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FY 2020-2021 (Year 7)

**Evidence Based Practices Fidelity
Project**

Quality Improvement Report

Submitted to the Arizona Health Care
Cost Containment System and Mercy
Care

July 2021

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.

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 consisted 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. The AHCCCS Project Manager Kelli Donley left her position in October 2017; AHCCCS employees Kristen Challacombe and Judith Walker provided leadership until Ms. Challacombe moved to another position in early 2019. In June 2018 Mimi Windemuller ended employment at WICHE and was replaced by the new project manager, Rebecca Helfand, PhD.

The FY 2019 contract between AHCCCS and WICHE was adjusted, reducing the number of Maricopa County sites to be reviewed (from 41 reviews per year in Maricopa County to 21 reviews in Maricopa County) and added 2 ACT and 2 PSH reviews in Northern and Southern Arizona. With the reduction in the number of Maricopa County reviews the number of reviewers was reduced by one and the project manager's time was reduced to 75% for the second half of the fiscal year. Bi-weekly team conference calls occur with the project managers from both AHCCCS and WICHE, as well as other training consultation with EBP expert consultants as necessary.

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 primarily contract with the same consultants used during Year 1 to provide ongoing consultation and training. 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 for Years 2-5. Pat Tucker was available to provide training and consultation for PSH given Ann Denton's recent retirement. Each consultant has extensive experience with SAMHSA EBP fidelity toolkits and provides consultation as needed. Work with these experts has tapered off with the increasing fidelity scores of providers in Maricopa County. With the change in scope of the project in Year 5 no expert consultants were brought in.

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.
- 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 upon request by the provider.

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 from Year 5 to present day.

FY 2021 Fidelity Review Schedule

The review schedule for Year 7 (FY 2021) was developed in August 2020. With the reduction in the number of Maricopa County reviews from 41 to 21 in Year 5, during Year 6, the remaining 20 providers were planned for review. Due to the emergence of the coronavirus (COVID-19), and AHCCCS guidance to providers as of March 23, 2020, four fidelity reviews were suspended during the months of April and May 2020: two ACT - La Frontera-EMPACT Tempe and Capitol Center; one COS - Stand Together and Recover Centers, Inc. (S.T.A.R.); and one PSH - Copa Health. The two ACT and the PSH reviews were completed remotely using videoconference and phone interviews during the month of October 2020, and the COS review was conducted in March 2021. These results are included in separate sections throughout the report. Because all reviews conducted in Year 7 were done remotely, the methodology is inconsistent with the rest of Year 6 reviews, so those data cannot be combined. In Year 8 all providers scheduled under Year 6 will be reviewed.

The provider census for FY 2021 includes a total of 25 reviews in Maricopa County:

- 14 ACT – (12 scheduled for Year 7 and 2 carried over from Year 6 – postponed due to COVID-19). A total of 13 ACT teams were reviewed, the Copa Health Gateway team’s review was cancelled for this year to due significant provider transition).
- 3 COS (2 scheduled for Year 7 and 1 carried over from Year 6 – postponed due to COVID-19)
- 4 SE
- 4 PSH (3 scheduled for Year 7 and 1 carried over from Year 6 – postponed due to COVID-19)

During Year 6, two Greater Arizona expansion PSH reviews were postponed due to the emergence of the coronavirus (COVID-19) public health emergency. Those reviews were conducted during the months of September and November 2020. The data from those reviews will be presented in a separate report as they are not part of the *Arnold v. Sarn* agreement.

Training and Technical Assistance

The three-pronged quality improvement approach initiated during FY 2015 continued during FY 2020. The three components of this approach include:

- Education;
- Training; and
- Technical assistance.

A wide array of training was conducted during FY 2021. The goal was to provide training and technical assistance on a variety of topics: Peer Support, Family Engagement and Support, Tele-Mental Health, Forensic Assertive Community Treatment, and included a training series with two parts Introductory sessions followed by sessions in which trainers answered questions submitted by participants for four Evidence-Based Practices (Assertive Community Treatment,

Permanent Supportive Housing, Supported Employment, and Consumer Operated Services). The trainings were provided by:

- Laurie C. Curtis, MA, CPRP – Peer Support Training and the Consumer Operated Services Training Sessions;
- Deborah Werner, MA, PMP – Family Engagement and Support Training;
- Sara Smucker Barnwell, PhD – Tele-Mental Health Training;
- J. Steven Lamberti, MD – Forensic Assertive Community Treatment Training;
- Robert L. Weisman, DO – Forensic Assertive Community Treatment Training;
- Pat Tucker – Supported Employment and Permanent Supportive Housing Training Sessions; and
- Ashlye Durrell, MSW – Assertive Community Treatment Training Sessions.

Training and/or technical assistance were provided in virtually throughout the year. Below is a summary of the focus for technical assistance provided.

Peer Support Training

Trainer: Laurie C Curtis, MA, CPRP – The training covered topics such as the history and scope of peer support and case management services, emerging applications of peer support services, distinguishing roles and the impact on billing, service relationships and boundaries. Participants explored some critical thinking and decision-making tools to help navigate uncertain situations and they also had opportunities to offer other challenging situations for group discussion.

Family Engagement and Support Training

Trainer: Deborah (Deb) Werner, MA, PMP – The training covered the “why” and the “how” of family engagement and support. Family support services can improve family dynamics and contribute significantly to emotional security and health behaviors. This training focused on the efficacy of family support services. It also included evidence-based practices, practical tools and case studies (stories) to help participants identify ways to increase family involvement and family support services.

Tele-Mental Health Training

Trainer: Sara Smucker Barnwell, PhD – The first of these two trainings included Tele-Mental Health Fundamentals: Clinical engagement in Tele-Mental Health. This webinar guided new Tele-Mental Health providers through the challenges and strengths of establishing clinical rapport remotely. The webinar also addressed practical “how to” tips to address themes such as limited visual data, technology disruptions, and boundary setting in this novel environment. Discussion included how best to augment inherent challenges of the modality (e.g., challenges with eye contact, limited behavioral observation), and capitalize on the strengths (e.g., opportunity to view home environment). The clinical vignettes and examples focused on supportive housing, supported employment, and consumer operated service programs. The target audience for this training was Supported Employment, PSH and COS providers.

The second training addressed Tele-Mental Health Fundamentals: Emergencies, disruptions and pitfalls in Tele-Mental Health. This training included a review of common challenges and pitfalls in the Tele-Mental Health modality. Strong emphasis was given to managing client emergencies remotely, particularly in the context of COVID-19. Additionally, it covered how best to manage non-clinical disruptions, such as technology failures, challenges with document transfer, payment issues and other care barriers. Clinical vignettes and examples will include a focus on supportive housing, supported employment, and consumer operated service programs. The target audience for this training was Supported Employment, PSH and COS providers.

Forensic Assertive Community Treatment Training

Trainer: J. Steven Lamberti, MD and Robert L. Weisman, DO – This Forensic Assertive Community Treatment training provided practical instruction in core skills for FACT and ACT teams to assess and safely manage justice-involved adults with serious mental illness in community settings. The training was based upon the Rochester Forensic Assertive Community Treatment (R-FACT) model, an evidence-based approach developed at the University of Rochester Medical Center by the two trainers. The training provided included: • Understanding why people with mental illness enter the criminal justice system • Introduction to the Rochester forensic assertive community treatment (FACT) model • Establishing FACT program admission and discharge criteria • Identify criminogenic risk/needs • Incorporating criminogenic needs into treatment planning • Building effective mental health and criminal justice collaborations • Using legal authority to promote engagement • Addressing antisocial personality and other criminogenic needs, and • Ensuring safe practice in community settings.

Assertive Community Treatment

Trainer: Ashlye Durrell, MSW – Provided an introductory training to a wide audience including Assertive Community Treatment team staff, Regional Behavioral Health Authority staff, and other stakeholders. This training covered the foundational principles for Assertive Community Treatment and best practices for service delivery. Following the initial session, a survey was released to give attendees an opportunity to submit questions to the trainer. A month later, the second session in the series was held wherein the trainer responded to the submitted questions.

Consumer Operated Services Series

Trainer: Laurie C Curtis, MA, CPRP – Provided an introductory training to a wide audience including Consumer Operated Services staff, Regional Behavioral Health Authority staff, and other stakeholders. This training covered the foundational principles for Community Operated Services and best practices for service delivery. Following the initial session, a survey was released to give attendees an opportunity to submit questions to the trainer. A month later, the second session in the series was held wherein the trainer responded to the submitted questions.

Provider Changes

Provider changes are noted below for FY 2021:

- Southwest Network (SWN) Osborn moved location and rebranded as Northern Star.
- Lifewell Behavioral Wellness Royal Palms moved to a new location. The new location is known as Desert Cove.
- Management of CPLC Centro Esperanza ACT team transitioned to the Copa Health Gateway Campus.

Provider changes are noted below for FY 2020:

- MIHS (Mesa Riverview) changed their name to Valleywise Health.
- Partners In Recovery merged with Marc Community Resources, Inc. and is now known as Copa Health.
- PSA Behavioral Health Agency (PSA) changed their name to Resilient Health.
- Community Bridges Inc. (CBI) Forensic-ACT (FACT) teams were all moved to a central location during a re-location and restructuring process.
- Management of the SWN Royal Palms clinic transitioned to Lifewell Behavioral Wellness.
- Management of the SWN Mesa Heritage location transitioned to CBI.
- Terros Townley changed the name of their location and is now known as 23rd Avenue Health Center.
- Copa Heath West Valley Campus moved locations but the name remains the same.

Provider changes 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 were 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 2021 fidelity reviews conducted October 2020 through June 2021. The yellow, orange, and red highlights indicate the opportunities for improvement, with red being the greatest 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 Year 7, historical and summary data are provided at the end of each FY 2021 table. The full data tables for FY 2015, FY 2016, FY 2017, FY 2018, FY 2019, and FY 2020 are included at the end of this report.

