WICHE
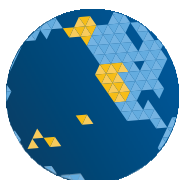## Western Interstate Commission for Higher Education

SFY24 (YEAR 10)

EVIDENCE-BASED PRACTICES FIDELITY PROJECT

QUALITY IMPROVEMENT REPORT

WITH ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ALASKA • ARIZONA • CALIFORNIA • COLORADO • HAWAI'I • IDAHO • MONTANA • NEVADA • NEW MEXICO • NORTH DAKOTA • OREGON • SOUTH DAKOTA • U.S. PACIFIC TERRITORIES AND FREELY ASSOCIATED STATES • UTAH • WASHINGTON • WYOMING

Table of Contents

Introduction

In January 2014, the *Arnold vs. Sarn* settlement agreement included a stipulation to facilitate and meet the needs of Maricopa County community members with a Serious Mental Illness determination by implementing four evidence-based practices (EBP) through Regional Behavioral Health Agreements (RBHA) and contracted providers. For the purposes of this report, "members" are persons with a Serious Mental Illness determination living in Maricopa County receiving services. The four EBPs are Assertive Community Treatment (ACT), Supported Employment (SE), Consumer Operated Services (COS), and Permanent Supportive Housing (PSH). Providers received training to improve services by more closely adhering to fidelity protocols established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

In 2015, the Arizona Legislature passed Governor Ducey's budget, which included administratively streamlining the Division of Behavioral Health Services. 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). Since Arizona Fiscal Year 2015 (FY 2015), the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP) has been contracted by the behavioral health authority, currently the Arizona Health Care Cost Containment System (AHCCCS), to conduct annual fidelity reviews of the four EBPs stipulated in the Arnold vs. Sarn settlement agreement. Fidelity review project years (1-10) align with the Arizona state fiscal year (SFY), which runs from July 1 through June 30 of the indicated fiscal year.

Project Implementation

For SFY 2024 (Year 10), WICHE BHP conducted a total of twenty (20) fidelity reviews for the following EBPs.

- Assertive Community Treatment (ACT) - 12 reviews
- Consumer Operated Services (COS) - 2 reviews
- Supported Employment (SE) - 3 reviews
- Permanent Supportive Housing (PSH) - 3 reviews

The fidelity review schedule is determined by the historical EBP scores of each provider and the length of time since their last review. Programs that demonstrate limited or no progress receive more frequent reviews. Conversely, programs that perform well or show steady improvement undergo less frequent reviews.

The AHCCCS and WICHE BHP project managers held joint weekly conference calls to provide updates and to discuss issues or concerns in a timely manner. Additionally, the AHCCCS project manager and the WICHE BHP review team staff met one time in-person. WICHE BHP project staff were available to attend quarterly meetings with AHCCCS and Mercy Care, the AHCCCS Complete Care-RBHA in Maricopa County, to discuss EBP fidelity specific review issues and/or concerns.

Currently, WICHE BHP continues to utilize 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. The fidelity review process utilizes applicable documentation from the Substance Abuse and Mental Health Services Administration (SAMHSA) EBP toolkits. The entire fidelity review process continues to accommodate the project scope and timeline, with guidance from the SAMHSA toolkit protocols as follows:

- The team issues a notification letter to the provider to initiate the review process, allowing adequate time for both providers and reviewers to prepare for the review. The letter includes:
    - Dates and timelines for the review process
    - Agendas for conducting interviews and meetings
    - Data and documents requested for the review per the specific EBP

- A team of two reviewers conduct the review. Each team has a lead reviewer responsible for correspondence, provider scheduling, and drafting the report.

- On the last day of the review, a brief meeting is held with the provider, and AHCCCS Complete Care-RBHA staff. Reviewers share immediate observations of the program's strengths and request feedback on the review process. Programs have an opportunity to ask questions about the review process and application of the EBP.

- Following the completion of the review, each reviewer documents fidelity scores individually. The two reviewers convene to determine final consensus scores.

- The team conducting the fidelity review drafts a report with scoring rationale and recommendations. Members of the larger fidelity review team read and refine the draft to ensure consistent application of EBP standards.

