
O5	Responsibility for Hospital Admissions	1 – 5	Staff reported that during office hours members are engaged to meet with the Psychiatrist before	● Evaluate what contributes if members do not seek team support prior to admissions.

		4	inpatient treatment is arranged. On the weekends and after hours, the CC plays the primary role in assessing members for hospitalization, and usually consults with the Psychiatrist. After assessing for medical safety, staff transports voluntary members, with precautions in place (e.g., masks, member sitting in the third row of a van). Members may also be petitioned or have court orders amended when involuntary. ACT staff are also notified of admissions by RBHA staff. ACT staff complete a *Continuity of Care* worksheet that is sent to inpatient staff. The team was involved in nine of the ten recent member psychiatric hospital admissions, often using the petition or amendment process. For one member, the team was informed after another agency intervened and petitioned the member for inpatient evaluation. Staff said that the Psychiatrist conducts doctor-to-doctor consultations with inpatient providers when members are hospitalized. Staff said that the team coordinates with inpatient staff by phone at least every 72 hours. Staff reported that the manner that they support member admissions was impacted by the public health emergency. For example, prior to the public health emergency, staff visited inpatient members every 72 hours. During the public health emergency, visitor restrictions are in place at hospitals. Staff said that the team has phone contact with members who are inpatient every 72 hours.	● Maintain regular contact with all members and their support networks (both informal/natural and formal). This may result in earlier identification of issues or concerns relating to members, allowing the team to offer additional supports, which may reduce the need for hospitalization.
O6	Responsibility for Hospital Discharge	1 – 5	Staff said that the team was directly involved in the ten most recent hospital discharges. Due to	

	Planning	5	the public health emergency, staff are not allowed into hospitals when members discharge. Staff go to a designated area at hospitals to pick up discharged members. If members elect to discharge to someone from their support network, ACT staff meet the member and the support at the discharge. Staff said that members are scheduled to meet with the Psychiatrist within 72 hours, but that staff seeks to arrange the appointments to occur within 24 to 48 hours after discharge. Staff said that they attempt face-to-face contact with members for five days after discharge, but the public health emergency impacted their service in this area. For example, residential treatment settings do not allow visits so contact occurs by phone with members in those settings.	
O7	Time-unlimited Services	1 – 5 5	Staff reported that over the prior year, one member graduated from the team. Staff projects one to two graduates in the upcoming year. Staff said that members' service plans are modified as they prepare to transition.	
S1	Community-based Services	1 – 5 3	Staff said that the public health emergency impacted their ability to provide community-based services at the expected level (i.e., 80% or higher). A staff said that they began increasing face-to-face contacts with members around August 2020. Staff also reported visiting members at their residences and communicating over the phone, while maintaining a safe distance. Staff said that the approach helped show that staff were still available to provide support. Based on records reviewed for the identified timeframe prior to the public health emergency, services were provided to members in the community about 50% of the time. Most of the members interviewed reported meeting with staff about equally at their home or	• Under optimal circumstances, 80% or more of services occur in members' communities. As groups restart, do not rely too heavily on clinic-based group attendance as a replacement for individualized community-based contacts.

			the office prior to the public health emergency. Staff said they plan to begin offering groups with fewer attendees to allow for social distancing.	
S2	No Drop-out Policy	1 – 5 5	Few members left the team during the 12 months prior to review. Based on data provided, one member transitioned to *Navigator* status. Staff reported that no members refused services, closed due to the team determining they could not be served, or moved from the geographic service area without a referral. One member left the geographic area with no notice. Staff said that they are in contact with the member, their informal support, and that the team tried to assist the member to establish services in the new area. Some members left the team due to transferring to another provider, incarceration, or with referral to a new geographic area.	
S3	Assertive Engagement Mechanisms	1 – 5 4	Staff provided the reviewers with a copy of their *8 Week Outreach* tracking sheet. The form prompts seven days of outreach activities per week, including: home visits to begin and end the week, contacting informal supports and members' emergency contacts, calls to hospitals, contacting community supports, and community/street outreach. During the team meeting observed various staff reported on outreach conducted or their plan to conduct outreach. Documentation of outreach was not located in some member records for the timeframe reviewed. One record reviewed showed a member with no documented contact or outreach over a two week period. Documentation showed that an emergent petition was filed. It was unclear when staff made contact to assess the member. Two weeks prior to the date listing the filing of a petition, the member's support called ACT staff to	• Ideally, outreach should be carried out by multiple ACT staff and documented in the member's record. The program should evaluate if any recent changes to outreach processes or documentation show improvement from the period reviewed prior to the public health emergency. The program may determine if further enhancements are needed.