Due to the emergence of the coronavirus (COVID-19), and AHCCCS guidance to providers as of March 23, 2020, four fidelity reviews were suspended during the months of April and May 2020: two ACT - La Frontera-EMPACT Tempe and Capitol Center; one COS - Stand Together and Recover Centers, Inc. (S.T.A.R.); and one PSH - Copa Health. The two ACT and one PSH reviews were completed remotely using videoconference and phone interviews during the months of October 2020. The COS review was completed in March 2021. The COS review was delayed further than the other reviews scheduled for Year 6 to allow reviewers and COS providers to develop a protocol for remote COS reviews. Evaluation of COS programs include the assessment of the physical space within the clinic; it took creativity to develop an alternate protocol, but in partnership with COS providers, the new review protocol was established and proved successful. The SAMHSA ACT toolkit does not address how to assess programs that deliver services via telehealth. It was determined that for ACT reviews, the record portion of the fidelity review focused on documentation for a period of time prior to the public health emergency (February – March 2020). The public health emergency impacted ACT staff's ability to conduct face-to-face contacts with members at the frequency and intensity expected of ACT teams. To mitigate this issue as much as possible, as well as to maintain consistency and fairness in all ACT reviews throughout the year, this earlier timeframe was selected to showcase the work providers were doing before the public health emergency. SE reviews were conducted in the fourth quarter of the FY to give the job market time to stabilize after the worst of the public health emergency, and to allow providers to establish new protocols for delivering services.

Methodology Changes:

All reviews conducted in FY 2021 were done remotely to allow the reviews to continue during the global COVID-19 pandemic. Remote reviews required considerable coordination between providers and the review team to conduct reviews during such unprecedented times. *The reviewers would like to thank all the providers for their cooperation during this difficult period.* This coordination involved scheduling and conducting all interviews remotely (with both staff and members), conducting chart reviews remotely, and reviewing all documents off-site. It is

important to note that reviews did not begin in July, per the usual schedule, instead Central Arizona reviews began in October 2020.

For all ACT reviews conducted during Year 7 the time frame for record review was from February 1 – March 31, 2021. This period was selected in partnership with AHCCCS to ensure that all providers, regardless of when the review was conducted (be it October or April), were measured using the same time frame, before the pandemic hit. This ensured that providers who were reviewed earlier in the cycle were treated the same as reviewers later in the cycle. Over the course of Year 7 providers gained experience and made improvements to remote service delivery. This work is excellent, but to ensure fairness in our reviews, the earlier time frame was selected.

For all other EBP reviews the usual time frames for record review was used. Supported Employment reviews were conducted in the final quarter of the FY to give those providers time to figure out service delivery and to allow the job market and the public health emergency to stabilize. For those reviews, the standard time frames were used because all providers had similar amounts of time to adjust service delivery.

Assertive Community Treatment (ACT) Fidelity Reviews Completed and Findings

Reviews Completed October 2020 – Scheduled for Year 6 – Postponed until Year 7

- ✓ La Frontera-EMPACT Tempe
- ✓ La Frontera-EMPACT Capitol Center

Note: To better identify areas for improvement for ACT, for the two reviews scheduled for Year 6 and conducted during Year 7, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

Assertive Community Treatment

Assertive Community Treatment	LFE Tempe	LFE Capitol
Small Caseload	5	5
Team Approach	5	4
Program Meeting	5	5
Practicing ACT Leader	2	3
Continuity of Staffing	3	3
Staff Capacity	4	5
Psychiatrist on Team	5	5
Nurse on Team	5	5
Substance Abuse Specialist on Team	5	4
Vocational Specialist on Team	5	3
Program Size	5	5
Explicit Admission Criteria	5	5
Intake Rate	5	5
Full Responsibility for Treatment Services	4	4
Responsibility for Crisis Services	5	5
Responsibility for Hospital Admissions	4	4
Responsibility for Hospital Discharge Planning	5	5
Time-unlimited Services	5	5
Community-based Services	3	3
No Drop-out Policy	5	5
Assertive Engagement Mechanisms	4	5

Assertive Community Treatment	LFE Tempe	LFE Capitol
Intensity of Service	2	3
Frequency of Contact	2	3
Work with Support System	1	1
Individualized Substance Abuse Treatment	4	4
Co-occurring Disorders Treatment Groups	1	2
Co-occurring Disorders/ Dual Disorders Model	5	4
Role of Consumers on Treatment Team	5	5
Year 7* Total Score	114	115
Total Possible	140	140
Percentage Score	81.4	82.1
Average	4.07	4.11
Year 4 Total Score	115	115
Total Possible	140	140
Percentage	82.1	82.1
Average	4.11	4.11
Year 3 Total Score	109	113
Total Possible	140	140
Percentage	77.9	80.7
Average	3.89	4.04
Year 2 Total Score	NA	103
Total Possible	140	140
Percentage	NA	73.6
Average	NA	3.68
Year 1 Total Score	NA	81
Total Possible	140	140
Percentage	NA	57.9
Average	NA	2.89

*scheduled for Year 6 but due to the COVID-19 Pandemic, were rescheduled and completed in Year 7.

Reviews Completed November 2020 – June 2021

- ✓ Community Bridges Inc/99th Avenue ACT (CBI 99th); formerly Chicanos Por La Causa Maryvale (CPLC-Maryvale)
- ✓ Copa Health West Valley; formerly Partners in Recovery (PIR) West Valley
- ✓ Southwest Network Northern Star; formerly Osborn Adult Clinic (SWN Osborn)

- ✓ Copa Health Metro Varsity; formerly 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 South Mountain
- ✓ Terros 23rd Avenue Recovery Center ACT 1(23rd Ave. ACT 1), (formerly Terros Townley and Choices – Townley Center)
- ✓ Southwest Network – Saguaro (SWN Sag)
- ✓ Community Bridges, Inc. (CBI) Forensic – Team Two (CBI FACT #2) (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)

Note: To better identify areas for improvement for ACT, for the Year 7 report, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

Assertive Community Treatment	CBI 99th Ave	Copa WV	SW N NS	Copa MV	Terros 51st Ave	Lifewell South Mtn	Terros 23rd Ave ACT1	SW N Sag	CBI FACT 2	CBI FACT 3	Terros 23rd Ave ACT2
Small Caseload	4	5	5	5	5	4	5	4	4	4	5
Team Approach	5	4	4	4	3	5	4	4	4	4	5
Program Meeting	5	5	5	5	5	5	5	5	5	5	5
Practicing ACT Leader	2	3	3	3	3	2	3	3	3	2	3
Continuity of Staffing	4	3	4	3	4	1	2	4	3	1	4
Staff Capacity	4	4	5	3	4	4	4	4	4	3	5
Psychiatrist on Team	5	5	5	5	5	5	5	5	4	4	5
Nurse on Team	3	5	5	5	5	5	5	5	5	2	5
Substance Abuse Specialist on Team	3	4	5	3	5	2	5	3	3	1	5
Vocational Specialist on Team	2	3	5	2	4	4	3	5	3	1	5
Program Size	4	5	5	5	5	5	5	5	4	4	5
Explicit Admission Criteria	5	5	5	5	4	5	5	5	5	5	5
Intake Rate	5	5	5	5	5	5	5	5	4	4	5
Full Responsibility for Treatment Services	4	4	4	4	4	4	4	4	4	4	4
Responsibility for Crisis Services	5	5	5	5	5	5	5	5	5	5	5
Responsibility for Hospital Admissions	4	3	4	4	4	2	3	4	4	4	4

Assertive Community Treatment	CBI 99th Ave	Copa WV	SW N NS	Copa MV	Terros 51st Ave	Lifewell South Mtn	Terros 23rd Ave ACT1	SW N Sag	CBI FACT 2	CBI FACT 3	Terros 23rd Ave ACT2
Responsibility for Hospital Discharge Planning	5	5	5	5	4	4	4	5	5	5	5
Time-unlimited Services	5	5	5	5	5	5	5	5	5	4	5
Community-based Services	4	3	3	1	4	3	3	2	4	4	3
No Drop-out Policy	5	5	5	5	5	4	5	5	5	4	5
Assertive Engagement Mechanisms	4	4	4	2	4	3	4	4	4	3	3
Intensity of Service	2	3	2	3	2	3	2	2	3	2	3
Frequency of Contact	3	3	2	3	2	3	2	2	3	2	3
Work with Support System	4	3	2	1	3	1	2	5	4	3	1
Individualized Substance Abuse Treatment	4	4	4	3	4	3	4	4	4	4	4
Co-occurring Disorders Treatment Groups	2	1	3	3	2	2	3	3	2	2	4
Co-occurring Disorders/ Dual Disorders Model	4	4	4	3	3	3	4	4	5	2	4
Role of Consumers on Treatment Team	5	2	5	5	3	5	5	5	5	5	5
Year 7 Total Score	111	110	118	105	111	102	111	116	113	93	120
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage Score	79.3	78.6	84.3	75.0	79.3	72.9	79.3	82.9	80.7	66.4	85.7
Average	3.96	3.93	4.21	3.75	3.96	3.64	3.96	4.14	4.04	3.32	4.29
Year 6 Total Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Average	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Year 5 Total Score	114	120	118	105	105	104	106	110	114	110	106
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	81.4	85.8	84.2	75	75	74.3	75.7	78.6	81.4	78.6	75.7
Average	4.07	4.29	4.21	3.75	3.75	3.7	3.8	3.9	4.1	3.9	3.8

Year 4 Total Score	105	111	109	96	110	105	104	111	108	111	109
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	75	79.3	77.9	68.6	78.6	75	74.3	79.3	77.1	79.3	77.9
Average	3.75	3.96	3.89	3.43	3.93	3.75	3.71	3.96	3.86	3.96	3.89
Year 3 Total Score	91	91	90	103	96	96	109	104	108	110	113
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	65	65	64.3	73.6	68.6	68.6	77.9	74.3	77.1	78.6	80.7
Average	3.25	3.29	3.21	3.68	3.43	3.43	3.89	3.71	3.86	3.93	4.03
Year 2 Total Score	NA	115	97	100	114	104	111	93	114	NA	99
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	NA	82.1	69.3	71.4	81.4	74.3	79.3	66.4	81.4	NA	70.7
Average	NA	4.11	3.46	3.57	4.07	3.71	3.96	3.32	4.07	NA	3.54
Year 1 Total Score	NA	109	103	111	112	112	109	NA	111	NA	NA
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percentage	NA	77.9	73.6	79.3	80	80	77.9	NA	79.3	NA	NA
Average	NA	3.89	3.68	3.96	4	4	3.89	NA	3.96	NA	NA

The below tables show data from all ACT teams reviewed in Years 1-7. It is important to note that in Year 5, only ACT teams that scored below 80% in Year 4 were reviewed. In Year 6, all remaining ACT teams, not reviewed in Year 5, were reviewed (two reviews scheduled for Year 6 were postponed to Year 7 due to the public health emergency). Providers reviewed Year 6 are scheduled for review again in Year 8. Due to methodological differences, the reviews postponed due to the public health emergency during Year 6 and those scheduled for Year 7 are presented in a separate table. As such, conclusions should not be drawn about the ACT teams in Maricopa County based solely on Year 5, Year 6, or Year 7 data.