- WICHE BHP delivers the final report with the fidelity scale score via email to the AHCCCS Complete Care-RBHA contractor, AHCCCS, and the provider point of contact.
    - The report notifies providers that they may respond to the report in writing. They may also opt to participate in a follow-up call with the RBHA contractor, AHCCCS staff, and the WICHE BHP team to discuss the review findings and answer specific questions regarding the report.
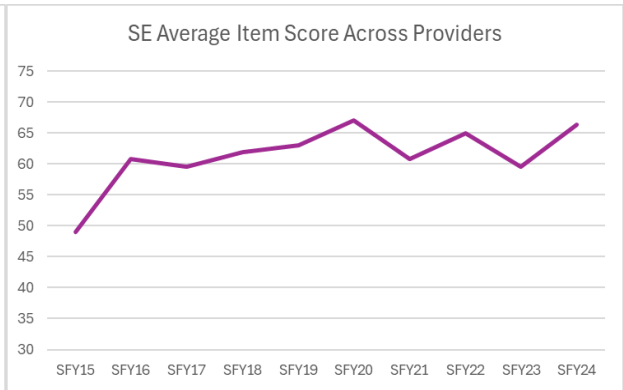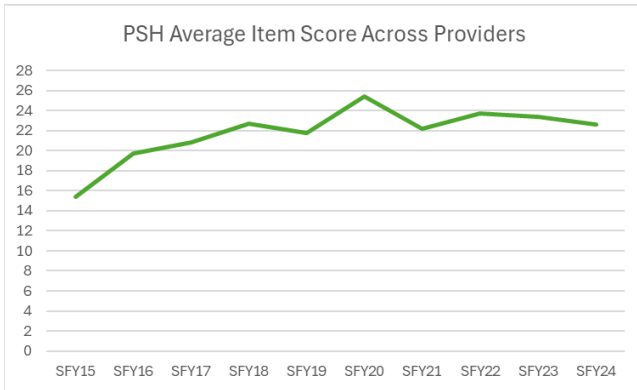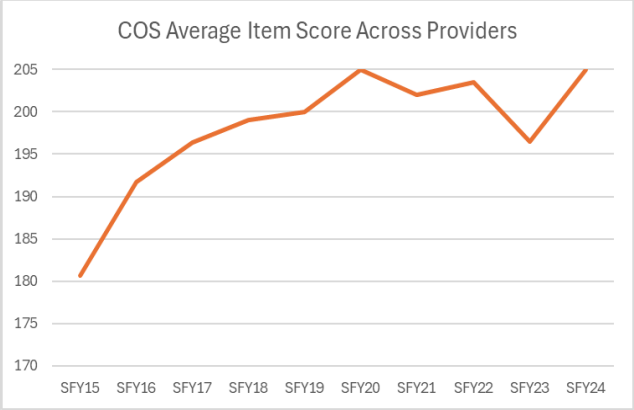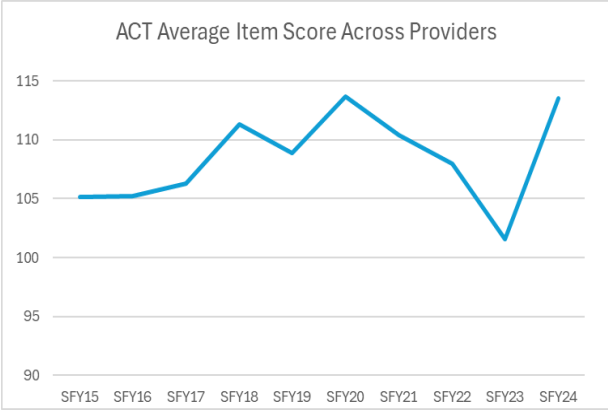
Methodology Notes

Prior to project year 7 (SFY 2021), the WICHE BHP fidelity review team conducted reviews on site at the provider location. In project year 8 (SFY 2022), the WICHE BHP adapted processes and developed a protocol for conducting virtual reviews in response to the public health emergency (COVID 19). Since that time, fidelity reviews continue to be virtual processes. Fidelity reviewers facilitate virtual interviews of members and providers and evaluate member clinical records.

Virtual/remote fidelity reviews require considerable coordination between providers and the WICHE BHP team. Fidelity reviewers coordinate the scheduling of virtual interviews with both staff and members, the process of conducting chart reviews electronically, and the review of all other documents off-site. SAMHSA Fidelity Review Tools do not recognize telehealth as an acceptable mode of service delivery. Since the program adaptations associated with the public health emergency, AHCCCS has allowed credit for telehealth psychiatric services. In addition, the tool allows for the description of a *psychiatric prescriber* to include psychiatric nurse practitioners.

Ten-Year Findings

The WICHE BHP has conducted fidelity reviews in Maricopa County since 2014. This report reflects results from fidelity reviews conducted over the past ten years. The graphs below illustrate average score findings for each EBP. In SFY 2015 through SFY 2018, all programs identified as delivering one of the four EBPs received annual reviews. As of SFY 2017, programs that were determined to not align with the EBP no longer received reviews. Each EBP model graph shows average scores across all providers steadily increased and moved toward higher fidelity to the model.

In SFY 2019, total reviews decreased by one-half. Those programs identified as having more success in delivery received reviews every two years. Teams with barriers to reaching fidelity received annual reviews to provide structured support and feedback regarding EBP fidelity. Until SFY 2020, providers were in general showing small gains with each review completed. In SFY 2020, the public health emergency did impact providers' ability to continue an upward trend. A downward trend continued as the impact of nationwide staffing challenges continued among behavioral health providers.