			report their concern for the member due to a suspected medical issue. Another member's Probation Officer (PO) contacted ACT staff to report the member did not make contact with the PO as required and that the member's probation was in jeopardy. Based on documentation, it was not clear if the issue was discussed with the member during the next contact by ACT staff, during a subsequent phone contact with the member, or the next face-to-face contact. A staff said that turnover on the team may have led to inconsistent outreach.	
S4	Intensity of Services	1 – 5 2	In ten records reviewed, the median intensity of service time per member was about 38 minutes weekly over the month period reviewed, prior to the public health emergency. Two of the ten members received an average of less than ten minutes and one member received more than 120 minutes service time per week, mostly in-office.	● As public health conditions improve, evaluate how the team can support members who receive a lower intensity of service. Under typical circumstances, the ACT team should provide members an average of two hours of face-to-face contact weekly.
S5	Frequency of Contact	1 – 5 2	Per the record review, on average, members received 1.75 weekly contacts with ACT staff during the identified timeframe reviewed, prior to the public health emergency. Most members interviewed said they had seen or talked on the phone with multiple ACT staff during the week prior to the review. Staff said they use protective equipment and provide masks to members if needed when conducting face-to-face contact. Staff reported that the public health emergency impacted their ability to complete face-to-face contact with members. Some members with preexisting conditions are reluctant to meet face-to- face. Staff said that early during the public health emergency, there was little access to personal protective equipment, but access has since improved. Staff said that the agency received	● The team should continue their effort to contact members in as safe a manner as possible, as community health conditions allow. Optimally, ACT members receive an average of four or more face-to-face contacts a week. The number of contacts may vary, with some members receiving fewer and others receiving significantly more depending on immediate and emerging needs.

			grant funds to provide some members with tablets so they can meet with staff by video. When asked if telehealth services have been effective, members and staff affirmed the benefits. Staff and members said that if needed, they are willing to use telehealth again. One member said that they appreciated the flexibility to meet with staff. Staff cited benefits such as allowing flexibility to contact members with limited mobility, those who are averse to leaving their home, or being able to contact members in a different part of the service area without having to drive an hour or more between locations. Staff said some members prefer face-to-face contact due to concerns related to the use of technology. Staff said some services are best delivered face-to-face, but telehealth is useful in conjunction with how services have commonly been delivered.	
S6	Work with Support System	1 – 5 1	Staff interviewed estimated that 50% to 70% of members on the team have natural supports. One staff said that the team attempts at least weekly contact with members' informal support systems. Another staff said they contact supports weekly for those members the staff is primarily responsible for, but was unsure if other staff did the same. Staff said that prior to the public health emergency, some natural supports accompanied members to the office to attend appointments. One of the five members interviewed said that ACT staff are in contact with their supports about weekly. One member said staff has contact with their family. One member said staff contacts their family, but was uncertain how often. One member said that staff contacts their support about once a year. One member reported that staff has a	● Continue efforts to engage members' informal support systems as key contributors to the member's recovery team. ● Regularly review member records to confirm that informal support contacts, including emails and phone calls, are documented. Prompting staff to document contacts reported on in the program meeting may be beneficial.