In-Person Reviews:

ACT Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5[†]	Year 6*
Lowest Rating	57.9%	64.3%	64.3%	68.6%	64.3%	73.6%
Highest Rating	81.4%	83.6%	91.4%	90.0%	85.8%	86.4%
Overall Average	74.8%	75.1%	76.9%	80.6%	77.5%	81.2%

[†] Only providers with fidelity scores 80% or below were reviewed in Year 5

*10 programs not reviewed in Year 5 were reviewed in Year 6

Remote Reviews:

All remote reviews used a modified protocol and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

ACT Fidelity Scores	Year 7
Lowest Rating	66.4%
Highest Rating	85.7%
Overall Average	80.9%

The fidelity team noted the following successes:

- Many teams reported increasing contact with members after the public health emergency was declared, specifically by phone, offering assistance with obtaining food and other household supplies (TP, cleaning supplies, etc.) as well as PPE (masks, gloves, etc.). Teams supported members in remaining current on medications, as many were fearful of leaving their homes, by delivering medications directly to members in their homes.
- For some members, the number of minutes available on their phones limited the team's ability to make contact or have detailed full conversations or counseling services. Some staff and teams increased the use of text messaging to supplement services while not using minutes on member phones.
- ACT teams did not stop delivering services in the field but adjusted their approach to ensure member/staff health was prioritized. ACT teams followed public health guidance to reduce risk by use of PPE, social distancing, and masks. In-person meetings were conducted outdoors, at a distance using a cell phone so that conversations remained private.
- For most teams, there were staff willing and able to go out into the community. Some staff expressed a concern for members and the effects of isolation, especially if living alone. Some staff identified feeling burdened with the responsibility of member care in the community, with undertones of resentment toward those unwilling/able to support the team and members in the field.
- Most teams have a full-time prescriber delivering services in-person, through telehealth, or a combination thereof.
- The majority of ACT nurses work 4/10 shifts and provide the full range of nursing services, i.e., attend program meetings, provide medication/symptom education in absence of prescriber, reconcile medications with pharmacy, medication delivery, medication observations, injections, coordinate care with primary care physicians and medical specialists and inpatient psychiatric teams, visit members in the community as well as the office, and most are available after hours to the team. Most two-nurse teams split days in the community.
- Generally, most teams have and follow an explicit admission policy as well as maintain a low rate of admission to the team.

- Crisis services continued to be delivered to members in the community regardless of the public health emergency. ACT staff see themselves as the first responders to member's crisis needs.
- Involvement of teams when members require psychiatric hospital admission did not appear to be impacted by PHE. Involvement in hospital discharges appeared to have increased, (possibly due to the increase in coordination of care with inpatient staff via phone rather than in-person care coordination when visiting hospitalized members.
- Most teams have at least one staff on the team with experience in recovery from a serious mental illness. One team lead suggested it was too large a responsibility for one person and should be split up into two part time staff. It was common for interviewed members to be unaware of whether a person with lived experience of psychiatric recovery was represented on the team. While this may be related to high staff turnover reported on some teams, in some instances staff described such disclosure as a matter of personal privacy.

Assertive community treatment quality improvement opportunities:

- The tool does not adjust for the use of telehealth services. This would not impact scores for Community based services, Intensity, Frequency, Assertive Engagement, or Natural Support scores as they were all taken from a period in member records before the public health emergency, unless there was clear evidence to impact otherwise, i.e., observation of program meeting. In general, teams need to continue efforts to increase community-based service delivery, as well as intensity, and frequency of in-person contacts.
- Some teams reported assisting members in facilitating telehealth services, accessing technology and supporting them in learning how to use the applications. Other teams reported members were not capable of learning those skills or maintaining possession of smart phones, tablets, etc.
- Clinics and providers had differing policies relating to clinic hours and member access to the clinic. Most clinics closed the doors to member walk-ins, at least temporarily, requiring all appointments to be scheduled. This left homeless members and those without reliable phone service who normally seek staff contact at the clinic, to have restricted contact with ACT teams.
- For one team, when a CC left the team, multiple staff with subsequently left as well. Some staff hired during the pandemic had no prior ACT experience – working from home, not going into the community despite the presence on the team of high acuity members and requiring more intensive team involvement. Some staff interviewed reported that not all specialists were confident going into the community.
- Rarely did a reviewed ACT team have two fully qualified experienced Substance Abuse Specialists (SAS). Most teams had one SAS with counseling credentials such as a Licensed Associate Substance Abuse Counselor, Licensed Independent Substance Abuse

Counselor, Licensed Associate Counselor, or Licensed Professional. The second SAS may have experience in substance use treatment, but not with persons with an SMI.

- Typically, teams have at least one qualified and experienced staff assisting members in finding and maintaining competitive employment. Again, rarely did reviewed teams have two qualified and experienced vocational staff.
- Most teams reported less contact with natural supports since many staff were not going into member homes, and supports were not coming into the office to meet with staff/prescribers as they might normally have done, especially in times of crisis. Some natural supports are listed on member service plans.
- Delivery of substance use treatment was limited. Some teams offered members alternatives to meeting in person, i.e., phone, teleconferencing by various platforms, as well as assisting members in securing the technology to support telehealth. Some teams did not offer members any in-person or remote accessible groups. Members of those teams were anxiously awaiting groups to restart. If a team offered a co-occurring treatment group, content was usually broadly focused to substance use, rather than one specifically targeting members at specific stages of change which would improve efficacy.
- Teams with a strong lead SAS with longevity on the team appeared to successfully deliver services using the co-occurring disorders treatment model. Teams continue to struggle with differentiating the stages of change model from the stage-wise treatment approach. Stages of change language appears to be used to classify rather than a mechanism by which the team strategizes for the next contact, coordinating interventions designed to move members toward the next change stage.

Consumer Operated Services (COS) Fidelity Reviews Completed and Findings

Review Completed March 2021 – Scheduled for Year 6 – Postponed until Year 7

- ✓ Stand Together and Recover Centers, Inc. (S.T.A.R.)

Note: To better identify areas for improvement for COS, for the one review scheduled for Year 6 but conducted during Year 7, items receiving a 3 are highlighted.

COS	Star
Structure	
Board Participation	4
Consumer Staff	5
Hiring Decisions	4
Budget Control	4
Volunteer Opportunities	5
Planning Input	5
Satisfaction/Grievance Response	5
Linkage with Traditional MH Services	5
Linkage with other COS Programs	5
Linkage with other Services Agencies	5
Environment	
Local Proximity	4
Access	5
Hours	5
Cost	5
Reasonable Accommodation	3
Lack of Coerciveness	5
Program Rules	5
Physical Environment	4
Social Environment	5
Sense of Community	4
Timeframes	4
Belief Systems	
Peer Principle	4
Helper's Principle	4
Personal Empowerment	5

COS	Star
Personal Accountability	5
Group Empowerment	4
Choice	5
Recovery	4
Spiritual Growth	4
Peer Support	
Formal Peer Support	5
Informal Peer Support	4
Telling Our Story	5
Artistic Expression	5
Consciousness Raising	3
Formal Crisis Prevention	4
Informal; Crisis Prevention	4
Peer Mentoring and Teaching	4
Education	
Formally Structured Activities	5
Receiving Informal Support	5
Providing Informal Support	5
Formal Skills Practice	5
Job Readiness Activities	4
Advocacy	
Formal Self Advocacy	5
Peer Advocacy	5
Outreach to Participants	5
Year 7* Total Score	204
Total Possible	208
Percentage Score	98.1
Year 5 Total Score	N/A
Total Possible	208
Percentage Score	N/A
Year 4 Total Score	200
Total Possible	208
Percentage Score	96.1
Year 3 Total Score	NA
Total Possible	NA

COS	Star
Percentage Score	NA
Year 2 Total Score	NA
Total Possible	NA
Percentage Score	NA
Year 1 Total Score	NA
Total Possible	NA
Percentage Score	NA

*scheduled for Year 6 but due to the COVID-19 Pandemic, were rescheduled and completed in Year 7

Reviews Completed in May 2021

- ✓ Center for Health Empowerment, Education, Employment and Recovery Services (CHEERS)
- ✓ Vive La Esperanza – Hope Lives (Hope Lives)

Note: To better identify areas for improvement items receiving a 3 are highlighted in yellow

COS	Hope Lives	CHEERS
Structure		
Board Participation	4	4
Consumer Staff	4	5
Hiring Decisions	4	4
Budget Control	4	4
Volunteer Opportunities	4	4
Planning Input	5	5
Satisfaction/Grievance Response	5	5
Linkage with Traditional MH Services	4	5
Linkage with other COS Programs	5	5
Linkage with other Services Agencies	5	5
Environment		
Local Proximity	4	4
Access	5	5
Hours	5	4
Cost	5	5
Reasonable Accommodation	4	4
Lack of Coerciveness	4	5
Program Rules	4	5
Physical Environment	3	4
Social Environment	5	5

COS	Hope Lives	CHEERS
Sense of Community	4	4
Timeframes	4	4
Belief Systems		
Peer Principle	4	4
Helper's Principle	4	4
Personal Empowerment	5	5
Personal Accountability	5	5
Group Empowerment	4	4
Choice	5	5
Recovery	4	4
Spiritual Growth	4	4
Peer Support		
Formal Peer Support	5	5
Informal Peer Support	4	4
Telling Our Story	5	5
Artistic Expression	4	5
Consciousness Raising	4	4
Formal Crisis Prevention	4	4
Informal; Crisis Prevention	4	4
Peer Mentoring and Teaching	4	4
Education		
Formally Structured Activities	5	5
Receiving Informal Support	5	5
Providing Informal Support	5	5
Formal Skills Practice	5	5
Job Readiness Activities	4	4
Advocacy		
Formal Self Advocacy	5	5
Peer Advocacy	5	5
Outreach to Participants	4	5
Year 7 Total Score	198	204
Total Possible	208	208
Percentage Score	95.2%	98.1%
Year 6 Total Score	N/A	N/A
Total Possible	208	208
Percentage Score	N/A	N/A
Year 5 Total Score	197	203
Total Possible	208	208
Percentage Score	94.7	97.6
Year 4 Total Score	190	205