ACT Average Item Score Across Providers

COS Average Item Score Across Providers

PSH Average Item Score Across Providers

SE Average Item Score Across Providers

Summary of Findings:

- ACT average item scores increased overall across providers from SFY15 to SFY20. Scores began to decrease after the public health emergency began in SFY20. In SFY23 and SFY24, scores showed improvement.

- COS average item scores increased steadily across providers from SFY15 to SFY20. Scores began to decrease after the public health emergency began in SFY20. In SFY23 and SFY24, scores showed improvement.

- PSH average item scores increased across providers from SFY15 to SFY20. Scores began to decrease after the public health emergency began in SFY20. Scores improved slightly in SFY22 and have remained level.

- SE average item scores across providers for SFY24 were the highest to date.

Summary of Findings from the Fidelity Reviews Completed in SFY 2024

Each section below describes the findings from fidelity reviews conducted in project year 10, SFY 2024, for each EBP. Following the average item score graphs, each section describes overall strengths and opportunities for improvement for each of the evidence-based practices. Areas of opportunity that are common across programs help identify potential systemic issues and training/technical assistance

opportunities, including areas in which EBP model fidelity clarity may benefit multiple providers. Areas that are challenges for specific providers indicate opportunities for site-specific, fidelity-focused quality improvement interventions.

Appendix A includes the overall score summary tables for project years 1-10.

Assertive Community Treatment (ACT) Reviews Completed SFY 2024

- Community Bridges, Inc. 99th Avenue
- Community Bridges, Inc. Forensic-ACT Team 2
- Copa Health Medical-ACT
- Copa Health West Valley
- La Frontera EMPACT Capitol Center
- La Frontera EMPACT Tempe
- Lifewell Behavioral Wellness South Mountain
- Terros 51st Avenue Recovery Center
- Terros 23rd Avenue Recovery Center ACT 2
- Southwest Network Northern Star
- Southwest Network Saguaro
- Southwest Network San Tan

Providers scores:

The graph below illustrates scores for each ACT team reviewed in SFY 2024.

ACT Total Item Score by Provider SFY24
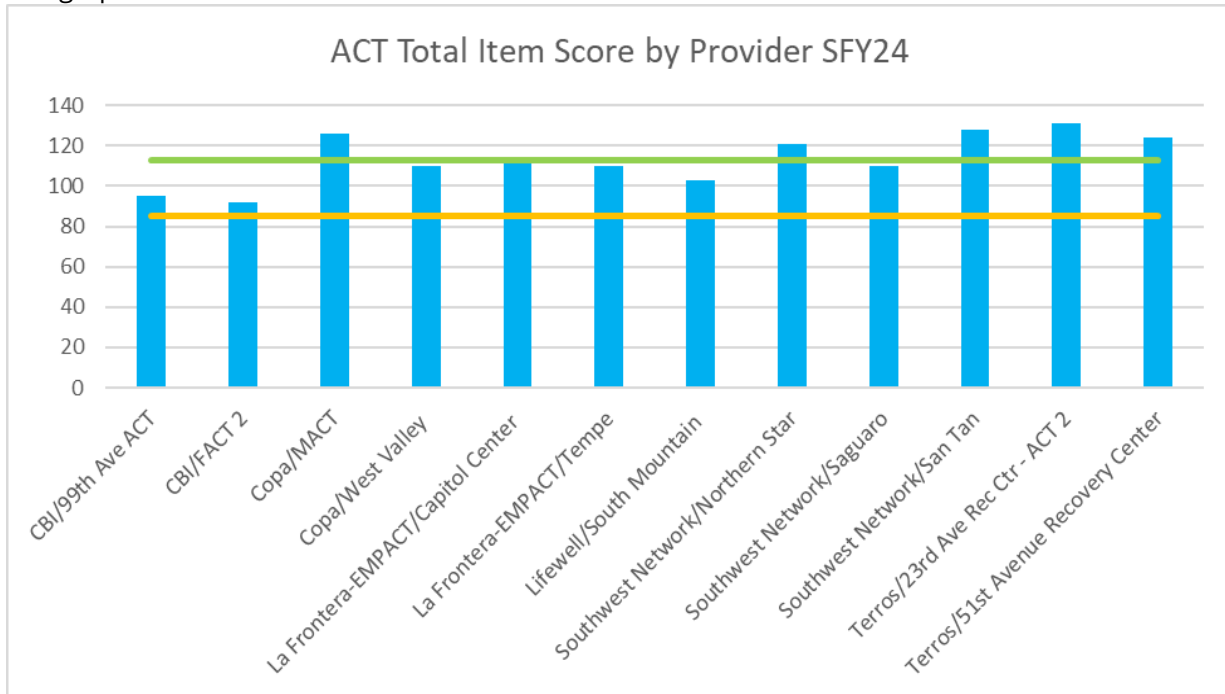
- All providers in SFY24 achieved a score of 85 or better, indicated by the lower gold line in the graph above, which SAMHSA defines as "fair implementation" on the ACT fidelity rating scale.