			release to talk with their support, if needed. During the team meeting, staff discussed recent or planned contacts with informal supports for 13 members. In ten records reviewed, staff documented four contacts with member supports over a month period: three times with the support of one member and once for another member.	
S7	Individualized Substance Abuse Treatment	1 – 5 4	The team serves 69 members with substance use diagnoses. Staff said that the team uses Integrated Dual Disorder Treatment (IDDT). Staff said that a SAS attempts to meet with each of the applicable members two to four times per month. Staff said that prior to the public health emergency sessions were about 25 to 30 minutes. Staff said that sessions over telehealth last about 15 to 20 minutes. Staff provided a copy of an SAS schedule of sessions. It was not clear if all sessions occurred, or if the average of sessions provided was 24 minutes for the group of members with co-occurring substance use diagnoses. Based on notes, some sessions were cancelled that were listed on the staff calendar. Records were reviewed for ten members, six of whom were identified with co-occurring substance use diagnoses. Certain notes list IDDT as the reason for contact with members. Those notes include information about what was discussed, efforts by staff to elicit reflection, non-judgmental information about members' use, and discussion of members' goals. In records, for the period reviewed prior to the public health emergency, it appears IDDT was primarily provided by the SAT. Over a month period, for one member, four IDDT sessions were documented, each for 24 minutes.	● The entire ACT team should engage members identified with co-occurring diagnoses in substance abuse treatment.

			One member received three sessions. For another member, an SAS contacted the member's support in an effort to schedule an IDDT session with the member. The SAS also made direct contact with the member in an effort to engage them in IDDT. A SAS made three engagement efforts for another member over the month period reviewed, one of those contacts listed IDDT as the focus of the engagement. One member missed a counseling session and received no other sessions over a month period. One member received two sessions and cancelled a third. It is not clear if the other specialists regularly engage members to address substance use issues.	
S8	Co-occurring Disorder Treatment Groups	1 – 5 1	Staff said that prior to the public health emergency, the SASs offered three groups to members with co-occurring diagnoses. Two groups were facilitated by the team SAT, for members in later stages in recovery, and one by the SAS for members in earlier stages of recovery. Groups are on hold due to the public health emergency. Staff reported the team's plan to restart facilitating smaller sized groups (e.g., three to four members) to reduce the transmission risk.	● The team should continue their effort to engage members in as safe a manner as possible, as community health conditions allow. The SASs and specialists should continue to collaborate to engage members in co-occurring groups with the goal of at least 50% of members with co-occurring diagnoses participating. With two experienced SASs, and a full team of specialists to engage members, the program seems well positioned to meet the target threshold.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 5	Staff interviewed demonstrated knowledge of IDDT, a stage-wise approach to treatment where staff activities align with members' stage of change. Based on observation and interviews, staff seem to approach treatment with an emphasis on harm reduction and acceptance of members' varied levels of readiness to change. During the team meeting, the SASs reported on their planned contacts with members and efforts to provide or engage applicable members in treatment. Staff reported on members' stages of change. The team	● Consultation/technical assistance is recommended to ensure that the Seeking Safety group curriculum aligns with evidence-based practice for co-occurring disorders.

			discussed making naloxone available to a member. The applicable member treatment plans reviewed addressed substance use and treatment. Staff said they do not refer members to AA or similar programs but that some members participate as a support. Staff said that they refer members to withdrawal management (i.e., detox) when medically necessary, based on certain substances of concern (e.g., opioids and alcohol) and if a person requires supervision during the process. Staff training logs show applicable courses, such as Integrated Treatment for Co-Occurring Disorders and Motivational Interviewing. Staff provided the materials they use as treatment guides. Staff provided SAMHSA's toolkit for *Integrated Treatment for Co-Occurring* Disorders and *Living in Balance Moving from a Life of Addiction to a Life of Recovery*. Staff also use Dialectic Behavioral Therapy (DBT) and *Seeking Safety, A Treatment Manual for PTSD and Substance Abuse*. The *Seeking Safety* curriculum or DBT may not be the best fit for SMI/co-occurring population represented on ACT teams, but staff interviewed seem to be practicing from a co-occurring treatment approach.	
S10	Role of Consumers on Treatment Team	1 – 5 5	The perspective of person's with lived experience is represented on the team. Staff reported that an employee on the team has direct lived experience of psychiatric recovery. Staff said that another employee on the team is a family member of a person who receives services. Some of the members interviewed said that there was at least one staff on the team with personal lived experience of psychiatric recovery.	● Continue efforts to educate members, as applicable and appropriate, about staff on the team with lived experience who may serve as a resource.

ACT FIDELITY SCALE SCORE SHEET

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

6. Responsibility for Hospital Discharge Planning	1-5	5
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	3
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	4
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	1
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders (Dual Disorders) Model	1-5	5
10. Role of Consumers on Treatment Team	1-5	5
Total Score	4.07	
Highest Possible Score	**5**	