COS	Hope Lives	CHEERS
Total Possible	208	208
Percentage Score	91.3	98.6
Year 3 Total Score	192	204
Total Possible	208	208
Percentage Score	92.3	98.1
Year 2 Total Score	186	204
Total Possible	208	208
Percentage Score	89.4	98.1
Year 1 Total Score	187	187
Total Possible	208	208
Percentage Score	89.9	89.9

The below table shows data from all COS programs reviewed in Years 1-6. *It is important to note that only two COS programs were reviewed in Year 5. In Year 6, the two remaining COS programs, not reviewed in Year 5 were scheduled to be reviewed (with the Public Health Emergency one review was postponed and conducted remotely during Year 7). Due to methodological differences between in-person and remotely conducted reviews data are separated in the tables below. Given all these changes, conclusions should not be drawn about the COS teams in Maricopa County based solely on data from Years 5-7. Providers reviewed Year 6 are scheduled for review again in Year 8.*

In-Person Reviews:

COS Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5[†]	Year 6[*]
Lowest Rating	79.8%	85.1%	92.3%	91.3%	94.7%	98.6
Highest Rating	95.7%	98.1%	98.1%	98.6%	97.6%	98.6
Overall Average	86.9%	91.7%	94.4%	95.7%	96.2%	98.6

[†] Two programs were reviewed in Year 5

^{*} Two programs were reviewed in Year 6

Remote Reviews:

All remote reviews used a modified protocol and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

COS Fidelity Scores	Year 7
Lowest Rating	95.2%
Highest Rating	98.1%
Overall Average	96.6%

Impact of the Public Health Emergency:

Agencies responded quickly to mitigate member fear of contagion by developing policies and practices such as screening each member as they enter the program daily, providing face masks, encouraging/enforcing social distancing, encouraging hand washing, providing hand sanitizer stations throughout the facilities, and ensuring vaccinations to members and staff who wanted them. One COS hosted an on-site vaccination clinic and coordinated with other COSs to provide vaccination to members of the peer community, their families, and staff. Coordination also extended to behavioral health clinics, and their staff were also offered the vaccine.

Along with responding with education, resources, and training to carry out public health guidance to reduce risk to members, the COSs staff described the urgency of preventing the ill-effects upon members of protracted periods of isolation and accompanying fear of the unknown. Staff across the COSs strategized and put into action plans to continue peer support and other service delivery during pandemic conditions, often filling gaps left as a result of clinic shutdowns and staffing issues associated with quarantine and turnover. On top of conducting over-the-phone and in-person member needs assessments, as well as delivering basic necessities to members at home, the COSs implemented telehealth services, including via virtual platforms to deliver peer support services. The COSs trained staff and members to use virtual technologies. COS staff assisted in the distribution of tablets made available by the Regional Behavioral Health Authority to those who did not have the necessary technology and helped members download the appropriate software application.

The fidelity team has noted the following successes:

- The diligent efforts to educate and practice the public health guidance to reduce infection rate among members and staff, as well as the go-big implementation of telehealth service delivery among the COS both stood out not only as significant program strengths but also as sources of considerable pride and accomplishment. Staff and members interviewed reported valuing the remote options in order to remain connected to each other; many discussed the potential for remote technology to further the reach of COS services to peers outside of the immediate geographic area or to those with transportation challenges or other concerns that prevent in-person attendance.
- Programs continue working to fill board of director seats with persons with lived psychiatric experience. Ideally, 90% of Board members are persons with lived experience as well as 100% of all officers. Not all programs are fully staffed with persons with lived psychiatric experience.
- Members are involved in hiring staff, decisions related to the budget, and informal and formal planning and input activities. Members have a strong sense of ownership to the programs to which they belong; some proudly wear badges identifying their membership.

- Linkages with other COSs and service agencies appear more highly developed than in past years. COSs reported sharing vital resources with each other such as transportation, clothing closets, vaccinations, and other resources that support members in their community. Programs reported partnerships with other community organizations to provide food boxes, transportation, housing resources, and parenting classes, among other resources.
- Programs rated highly when measuring members ability to choose the rate at which they participate in the program. When programs are working with criminal justice partners, members ability to choose is impacted due to the fear of consequence. (By members being mandated to attend the program, their true ability to choose to participate is moot. As members work to reintegrate into their community, ideally, they should be able to choose the programs and services they find helpful in their personal recovery, rather than be ordered by persons in power, i.e., judge, probation/parole officer, etc. Follow best practices in forensic peer support, making adjustments as research evolves.)

Consumer Operated Services quality improvement opportunities

- Some programs would benefit from developing a more formalized volunteer program that supports members in their recovery, possibly tied to employment goals or opportunities. Volunteerism might also extend to areas where members would feel they can contribute beyond the program, to the larger community.

Supported Employment (SE) Fidelity Reviews Completed and Findings

Reviews Completed between April and June 2021

- ✓ Recovery Empowerment Network (REN)
- ✓ Focus Employment Services (Focus)
- ✓ Lifewell Behavioral Wellness Supported Employment (Lifewell)
- ✓ Wedco Employment Center (WEDCO)

Note: To better identify areas for improvement for SE, for the Year 7 report, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

SE 1-5 Likert Scale	Focus	Wedco	Lifewell	REN
Staffing				
Caseload	5	5	5	5
Vocational Services Staff	5	5	5	3
Vocational Generalists	5	5	5	3
Organization				
Integration of rehabilitation with MH treatment	3	2	3	1
Vocational Unit	4	3	3	2
Zero-exclusion criteria	5	5	5	3
Services				
Ongoing work-based assessment	5	4	3	4
Rapid search for competitive jobs	4	4	4	5
Individual job search	5	4	5	5
Diversity of jobs developed	5	5	5	4
Permanence of jobs developed	5	5	5	5
Jobs as transitions	5	5	5	5
Follow-along supports	5	5	4	4
Community-based services	3	2	2	1
Assertive engagement and outreach	3	2	3	3
Year 7 Total Points: Total Possible 75	67	61	62	53
Percentage	89.3%	81.3%	82.7%	70.7%
Average	4.5	4.1	4.1	3.5
Year 6 Total Points: Total Possible 75	NA	NA	NA	NA
Percentage	NA	NA	NA	NA
Average	NA	NA	NA	NA
Year 5 Total Points: Total Possible 75	69	60	63	63
Percentage	92.0%	80.0%	84.0%	84%
Average	4.6	4.0	4.2	4.2

SE 1-5 Likert Scale	Focus	Wedco	Lifewell	REN
Year 4 Total Points: Total Possible 75	59	63	55	55
Percentage	78.7%	84.0%	73.3%	73.3%
Average	3.9	4.2	4.0	3.7
Year 3 Total Points: Total Possible 75	61	61	46	46
Percentage	81.3%	81.3%	61.3%	61.3%
Average	4.1	4.2	3.1	3.1
Year 2 Total Points: Total Possible 75	55	61	61	N/A
Percentage	73.3%	81.3%	81.3%	N/A
Average	3.7	4.1	4.1	N/A
Year 1 Total Points: Total Possible 75	58	47	57	N/A
Percentage	77.3%	62.6%	76.0%	N/A
Average	3.9	3.1	3.8	N/A

The below table shows data from all SE programs reviewed in Years 1-6. It is important to note that four SE programs were reviewed in Year 5. In Year 6, three remaining SE programs, not reviewed in Year 5 were scheduled to be reviewed (with the Public Health Emergency, one review was postponed and conducted remotely during Year 7). Due to methodological differences between in-person and remotely conducted reviews data are separated in the tables below. Given all these changes, conclusions should not be drawn about the SE teams in Maricopa County based solely on data from Years 5-7. Providers reviewed Year 6 are scheduled for review again in Year 8.

In-Person Reviews:

SE Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5 [†]	Year 6*
Lowest Rating	50.6%	73.3%	61.3%	73.3%	80%	82.7%
Highest Rating	77.3%	86.7%	90.7%	89.3%	92%	94.7%
Overall Average	67.8%	81.2%	79.0%	82.5%	84%	89.4%

[†] Four SE programs were reviewed in Year 5

*Three SE programs were reviewed in Year 6

Remote Reviews:

All remote reviews used a modified protocol and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

SE Fidelity Scores	Year 7
Lowest Rating	70.7%
Highest Rating	89.3%
Overall Average	81.0%

A key part of evidence-based Supported Employment is collaboration among the SE providers, clinical teams and vocational rehabilitation, which is an opportunity to reduce exclusion from employment opportunities.

Given the improvements noted across all three fidelity domains of Staffing, Organization and Services over the seven 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. These providers have also made modifications to their service delivery model to account for the “new normal” in the wake of the COVID-19 Pandemic. Additional training and technical assistance for service providers and clinical partners will be valuable in continuing to improve adherence to the Supported Employment model. A greater focus on community integration and clearer documentation of these services may also improve adherence to the model.

Impact of the Public Health Emergency

Clinical providers response to the public health emergency caused a backslide in SE agencies ability to attend integrated treatment team meetings and coordinate member care. Few clinics allowed (invited) SE staff to attend virtual integrated team meetings. Provider clinics limited entry and/or closed their doors. Very few SE staff retained authorization to enter provider clinics, therefore, were not engaged in discussions regarding employment for members not already referred.

It was reported to the reviewers that some members were fearful of going into their community to seek work, due to health risk. Additionally, many employers limited access to job sites well into 2021; most job searches were limited to online portals. At least one SE program did not pause in delivery of services, providing support through telephone and video conferencing before it was approved as a billable service. SE staff supported members by assisting with technology barriers, providing job search activities through screen sharing, and offering phone support. ES staff were creative in meeting member needs and creating comfortable ways to work with them. One ES used their personal van to set up an open-air office to meet with members. Employers were equally responsive to the public health emergency, requesting that applications be completed online. Most job interviews were conducted through video-conferencing applications. Ideally, job search activities are conducted in the community and in locations where members’ want jobs. As public guidance expands, SE providers should increase efforts to engage with members in community settings.

The fidelity team has noted the following successes:

- Most ESs provide the full range of supported employment services, starting from intake and continuing through post-employment follow along support.
- Members are rapidly supported in individualized job searches. Permanent and competitive jobs are found for members and those jobs are diverse for the most part. Most programs do well to explain the benefits of follow-along supports to members once they secure employment. When jobs end, some Employment Specialists see it as a learning opportunity for the member, helping them identify lessons learned and areas for growth and skill development.