- Five providers exceeded SAMHSA's rating of 113, shown by the upper green line in the graph, which indicates "good" implementation of ACT. Copa Health/MACT, Southwest Network/Northern Star, Southwest Network/San Tan, Terros/23rd Avenue Recovery Center ACT 2, and Terros/51st Avenue Recovery Center all scored 113 or above.

- The remaining seven providers that were rated above 85, but below 113 were CBI/FACT 2, CBI/99th Avenue, Copa Health/West Valley, La Frontera-EMPACT/Capitol Center, La Frontera-EMPACT/Tempe, Lifewell/South Mountain, and Southwest Network/Saguaro.

Assertive Community Treatment (ACT) Item Level Scores

The SAMHSA EBP Toolkit cites twenty-eight items in the fidelity review scale for ACT. Each item is rated on a 5-point scale ranging from 1 "Not implemented" to 5 "Fully implemented". The graph below indicates the average rating of each ACT fidelity item across all providers reviewed.
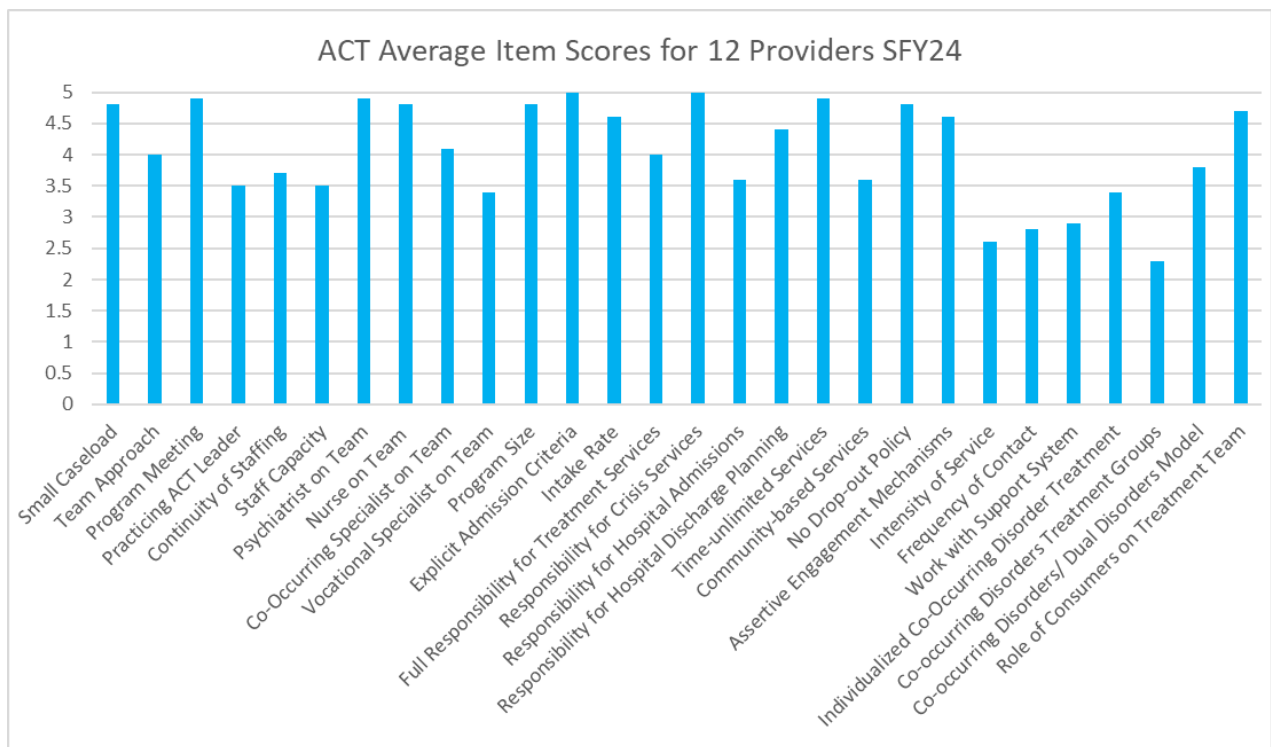
Assertive Community Treatment (ACT) Reviews: Overall Scoring Trends

The EBP of ACT embraces a transdisciplinary approach to service delivery. Team staff have varied experience and knowledge in delivering services to individuals with serious mental illness. Individuals receiving those services are typically unsuccessful with traditional mental health services and require more frequent and intensive services using a community-based approach. Often, individuals are

diagnosed with both mental illness and substance use disorders (co-occurring disorders). Integrating treatment services for members with co-occurring disorders is an evidence-based approach utilized by effective ACT teams.