Supported Employment areas for focused quality improvement:

- Two out of 4 programs reviewed, experienced high turnover of ESs, requiring the program to support members with available staff. Programs were still in the process of filling vacant positions and/or on-boarding new hires. Despite the turnover, SE teams have adequate ratios of members to staff.
- To ensure zero exclusion, SE agencies and system stakeholders should educate clinical teams on the value of employment and how it contributes to recovery. Research has shown that members referred to SE services can be successful and do not require readiness measures or clinical screening. Low barriers to entry capitalize on member motivation and enthusiasm for work.
- Some clinical teams used out of date vocational rehabilitation forms that did not list all SE providers. Ensure referral forms used list all current SE providers.
- To build a supportive and responsive network for members, SE and clinical staff should take a proactive approach to care and coordination to ensure critical information with potential risk to behavioral health and vocational goals is shared between providers.
- All coordination with collateral contacts should be documented in member records, not in separate files/locations. Solutions should be identified and implemented to address high turnover among SE and clinic staff which can impede continuity of member care.
- Vocational units should receive adequate qualified supervision in the delivery of supported employment services. Weekly, ESs should be able to review their entire caseload with the SE Supervisor, as well as attend an SE Team meeting which is not laden with administrative issues, but rather provide ESs with an opportunity to share job contacts, provide support to other ESs on barriers impacting members' ability to seek/maintain employment, and identify opportunities to assist members on fellow ES's caseloads keeping with the team approach of SE.
- Work site assessment was halted during the public health emergency. Employers took precautionary measures to keep staff, often limiting public access to work sites. ESs did not conduct on-site assessment of members skill development, but instead offered follow along supports by phone and videoconferencing.

- When members lost touch with SE staff, efforts to contact members and coordination with clinical teams was lacking in many member records at the SE provider level. Member records often lack a timeline of activities. Instead, documentation of specific activities was located in different files/locations making it difficult for subsequent readers to establish a narrative of events or services provided. SE teams should include all collaboration with clinical teams and supports in the member record as they occur in a single streaming member record. This includes any efforts to outreach members.

Permanent Supportive Housing (PSH) Fidelity Reviews Completed and Findings

Reviews Completed October 2021

- ✓ Copa Health (previously Marc Community Resources)

Note: To better identify areas for improvement for PSH, for the one review scheduled for Year 6 and conducted during Year 7, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

Permanent Supportive Housing

PSH	Scale	Copa
Choice of Housing		
Tenants have choice of type of housing	1,2,5,4	4
Real choice of housing unit	1 or 4	4
Tenant can wait without losing their place in line	1 - 4	3
Tenants have control over composition of household	1,2,5,4	2.5
Average Score for Dimension		3.4
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
Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4
Extent to which social and clinical service providers are based off site (not at housing units)	1 - 4	4
Average Score for Dimension		4.0
Decent, Safe and Affordable Housing		
Extent to which tenants pay a reasonable amount of their income for housing	1 - 4	3
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1
Average Score for Dimension		2.0
Housing Integration		
Extent to which housing units are integrated	1 - 4	4
Average Score for Dimension		4.0

PSH	Scale	Copa
Rights of Tenancy		
Extent to which tenants have legal rights to the housing unit	1,4	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4
Average Score for Dimension		2.5
Access to Housing		
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1 - 4	4
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	4
Extent to which tenants control staff entry into the unit	1 - 4	4
Average Score for Dimension		4
Flexible, Voluntary Services		
Extent to which tenants choose the type of services they want at program entry	1 or 4	4
Extent to which tenants have the opportunity to modify services selection	1 or 4	4
Extent to which tenants are able to choose the services they receive	1 - 4	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1 - 4	2
Extent to which services are consumer driven	1 - 4	2
Extent to which services are provided with optimum caseload sizes	1 - 4	4
Behavioral health services are team based	1 - 4	2
Extent to which services are provided 24 hours, 7 days per week	1 - 4	4
Average Score for Dimension		3.1
Year 7* Total Score		23.01
Highest Possible Dimension Score		28
Percentage Score		82.2%
Year 5 Total Score		NA
Highest Possible Dimension Score		28

PSH	Scale	Copa
Percentage Score		NA
Year 4 Total Score		22.5
Highest Possible Dimension Score		28
Percentage Score		80.30%
Year 3 Total Score		22.8
Highest Possible Dimension Score		28
Percentage Score		81.40%
Year 2 Total Score		20.2
Highest Possible Dimension Score		28
Percentage Score		72.30%
Year 1 Total Score		19.2
Highest Possible Score		28
Percentage Score		68.6

Reviews Completed January – April 2021

- ✓ Resilient Health (formerly PSA Behavioral Health Agency)
- ✓ Arizona Health Care Contract Management Services, Inc. (AHCCMS)
- ✓ Southwest Behavioral & Health Services (SBHS) [previously Southwest Behavioral Health (SBH)]

PSH	Resilient Health	AHCCMS	SBHS
Choice of Housing			
Tenants have choice of type of housing	4	4	2.5
Real choice of housing unit	4	4	4
Tenant can wait without losing their place in line	4	4	4
Tenants have control over composition of household	2.5	2.5	2.5
Average Score for Dimension	3.6	3.6	3.3
Functional Separation of Housing and Services			
Extent to which housing management providers do not have any authority or formal role in providing social services	4	4	4
Extent to which service providers do not have any responsibility for housing management functions	4	4	4

PSH	Resilient Health	AHCCMS	SBHS
Extent to which social and clinical service providers are based off site (not at housing units)	4	4	4
Average Score for Dimension	4	4	4
Decent, Safe and Affordable Housing			
Extent to which tenants pay a reasonable amount of their income for housing	1	3	3
Whether housing meets HUD's Housing Quality Standards	1	1	1
Average Score for Dimension	1	2	2
Housing Integration			
Extent to which housing units are integrated	4	4	4
Average Score for Dimension	4	4	4
Rights of Tenancy			
Extent to which tenants have legal rights to the housing unit	1	1	1
Extent to which tenancy is contingent on compliance with program provisions	4	4	4
Average Score for Dimension	2.5	2.5	2.5
Access to Housing			
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	3	3	3
Extent to which tenants with obstacles to housing stability have priority	2.5	4	2.5
Extent to which tenants control staff entry into the unit	4	4	4
Average Score for Dimension	3.2	3.7	3.2
Flexible, Voluntary Services			
Extent to which tenants choose the type of services they want at program entry	4	4	4
Extent to which tenants have the opportunity to modify services selection	1	4	4

PSH	Resilient Health	AHCCMS	SBHS
Extent to which tenants are able to choose the services they receive	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	2	3	2
Extent to which services are consumer driven	2	2	1
Extent to which services are provided with optimum caseload sizes	2	4	4
Behavioral health services are team based	2	2	3
Extent to which services are provided 24 hours, 7 days per week	3	4	4
Average Score for Dimension	2.4	3.3	3.1
Year 7 Total Score	20.7	23.1	22.0
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	73.8%	82.4%	78.7%
Year 6 Total Score	NA	NA	NA
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	NA	NA	NA
Year 5 Total Score	20.8	22.4	22.1
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	74.3%	80.1%	78.8%
Year 4 Total Score	20.9	21.4	22.3
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	74.6%	76.5%	79.4%
Year 3 Total Score	21.7	20.2	21.8
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	77.5%	72.1%	77.9%
Year 2 Total Score	20.5	18.4	21.8
Highest Possible Dimension Score	28.0	28.0	28.0
Percentage Score	73.0%	65.5%	78.0%
Year 1 Total Score	12.3	13.1	13.9
Highest Possible Score	28.0	28.0	28.0
Percentage Score	43.9%	46.7%	49.6%

The below table shows data from all PSH programs reviewed in Years 1-6. It is important to note that four PSH programs were reviewed in Year 5. In Year 6, the two remaining PSH programs, not reviewed in Year 5 were scheduled to be reviewed (with the Public Health Emergency, one review was postponed and conducted remotely during Year 7). Due to methodological

differences between in-person and remotely conducted reviews data are separated in the tables below. Given all these changes, conclusions should not be drawn about the PSH teams in Maricopa County based solely on data from Years 5-7. Providers reviewed Year 6 are scheduled for review again in Year 8.

In-Person Reviews:

PSH Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5 ⁱ	Year 6*
Lowest Rating	43.2%**	52.4%	44.5%	74.6%	74.3%	84.5%
Highest Rating	74.1%	88.9%	92.4%	91.9%	80.1%	96.8%
Overall Average	54.0%	67.7%	72.6%	81.3%	77.7%	90.7%

ⁱ Three PSH programs were reviewed in Year 5

*Two PSH programs were reviewed in Year 6

**This provider was not reviewed after Year 1

Remote Reviews:

All remote reviews used a modified protocol and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

PSH Fidelity Scores	Year 6b*	Year 7
Lowest Rating	NA	73.8%
Highest Rating	82.2%	82.4%
Overall Average	NA	78.3%

*Year 6b represents the one review that was scheduled for Year 6 but due to the COVID-19 Pandemic, was rescheduled and completed in Year 7. With only one review included in this column, there is no low score or average available.

The fidelity team has noted the following:

- Staff assisted members in seeking housing regardless of the public health emergency, delivering services in the community to support members.
- Members choose the housing type to pursue. Options are presented to them when they express a desire for housing.
- Members are able to decline a housing unit option and remain on eligibility lists.
- Clinical/social services and property management are functionally separated. Interactions between property management and social service staff are at tenant discretion and focused on eviction prevention or maintenance concerns. The majority of members reside in housing with no clinical services based on-site.

Permanent Supportive Housing Quality Improvement Opportunities

- PSH staff reported that member access to provider clinics was hindered by restrictions to clinics during the public health emergency, as well as member inability to connect with case managers to discuss care and needs. PSH staff reported this also impacted

their ability to coordinate with clinic staff. It was reported that this was an especially difficult period when many case management staff transitioned to working from home.

- Members continue to experience barriers to choice imposed by the limited supply of affordable housing options and ability to choose between multiple units. These limitations are shared by renters in the general public. Members often take the first unit that becomes available rather than remain on the street, even if it is not in the ideal location for their purposes.
- Members continue to be limited in their ability to choose with whom they reside. Composition of their household is often controlled by external sources, i.e., voucher holder administrator, clinical teams, etc.
- The public health emergency impacted member's rights to tenancy. Housing staff had little interaction with property managers. Few lease signings were attended, some were done via teleconference. Without lease copies, housing staff's ability to educate members on the specific lease requirements, and provide advocacy to reduce risk for eviction, is limited.
- Providers reported housing quality standards (HQS) inspections were delayed due to the public health emergency. It was unclear exactly when HQS inspections resumed, but few were found in member records at the agencies.
- PSH is designed for members with the most significant challenges to obtain and retain housing. However, two out of the four PSH providers reviewed during this period do not appear to provide time unlimited services but focus staff efforts on assisting members in obtaining housing. Housing retention appears less prioritized in these programs, with an expectation of a program graduate after tenants become and are assessed stably housed. New member/tenants who may have never lived independently are left to manage on their own. If evicted, the cycle begins again, except, choices in housing are restricted due to now having that eviction history.
- Member input into the design and implementation of PSH services must be considered. Providers had few mechanisms from which members were able to collectively provide feedback, criticism, or support of the services they are receiving.

Year 1 (FY 2015) Fidelity Review Findings

Assertive Community Treatment Year 1 – FY 2015

ACT	Choice s Enclav e	SWN Osbor n	Choice s South Central	PIR West Valle y	SWN Hamp -ton	PCN Centro Esperanz a	PIR Metro Varsit y	PIR Metro Omeg a	SW N San Tan	Choice s WM	SW N BV	Choice s Townle y	PCN Comu n- idad	PCN Comu n- idad [FACT]	PC N 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 Hampton	PCN Centro Esperanza	PIR Metro Varsity	PIR Metro Omega	SWN San Tan	Choices WM	SWN BV	Choices Townley	PCN Comunidad	PCN Comunidad (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	Terro s	PCN	RI	Help Heart s	AZ Mento r	Life- well	SB H	PIR	Mar c	MH W	Cho - ices	SW N	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		1.6 3	1.87	1.88	1.8 8	3.6 2	1.88	1.88	1.8 8	1.8 8	1.8 8	3.2 5	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		2.1 7	2.83	1.33	2.6 7	4	2.5	2.5	3	2.8 3	2.6 7	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	Choices	SWN	CFSS
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 Mentor	Life-well	SBH	PIR	Marc	MHW	Choices	SWN	CFSS
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 Year 2 – FY 2016

ACT	Terro s En- clave	SWN Osbor n	Lifewe ll South Centra l	PIR West Valle y	CBI FAC T	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Hamp -ton	CPLC Centr o Esper - anza	SW N San Tan	SW N Sag uaro	SW N BV	La F C	Terros Townle y	CBI Com - FAC T	PIR [M- ACT]	La FC C	Cir. The Cit y
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

ACT	Terro s En-clave	SWN Osborn	Lifew ell South Central	PIR West Valle y	CBI FAC T	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Ham p-ton	PCN Centr o Espe r-anza	SWN San Tan	SWN Sag- uaro	SWN BV	La FC	Terros Townl ey	CBI Com - FAC T	PIR [M- ACT]	La FCC	Cir. the City
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 Year 2 – FY 2016

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 Year 2 – FY 2016

SE 1-5 Likert Scale	Marc CR	Focus	Lifewel l	VALLEYLIF E	WEDC O	Beaco n
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 Year 2 – FY 2016

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	Terros 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	Terros ACT	MA RC	HHW
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1	2.5	1	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	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	3	1	4	3	4	3	4	2	3	1	2	4	1
Average Score for Dimension		4	1	4	3	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	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	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	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	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	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	4	3	4	3	4	3	3	2	2	3	2
Average Score for Dimension		2.83	1.83	2	2.17	3.17	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	Terros 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	Terros 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	NA	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 Year 3 – FY 2017

Assertive Community Treatment	Terros Enclave	SWN Osborn	CPLC Maryvale	Lifewell South Central	PIR West Valley	CBI FACT	Terros W McD	PIR Metro Varsity	PIR Metro Omega	SWN Mesa HC	CPLC Centro Esperanza	SWN San Tan	SWN Saguaro	SWN BV	La FC	CBI Avondale	Terros Townley	CBI FACT #2	PIR [M-ACT]	LaF Madison	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 Enclave	SWN Osborn	CPLC Maryvale	Lifewell South Central	PIR West Valley	CBI FACT	Terros W McD	PIR Metro Varsity	PIR Metro Omega	SWN Mesa HC	CPLC Centro Esperanza	SWN San Tan	SWN Saguario	SWN BV	La FC	CBI Avondale	Terros Townley	CBI FACT #2	PIR [M-ACT]	LaF Madison	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 Year 3 – FY 2017

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 Year 3 – FY 2017

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 Year 3 – FY 2017

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	1	2.5
Average Score for Dimension		2	2	1	4	2	4	1	2.5	2	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	4	1	2	3	4
Average Score for Dimension		4	4	4	1	4	4	3	4	3	4	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	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	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	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	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	2.5
Extent to which tenants control staff entry into the unit	1-4	4	4	4	4	4	4	4	4	3	4	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	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	SBH S	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	NA	49.6	49.6	56.4	52.9	52.9	68.6

Year 4 (FY 2018) Fidelity Review Findings

Assertive Community Treatment Year 4 – FY 2018

Assertive Community Treatment	Terr os En-clav e	SW N Osborn	MIH S M/R	CBI 99th	PIR West Valley	CBI FA CT One	PIR Metro Varity	Terr os 51st Ave .	Life well Sout h Central	PIR MO	SW N Me sa HC	CPL C Centro Esper-anza	SW N San Tan	SW N Sag - uar o	SW N RP	La FC	CBI Avon dale	23 rd Ave . AC T1	CBI FA CT #2	PIR [M-AC T]	LaF Tempe	La FC C	CBI FA CT #3	23 rd Ave . AC T2	
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	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	Terr os En- clav e	SW N Osbr orn	MIH S M/R	CBI 99t h	PIR We st Vall ey	CBI FA CT On e	PIR Met ro Var sity	Terr os 51st Ave .	Life well Sout h Cent ral	PIR MO	SW N Me sa HC	CPL C Cen tro Esp er- anz a	SW N San Tan	SW N Sag - uar o	SW N RP	La FC	CBI Avo n dal e	23r d Ave . AC T1	CBI FA CT #2	PIR [M- AC T]	LaF Tem pe	La FC C	CBI FA CT #3	23r d Ave . AC T2
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	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	3.375	3.396	4.32	3.43	3.393	3.76	4.36	3.393	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	113	119	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	91.4	77.9	80.9	80.7	78.6	80.7
Average	4.18	3.21	NA	3.25	3.29	4.14	3.68	3.43	3.43	4.00	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

ACT	Terros Enclave	SWN Osborn	MI HS M/R	CB I 99th	PIR West Valley	CBI FACT One	PIR Metro Varsity	Terr os 51st Ave.	Lifewell South Central	PIR MO	SW N Mesa HC	CPL C Centro Esperanza	SW N San Tan	SW N Sag - uar o	SW N RP	La FC	CBI Av on dale	23rd Ave . AC T1	CBI FA CT #2	PIR [M-AC T]	LaF Tempe	La FC C	CBI FA CT #3	23rd Ave . AC T2
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
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

Consumer Operated Services Year 4 – FY 2018

COS	Likert Scale	CHEERS	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

COS	Likert Scale	CHEERS	REN	STAR All	Hope Lives
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
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

COS	Likert Scale	CHEERS	REN	STAR All	Hope Lives
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	NA	192
Total Possible	208	208	208	NA	208
Percentage Score		98.1	95.2	NA	92.3
Year 2 Total Score		204	193	NA	186
Total Possible	208	208	208	NA	208
Percentage Score		98.1	92.8	NA	89.4
Year 1 Total Score		187	199	NA	187
Total Possible	208	208	208	NA	208
Percentage Score		89.9	95.7	NA	89.9

Supported Employment Year 4 – FY 2018

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

Permanent Supportive Housing Year 4 – FY 2018

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	1-4	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							

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBHS	MARC
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
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	1-4	1	1	1	1	1	4
Extent to which tenants have the opportunity to modify services selection	1-4	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

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBHS	MARC
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	NA	49.6	68.6

Year 5 (FY 2019) Fidelity Review Findings

Assertive Community Treatment Year 5 – FY 2019

Assertive Community Treatment	CBI 99th	PIR West Valley	SWN Osborn	PIR Metro Varsity	Terros 51st Ave	Lifewell S Mtn	CPLC/ Centro Esperanza	SWN Saguario	Terros 23 rd Ave Team 1	CBI/F- ACT # 2	CBI/FAC T # 3	Terros 23 rd Ave Team 2
Small Caseload	5	5	5	4	4	5	5	5	5	5	5	5
Team Approach	5	5	3	4	4	2	3	2	4	4	5	4
Program Meeting	4	5	5	5	4	5	5	5	5	5	4	5
Practicing ACT Leader	3	2	4	2	3	3	2	3	2	3	3	2
Continuity of Staffing	2	3	4	3	4	1	1	4	2	3	2	1
Staff Capacity	4	4	4	4	4	4	4	4	4	4	4	4
Psychiatrist on Team	5	5	5	5	2	5	5	5	5	5	4	5
Nurse on Team	5	5	5	3	3	5	3	5	5	5	5	5
Substance Abuse Specialist on Team	5	4	5	3	3	5	1	3	4	5	5	5
Vocational Specialist on Team	3	5	4	3	3	3	3	5	2	3	1	3
Program Size	5	5	5	4	4	5	5	5	5	5	5	5
Explicit Admission Criteria	5	5	5	5	4	5	5	5	5	5	5	5
Intake Rate	5	5	5	5	4	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	3	4	4	3	4	3	5	4	4	4	4
Responsibility for Crisis Services	4	5	5	5	5	5	5	5	4	5	5	5