Assertive Community Treatment (ACT): SFY 2024 Summary Findings – Successes

Providers generally scored high on a wide variety of ACT fidelity items. These areas of success include:

- *Small Caseloads* - The member-to-staff ratio remains strong, which promotes adequate diversity and intensity of service delivery to members.

- *Psychiatrist on Team* – Providers effectively secured psychiatrists or psychiatric nurse practitioners to deliver services to members. Seven teams offer a hybrid experience to members by utilizing videoconferencing platforms and in-person meetings to provide services. One provider team offers only videoconference services to members. Community-based prescribers commit to meeting members in their communities, rather than in the office, often seeing members in inpatient and correctional facilities.

- *Nurse on Team* – Providers are staffing registered nurses at the highest rates ever since the public health emergency. Nurses support members with an integrated care approach, addressing both medical and mental health needs.

- *Program Size* – Providers adequately staff teams to provide services to meet the intensive needs of members.

- *Responsibility of Services* – Members are experiencing improved coordination of care as services are provided directly by ACT team staff rather than by others within the agency or from outside providers.

Assertive Community Treatment (ACT): SFY 2024 Summary Findings – Improvement Opportunities

Average scores across providers are low for several ACT fidelity items. Areas to target to improve program fidelity include:

- *Practicing ACT Leader* – Teams ranged in scores from 1 to 5 in this category. Three teams scored 1 – 2, while most teams (seven) scored four or higher. There is a correlation between provider scores in this item and provider scores in fidelity items *Continuity of Staff* and *Staff Capacity*.

  - Considerations for improvement: Support ACT leaders to provide direct care to members of ACT teams at least 50% of the time expected of other ACT staff. Transfer responsibilities not specifically identified as those of the ACT leaders to administrative or other ACT staff.

- *Staff Capacity* – Staff turnover often results in vacant positions on ACT teams, which may impact the *Intensity of Service*, *Frequency of Contact*, and diversity of staff (*Team Approach*) delivering services to members. Staff vacancies can also impact staff morale due to the added temporary duties to serve members effectively.

- o Considerations for improvement: Reduce staff turnover. Develop capacity to serve members with continuity.

- *Vocational Specialist on Team* – Employment and meaningful activities help members in their recovery. Adequate staffing in this position promotes better support for members who are exploring work opportunities.

  - o Considerations for improvement: Ensure Vocational Specialist roles are adequately staffed.

- *Intensity of Service* – A high intensity of service allows members the opportunity to build meaningful relationships with the team staff. Intensive services provide adequate support to members and help them to meet their goals.

  - o Considerations for improvement: Increase the amount of time spent directly supporting members and focus on addressing their identified needs. Encourage applying a client-centered approach, providing support and services to members based on their expressed needs, rather than the treatment team's goals.

- *Frequency of Contact,* and *Work with Support System* – Members of ACT teams find limited success with traditional, office-based treatment. The frequency of contact and team engagement with members and their support systems enhance efforts toward recovery, resiliency, and wellness.

  - o Considerations for improvement: Increase the number of times the ACT team has contact with members. Members, on average, should have direct in-person support from the team four times weekly.

- *Co-Occurring Disorders Treatment Groups* – For members with Co-Occurring Disorders the availability of group treatment in an integrated treatment approach is vital to recovery, helping members to see that they are not alone in their struggles with substance use and mental illness https://www.samhsa.gov/co-occurring-disorders TIP42: Substance Use Treatment for Persons with Co-Occurring Disorders).

  - o Considerations for improvement: Provide group substance use treatment to members of the ACT team utilizing an integrated treatment approach. A minimum of two groups should be available to members of the ACT team. One group to serve members in the earlier stages of change and one group to serve members in the later stages. Co-occurring disorder treatment groups are effective when based on an evidence-based practice (EBP) treatment model. Consider structuring groups around proven curriculum for optimal impact.

Recommendations:

WICHE BHP recommends the following to strengthen the program fidelity of ACT throughout the Maricopa County provider community.

- Promote the application of emerging best practices in retention of behavioral health staff, e.g., SAMHSA's Mental Health Technology Transfer Center (MHTTC) Workforce Recruitment &

[Retention.](#) Challenges of consistently staffing ACT teams in Maricopa County continue to impact the delivery of services to members. Members participating in ACT services require more frequent and more intensive services than those provided by traditional mental health programs. Low staffing of ACT teams puts the burden of service delivery on fewer staff, potentially leading to further turnover, resulting in a loss of experience and knowledge on the team.

- Establish cross-provider collaborative work sessions. Providers could share best practices and experiences in areas where they are succeeding and receive peer consultation regarding challenges in delivering ACT services, including sharing practices that promote staff retention.

  o Consider offering opportunities for targeted technical assistance to those providers that struggle with delivering services that meet model fidelity. Technical assistance could include shadowing a more successful team and learning from best practices and provider leadership styles that champion the delivery of the EBP.