Assertive Community Treatment	CBI 99th	PIR West Valley	SWN Osborn	PIR Metro Varsity	Terros 51st Ave	Lifewell S Mtn	CPLC/ Centro Esperanza	SWN Saguario	Terros 23rd Ave Team 1	CBI/F- ACT # 2	CBI/FAC T # 3	Terros 23rd Ave Team 2
Responsibility for Hospital Admissions	4	4	4	2	5	4	4	4	2	2	4	3
Responsibility for Hospital Discharge Planning	4	5	5	5	4	4	5	4	4	4	5	5
Time-unlimited Services	5	5	5	5	5	4	3	4	5	4	5	5
Community-based Services	2	3	4	2	4	4	1	3	3	5	3	3
No Drop-out Policy	5	5	5	5	5	5	5	5	5	5	5	5
Assertive Engagement Mechanisms	4	4	5	4	4	3	2	3	4	4	4	3
Intensity of Service	3	3	2	3	3	1	2	2	2	3	3	2
Frequency of Contact	3	4	2	4	3	1	2	2	3	3	3	2
Work with Support System	4	3	3	2	2	1	2	2	3	2	1	1
Individualized Substance Abuse Treatment	4	4	4	3	4	4	1	4	4	4	4	4
Co-occurring Disorders Treatment Groups	4	5	2	3	3	3	1	2	2	2	2	2
Co-occurring Disorders/ Dual Disorders Model	3	4	4	3	4	3	2	4	3	5	4	3
Role of Consumers on Treatment Team	5	5	5	5	5	5	5	5	5	5	5	5
Year 5 Total Score	114	120	118	105	105	104	90	110	106	114	110	106
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140

Assertive Community Treatment	CBI 99th	PIR West Valley	SWN Osborn	PIR Metro Varsity	Terros 51st Ave	Lifewell S Mtn	CPLC/ Centro Esperanza	SWN Saguario	Terros 23rd Ave Team 1	CBI/F- ACT # 2	CBI/FAC T # 3	Terros 23rd Ave Team 2
Percentage	81.4	85.8	84.2	75	75	74.3	64.3	78.6	75.7	81.4	78.6	75.7
Average	4.07	4.29	4.21	3.75	3.75	3.7	3.2	3.9	3.8	4.1	3.9	3.8
Year 4 Total Score	105	111	109	96	110	105	102	111	104	108	111	109
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	75.0	79.3	77.9	68.6	78.6	75.0	72.9	79.3	74.3	77.1	79.3	77.9
Average	3.75	3.96	3.89	3.43	3.93	3.75	3.64	3.96	3.71	3.86	3.96	3.89
Year 3 Total Score	91	91	90	103	96	96	106	104	109	108	110	113
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	65.0	65.0	64.3	73.6	68.6	68.6	75.7	74.3	77.9	77.1	78.6	80.7
Average	3.25	3.29	3.21	3.68	3.43	3.43	3.79	3.71	3.89	3.86	3.93	4.03
Year 2 Total Score	NA	115	97	100	114	104	98	93	111	114	NA	99
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	NA	82.1	69.3	71.4	81.4	74.3	70	66.4	79.3	81.4	NA	70.7
Average	NA	4.11	3.46	3.57	4.07	3.71	3.50	3.32	3.96	4.07	NA	3.54
Year 1 Total Score	NA	109	103	111	112	112	90	NA	109	111	NA	NA
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	NA	77.9	73.6	79.3	80	80	64.3	NA	77.9	79.3	NA	NA
Average	NA	3.89	3.68	3.96	4	4	3.21	NA	3.89	3.96	NA	NA

Consumer Operated Services Year 5 – FY 2019

COS	Likert Scale	CHEEERS	VLE/Hope Lives
Structure			
Board Participation	1-5	5	4
Consumer Staff	1-5	5	4
Hiring Decisions	1-4	4	4
Budget Control	1-4	4	4
Volunteer Opportunities	1-5	5	5
Planning Input	1-5	4	5
Satisfaction/Grievance Response	1-5	5	5
Linkage with Traditional MH Services	1-5	5	5
Linkage with other COS Programs	1-5	5	5
Linkage with other Services Agencies	1-5	5	5
Environment			
Local Proximity	1-4	4	4
Access	1-5	5	5
Hours	1-5	4	3
Cost	1-5	5	5
Reasonable Accommodation	1-4	4	4
Lack of Coerciveness	1-5	5	4
Program Rules	1-5	5	5
Physical Environment	1-4	4	3
Social Environment	1-5	5	5
Sense of Community	1-4	4	4
Timeframes	1-4	4	4
Belief Systems			
Peer Principle	1-4	4	4

COS	Likert Scale	CHEEERS	VLE/Hope Lives
Helper's Principle	1-4	4	4
Personal Empowerment	1-5	5	5
Personal Accountability	1-5	5	5
Group Empowerment	1-4	4	4
Choice	1-5	5	5
Recovery	1-4	4	4
Spiritual Growth	1-4	3	4
Peer Support			
Formal Peer Support	1-5	5	5
Informal Peer Support	1-4	4	4
Telling Our Story	1-5	5	5
Artistic Expression	1-5	5	4
Consciousness Raising	1-4	3	4
Formal Crisis Prevention	1-4	4	4
Informal; Crisis Prevention	1-4	4	4
Peer Mentoring and Teaching	1-4	4	4
Education			
Formally Structured Activities	1-5	5	5
Receiving Informal Support	1-5	5	5
Providing Informal Support	1-5	5	5
Formal Skills Practice	1-5	5	5
Job Readiness Activities	1-5	4	3
Advocacy			
Formal Self Advocacy	1-5	5	5
Peer Advocacy	1-5	5	5
Outreach to Participants	1-5	5	3
Year 5 Total Score		203	197

COS	Likert Scale	CHEEERS	VLE/Hope Lives
Total Possible	208	208	208
Percentage Score		97.6	94.7
Year 4 Total Score		205	190
Total Possible	208	208	208
Percentage Score		98.6	91.3
Year 3 Total Score		204	192
Total Possible	208	208	208
Percentage Score		98.1	92.3
Year 2 Total Score		204	186
Total Possible	208	208	208
Percentage Score		98.1	89.4
Year 1 Total Score		187	187
Total Possible	208	208	208
Percentage Score		89.9	89.9

Supported Employment Year 5 – FY 2019

SE 1-5 Likert Scale	Focus	Lifewell	Wedco	REN
Staffing				
Caseload	5	5	5	5
Vocational Services Staff	5	5	5	4
Vocational Generalists	5	4	4	5
Organization				
Integration of rehabilitation with MH treatment	4	2	1	1
Vocational Unit	4	3	3	5
Zero-exclusion criteria	5	3	2	4
Services				
Ongoing work-based assessment	5	4	4	5
Rapid search for competitive jobs	5	4	4	5
Individual job search	5	5	4	5
Diversity of jobs developed	5	4	5	3
Permanence of jobs developed	5	5	5	5
Jobs as transitions	5	5	5	5
Follow-along supports	4	4	5	5
Community-based services	3	4	5	3
Assertive engagement and outreach	4	3	3	3
Year 5 Total Points: Total Possible 75				
	69	60	60	63
Percentage				
	92%	80%	80%	84%
Average				
	4.6	4.0	4.0	4.2
Year 4 Total Points: Total Possible 75				
	59	60	63	55
Percentage				
	78.7%	80.0%	84%	73.3%
Average				
	3.9	4.0	4.2	
Year 3 Total Points: Total Possible 75				
	61	50	61	46
Percentage				
	81.3%	66.6%	81.3%	61.3%
Average				
	4.1	3.3	4.2	3.1

SE 1-5 Likert Scale	Focus	Lifewell	Wedco	REN
Year 2 Total Points: Total Possible 75	55	61	61	NA
Percentage	73.3%	81.3%	81.3%	NA
Average	3.7	4.1	4.07	NA
Year 1 Total Points: Total Possible 75	58	57	47	NA
Percentage	77.3%	76%	62.6%	NA
Average	3.87	3.8	3.13	NA

Permanent Supportive Housing Year 5 – FY 2019

PSH	Scale	PSA	AHCCMS	SBHS
Choice of Housing				
Tenants have choice of type of housing	1,2.5, 4	2.5	2.5	2.5
Real choice of housing unit	1 or 4	4	4	4
Tenant can wait without losing their place in line	1-4	4	4	4
Tenants have control over composition of household	1,2.5, 4	2.5	2.5	2.5
Average Score for Dimension		3.25	3.25	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
Extent to which service providers do not have any responsibility for housing management functions	1,2.5, 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
Average Score for Dimension		4	4	4
Decent, Safe and Affordable Housing				
Extent to which tenants pay a reasonable amount of their income for housing	1-4	2	4	3
Whether housing meets HUD's Housing Quality Standards	1,2.5, 4	1	1	1
Average Score for Dimension		1.5	2.5	2
Housing Integration				
Extent to which housing units are integrated	1-4	4	4	4

PSH	Scale	PSA	AHCCMS	SBHS
Average Score for Dimension		4	4	4
Rights of Tenancy				
Extent to which tenants have legal rights to the housing unit	1,4	1	1	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4	4	4
Average Score for Dimension		2.5	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	3	3	3
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5	2.5	2.5
Extent to which tenants control staff entry into the unit	1-4	4	4	4
Average Score for Dimension		3.17	3.17	3.17
Flexible, Voluntary Services				
Extent to which tenants choose the type of services they want at program entry	1 or 4	4	4	4
Extent to which tenants have the opportunity to modify services selection	1 or 4	1	1	1
Extent to which tenants are able to choose the services they receive	1-4	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	2	4	3
Extent to which services are consumer driven	1-4	2	2	3
Extent to which services are provided with optimum caseload sizes	1-4	3	4	4

PSH	Scale	PSA	AHCCMS	SBHS
Behavioral health services are team based	1-4	2	2	3
Extent to which services are provided 24 hours, 7 days per week	1-4	2	4	4
Average Score for Dimension		2.38	3	3.13
Year 5 Total Score		20.8	22.42	22.05
Highest Possible Dimension Score		28	28	28
Percentage Score		74.3 %	80.1%	78.8%
Year 4 Total Score		20.88	21.42	22.25
Highest Possible Dimension Score		28	28	28
Percentage Score		74.6 %	76.5%	79.4%
Year 3 Total Score		21.7	20.2	21.8
Highest Possible Dimension Score		28	28	28
Percentage Score		77.5 %	72.1%	77.9%
Year 2 Total Score		20.5	18.4	21.8
Highest Possible Dimension Score		28	28	28
Percentage Score		73%	65.5%	78%
Year 1 Total Score		12.3	13.1	13.9
Highest Possible Score		28	28	28
Percentage Score		43.9	46.7	49.6