Consumer Operated Services (COS) Fidelity Reviews Completed SFY 2024

- Stand Together and Recover (STAR)
- Recovery Empowerment Network (REN)

Providers scores:

The graph below illustrates scores for both COS teams reviewed in SFY 2024.

COS Total Item Score by Provider SFY24
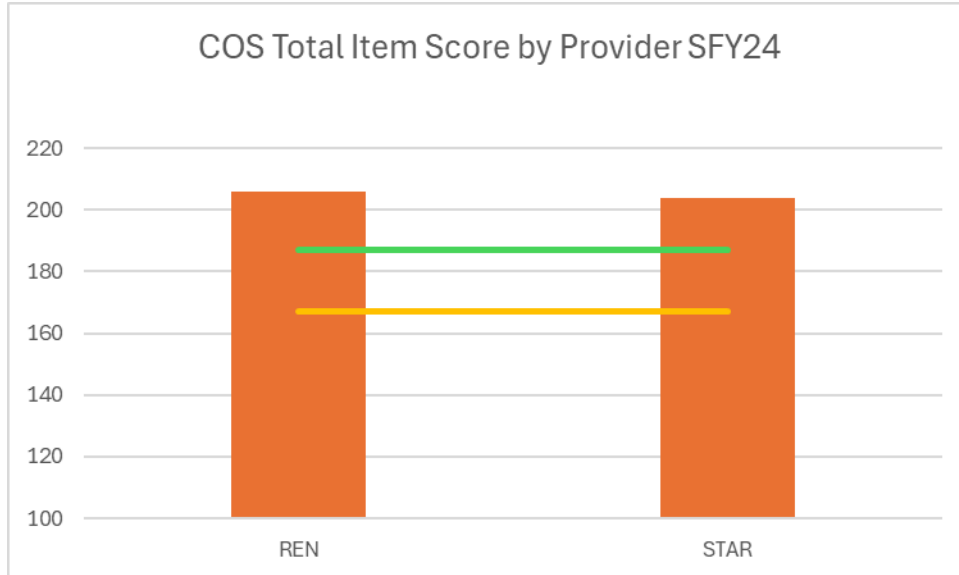
- Both programs in SFY24 exceeded the "high fidelity" rating of 187, indicated by the upper green line in the graph. The lower gold line shows the rating of 167, which indicates "moderate fidelity".

Consumer Operated Services (COS) Item Level Scores

The COS fidelity review scale rates fidelity items on a 1-4 or 1-5 points scale, which ranges from 1, indicating "Not implemented" to 4 or 5 (depending on the item), indicating "Fully implemented". The two graphs below illustrate the average score across providers for each of the 45 COS fidelity items. The first graph reflects those items rated on a 1-5 scale. The second graph shows those items rated on a 1-4 scale.

COS Average Item Score Across 2 Providers SFY24 (Part 1)

COS Average Item Score Across 2 Providers SFY24 (Part 2)
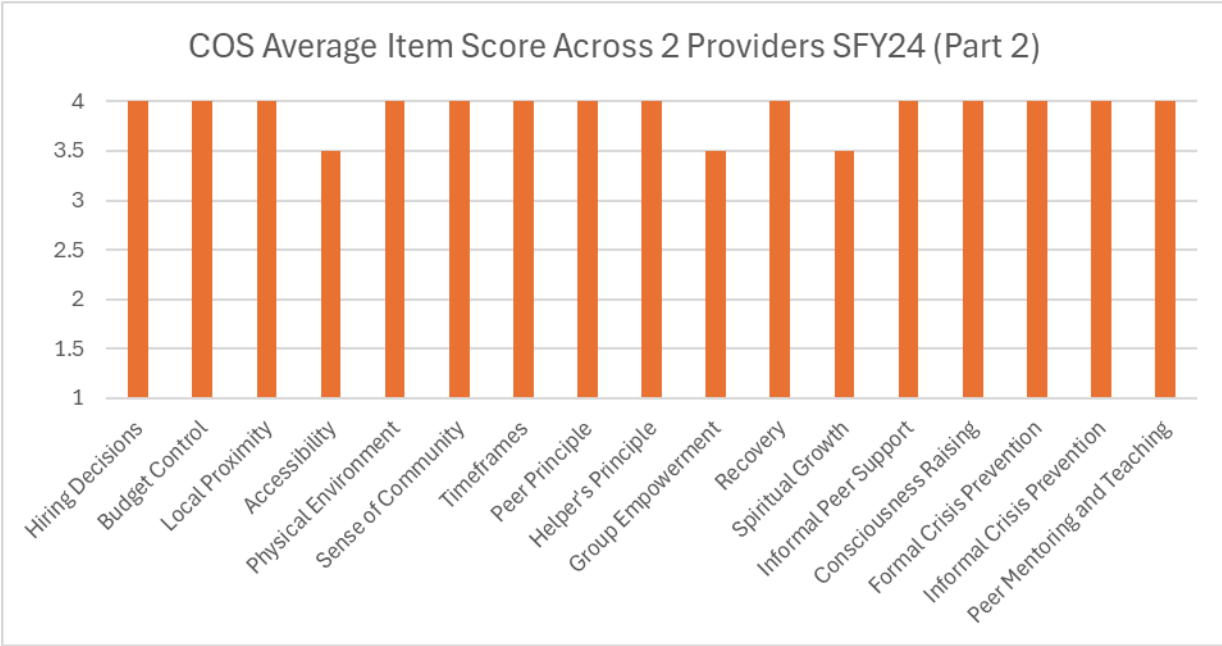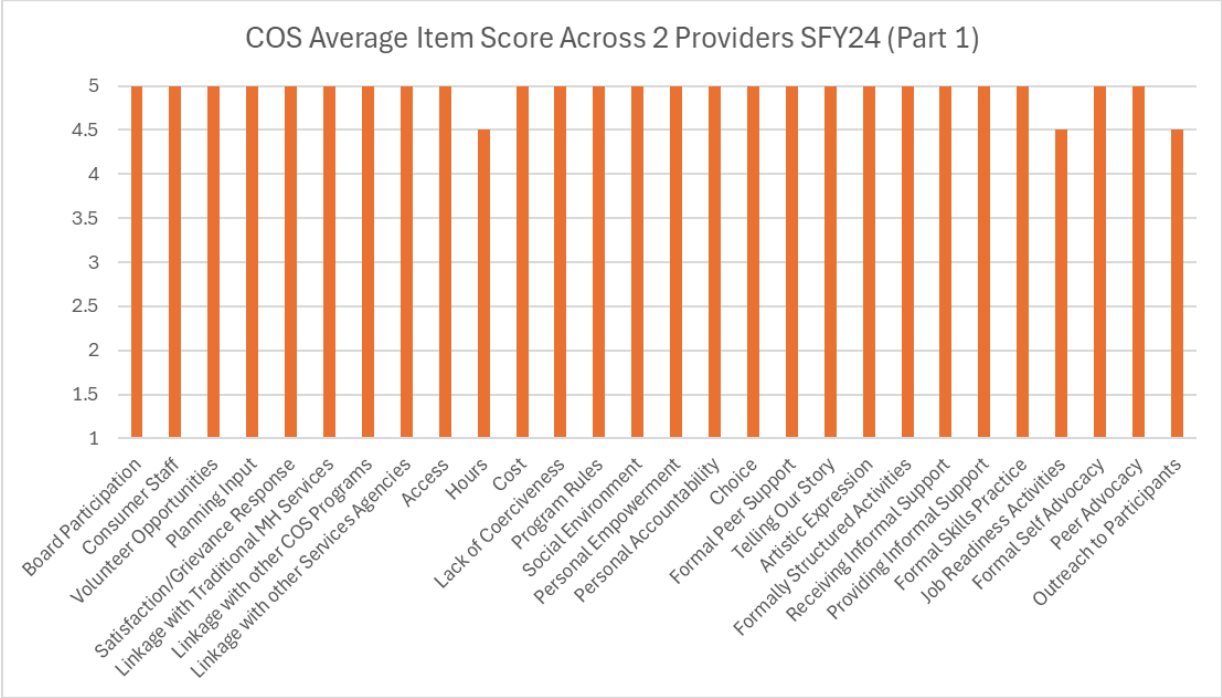
Consumer Operated Services (COS) Reviews: Overall Scoring Trends

Historically, COS programs deliver services to members at a high rate of fidelity to the model. Both programs exceeded the "high fidelity" rating of 187. Members of COS participate in developing and

planning the services provided. Former members of COS programs who complete Peer Support certification often provide the staffing for these services. As data represents only two programs, identified successes and barriers may not be applicable to both providers.

Consumer Operated Services (COS): SFY 2024 Summary Findings – Successes

Providers received the highest scores possible on 39 of 45 COS fidelity items. General impressions regarding provider successes include:

- Programs apply the principles of peer-to-peer services, which promote mentorship between paid staff and members receiving the service. Opportunities to provide mentorship occur in informal (coffee breaks, mealtimes) and in more structured settings such as peer groups or planned activities.

- Members receive formal and informal opportunities to participate in activities that support skills development, provide spontaneous and structured ongoing support, and assist with problem-solving of day-to-day challenges.

Consumer Operated Services (COS): SFY 2024 Summary Findings - Improvement Opportunities

Average scores across providers are low for six COS fidelity items. Areas to target to improve program fidelity include:

- *Hours of Operation* – Members benefit from having centers open on the weekends when other service providers are unavailable.

    o Considerations for improvement: Adjust staff schedules to accommodate all center locations being open every weekend, even if only for limited hours.