Year 6 (FY 2020) Fidelity Review Findings

Assertive Community Treatment Year 6 – FY 2020

Assertive Community Treatment	Terros Prst.	VW MR	CBI FACT 1	PIR Metro-Omg	CBI MH	SWN San Tan	Lifewell RP	LFE Com	CBI Avnd	Copa Health M-ACT
Small Caseload	4	5	5	5	4	5	5	5	5	5
Team Approach	3	5	5	4	4	5	5	5	4	4
Program Meeting	5	5	4	5	4	5	5	5	4	5
Practicing ACT Leader	3	3	3	2	3	3	2	4	4	4
Continuity of Staffing	3	4	3	4	1	4	2	5	2	4
Staff Capacity	4	5	4	4	4	5	4	5	4	4
Psychiatrist on Team	5	5	5	5	3	5	5	5	1	5
Nurse on Team	4	5	5	5	5	5	5	5	3	5
Substance Abuse Specialist on Team	4	4	5	5	4	4	4	4	5	4
Vocational Specialist on Team	3	4	4	5	1	5	5	5	5	2
Program Size	5	5	5	5	4	5	5	5	5	5
Explicit Admission Criteria	5	5	5	5	5	5	5	5	5	5
Intake Rate	5	5	5	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	4	4	4	4	4	5	4	4	4
Responsibility for Crisis Services	5	5	5	5	4	5	5	5	5	5
Responsibility for Hospital Admissions	3	4	4	4	2	4	3	3	2	4
Responsibility for Hospital Discharge Planning	4	5	5	5	5	5	4	4	5	5
Time-unlimited Services	5	5	4	4	4	5	5	5	5	5
Community-based Services	2	4	3	3	4	4	3	2	3	4
No Drop-out Policy	5	5	5	5	5	5	5	5	5	5
Assertive Engagement Mechanisms	2	4	5	4	4	4	4	4	4	4
Intensity of Service	2	3	5	2	3	2	2	4	2	3
Frequency of Contact	2	3	4	2	4	3	3	4	2	3
Work with Support System	2	2	2	2	3	2	3	3	2	3

Assertive Community Treatment	Terros Prst.	VW MR	CBI FACT 1	PIR Metro-Omg	CBI MH	SWN San Tan	Lifewell RP	LFE Com	CBI Avnd	Copa Health M-ACT
Individualized Substance Abuse Treatment	4	4	4	4	4	4	4	4	4	4
Co-occurring Disorders Treatment Groups	3	3	3	2	2	3	1	2	2	4
Co-occurring Disorders/ Dual Disorders Model	4	4	4	4	3	3	3	4	4	4
Role of Consumers on Treatment Team	5	5	4	4	5	5	5	5	5	5
Year 6 Total Score	105	120	119	113	103	119	112	121	106	119
Total Possible	140	140	140	140	140	140	140	140	140	140
Percentage	75.0	85.7	85.0	80.7	73.6	85.0	80.0	86.4	75.7	85.0
Average	3.75	4.29	4.25	4.04	3.68	4.25	4	4.32	3.79	4.25
Year 4 Total Score	121	115	121	122	110	126	119	120	118	125
Total Possible	140	140	140	140	140	140	140	140	140	140
Percentage	86.4	82.1	86.4	87.1	78.6	90.0	85.0	85.7	84.3	89.3
Average	4.32	4.07	4.32	4.36	3.93	4.5	4.25	4.29	4.21	4.46
Year 3 Total Score	117	NA	116	112	106	115	110	119	113	128
Total Possible	140	140	140	140	140	140	140	140	140	140
Percentage	83.6	NA	82.9	80.0	75.7	82.1	78.6	85.0	80.7	91.4
Average	4.18	NA	4.14	4.0	3.79	4.11	3.93	4.25	4.04	4.57
Year 2 Total Score	101	NA	117	115	99	101	111	90	NA	113
Total Possible	140	140	140	140	140	140	140	140	140	140
Percentage	72.1	NA	83.6	82.1	70.7	72.1	79.3	64.3	NA	80.7
Average	3.6	NA	4.18	4.1	3.54	3.61	3.92	3.21	NA	4.04
Year 1 Total Score	97	NA	NA	98	114	110	97	114	NA	NA
Total Possible	140	140	140	140	140	140	140	140	140	140
Percentage	69.3	NA	NA	70	81.4	80	69.3	81.4	NA	NA
Average	3.46	NA	NA	3.5	4.07	3.93	3.46	4.07	NA	NA

Consumer Operated Services Year 6 – FY 2020

COS	Likert Scale	REN
Structure		
Board Participation	1-5	3
Consumer Staff	1-5	5
Hiring Decisions	1-4	4
Budget Control	1-4	4
Volunteer Opportunities	1-5	5
Planning Input	1-5	5
Satisfaction/Grievance Response	1-5	5
Linkage with Traditional MH Services	1-5	5
Linkage with other COS Programs	1-5	5
Linkage with other Services Agencies	1-5	5
Environment		
Local Proximity	1-4	4
Access	1-5	5
Hours	1-5	5
Cost	1-5	5
Reasonable Accommodation	1-4	3
Lack of Coerciveness	1-5	5
Program Rules	1-5	5
Physical Environment	1-4	4
Social Environment	1-5	5
Sense of Community	1-4	4
Timeframes	1-4	4
Belief Systems		
Peer Principle	1-4	4

COS	Likert Scale	REN
Helper's Principle	1-4	4
Personal Empowerment	1-5	5
Personal Accountability	1-5	5
Group Empowerment	1-4	4
Choice	1-5	5
Recovery	1-4	4
Spiritual Growth	1-4	4
Peer Support		
Formal Peer Support	1-5	5
Informal Peer Support	1-4	4
Telling Our Story	1-5	5
Artistic Expression	1-5	5
Consciousness Raising	1-4	4
Formal Crisis Prevention	1-4	4
Informal; Crisis Prevention	1-4	4
Peer Mentoring and Teaching	1-4	4
Education		
Formally Structured Activities	1-5	5
Receiving Informal Support	1-5	5
Providing Informal Support	1-5	5
Formal Skills Practice	1-5	5
Job Readiness Activities	1-5	5
Advocacy		
Formal Self Advocacy	1-5	5
Peer Advocacy	1-5	5
Outreach to Participants	1-5	5
Year 6 Total Score		205
Total Possible	208	208

COS	Likert Scale	REN
Percentage Score		98.6
Year 4 Total Score		201
Total Possible	208	208
Percentage Score		96.6
Year 3 Total Score		198
Total Possible	208	208
Percentage Score		95.2
Year 2 Total Score		193
Total Possible	208	208
Percentage Score		92.8
Year 1 Total Score		199
Total Possible	208	208
Percentage Score		95.7

Supported Employment Year 6 – FY 2020

SE 1-5 Likert Scale	VALLEYLIFE	Marc CR	Beacon
Staffing			
Caseload	4	5	4
Vocational Services Staff	5	5	5
Vocational Generalists	5	5	4
Organization			
Integration of rehabilitation with MH treatment	4	3	1
Vocational Unit	5	4	4
Zero-exclusion criteria	5	4	4
Services			
Ongoing work-based assessment	5	5	5
Rapid search for competitive jobs	4	5	4
Individual job search	5	5	5
Diversity of jobs developed	4	4	5
Permanence of jobs developed	5	5	4
Jobs as transitions	5	5	5
Follow-along supports	5	5	5
Community-based services	5	5	4
Assertive engagement and outreach	5	3	3
Year 6 Total Points: Total Possible 75	71	68	62
Percentage	94.7	90.7	82.7
Average	4.7	4.5	4.1
Year 4 Total Points: Total Possible 75	66	67	63
Percentage	88.0%	89.3%	84%

SE 1-5 Likert Scale	VALLEYLIFE	Marc CR	Beacon
Average	4.4	4.5	4.2
Year 3 Total Points: Total Possible 75	63	66	68
Percentage	84%	88%	90.7%
Average	4.2	4.4	4.5
Year 2 Total Points: Total Possible 75	65	63	60
Percentage	86.7%	84%	80%
Average	4.3	4.2	4
Year 1 Total Points: Total Possible 75	51	41	51
Percentage	68%	54.6%	68%
Average	3.29	2.73	3.29

Permanent Supportive Housing Year 6 – FY 2020

PSH	Scale	RI Int.	CBI
Choice of Housing			
Tenants have choice of type of housing	1,2,5,4	4	2.5
Real choice of housing unit	1 or 4	4	4
Tenant can wait without losing their place in line	1-4	4	4
Tenants have control over composition of household	1,2,5,4	4	2.5
Average Score for Dimension		4	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
Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4	4
Extent to which social and clinical service providers are based off site (not at housing units)	1-4	4	4
Average Score for Dimension		4	4
Decent, Safe and Affordable Housing			
Extent to which tenants pay a reasonable amount of their income for housing	1-4	4	4
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	4	2.5
Average Score for Dimension		4	3.25
Housing Integration			
Extent to which housing units are integrated	1-4	4	4
Average Score for Dimension		4	4
Rights of Tenancy			

PSH	Scale	RI Int.	CBI
Extent to which tenants have legal rights to the housing unit	1,4	4	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4	4
Average Score for Dimension		4	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
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	4	4
Extent to which tenants control staff entry into the unit	1-4	4	4
Average Score for Dimension		4	3.67
Flexible, Voluntary Services			
Extent to which tenants choose the type of services they want at program entry	1 or 4	4	4
Extent to which tenants have the opportunity to modify services selection	1 or 4	4	4
Extent to which tenants are able to choose the services they receive	1-4	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	3	2
Extent to which services are consumer driven	1-4	4	3
Extent to which services are provided with optimum caseload sizes	1-4	3	4
Behavioral health services are team based	1-4	2	2
Extent to which services are provided 24 hours, 7 days per week	1-4	2	2

PSH	Scale	RI Int.	CBI
Average Score for Dimension		3.13	3
Year 6 Total Score		27.13	23.67
Highest Possible Dimension Score		28	28
Percentage Score		96.8%	84.5%
Year 4 Total Score		25.75	23.3
Highest Possible Dimension Score		28	28
Percentage Score		91.9%	85.0%
Year 3 Total Score		25.88	22.26
Highest Possible Dimension Score		28	28
Percentage Score		92.4%	79.5%
Year 2 Total Score		24.9	23.8
Highest Possible Dimension Score		28	28
Percentage Score		88.9%	85%
Year 1 Total Score		20.7	NA
Highest Possible Score		28	28
Percentage Score		74.1	NA