- *Accessibility* – Some program centers are in older buildings which makes accessibility for all members difficult. In some cases, these buildings lack wide doorways, accessible hallways and wheelchair accessible bathrooms which allow members to enter the building and move freely throughout indoor spaces.

    o Considerations for improvement: Establish alternative methods to facilitate access for members when needed.

- *Group Empowerment* – Members benefit when programs encourage involvement in center committees and governance boards and offer other opportunities for members to contribute to the decision-making processes related to the center. Members of some programs have limited opportunities to engage in this process.

    o Considerations for improvement: Seek ways to increase member involvement in decision making, including frequently sharing opportunities to participate with

members.

- *Spiritual Growth* – Members benefit when they can address faith and spiritual needs. Spiritual growth promotes successful gains in recovery. Some programs provide limited structured spiritual and faith opportunities to members.

  o Considerations for improvement: Expand formal and informal spiritual growth experiences for members. Gather input periodically from members to guide activities and policies.

- *Job Readiness Skills* – Engagement by members in meaningful activities, such as work, support recovery. Members of some programs are limited in their ability to engage in these experiences due to too few options available through the program or lack of knowledge of the opportunities available.

  o Considerations for improvement: Increase structured activities related to building skills and knowledge that offer a sense of purpose and could enhance opportunities to join the work force. Seek input from membership on how the program could support them in preparing them for the workforce. Consider identifying staff responsible for gathering input from members and organizing these activities whether at the program site or in the community.

- *Outreach to Participants* – Member participation may ebb and flow. Provide continuous outreach to members to ensure they are aware of activities, classes, community outings, and other opportunities to participate.

  o Considerations for improvement: Posting information on a social media platform and maintaining current information on program websites informs members and providers. Reaching out to members individually through social media, email list, telephone, in-person at their home or integrated behavioral health program clinic can also be effective engagement strategies.

<u>Permanent Supportive Housing (PSH) Fidelity Reviews Completed SFY 2024</u>

- ▪ Arizona Health Care Contract Management Services, Inc. (AHCCMS)
- ▪ Community Bridges, Inc. (CBI)
- ▪ Copa Health

Provider Scores:

The graph below illustrates scores for each PSH team reviewed in SFY 2024.

PSH Total Item Score by Provider SFY24
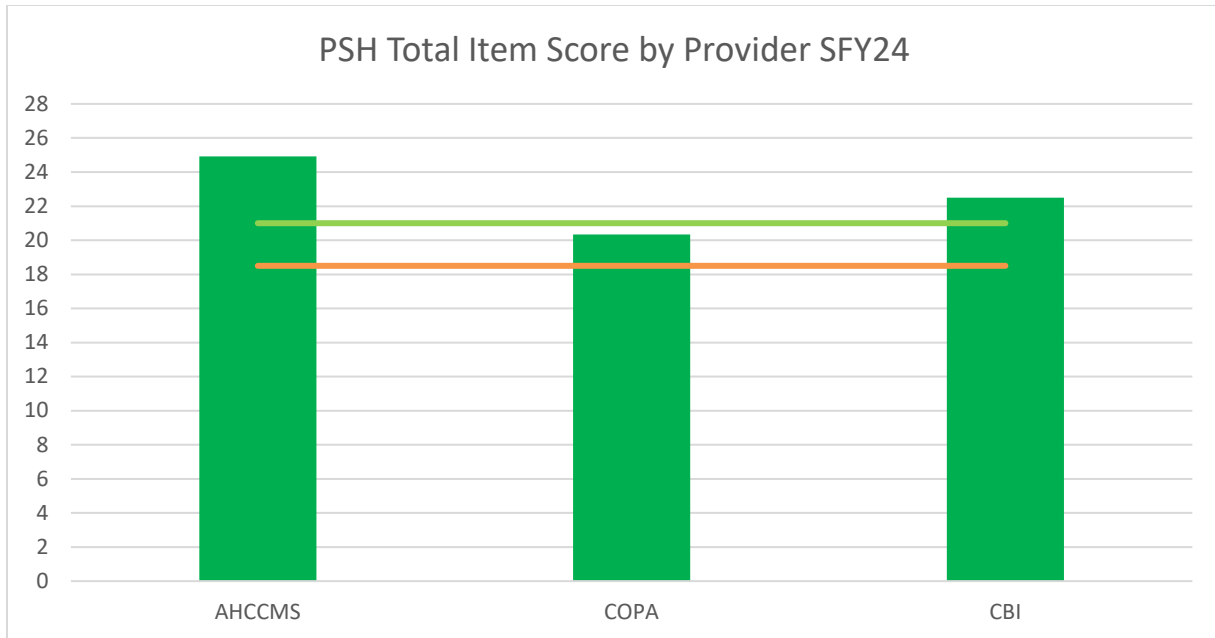
- ▪ The upper green horizontal line indicates the total item score (21) for "high to moderate fidelity" to the PSH model. All providers in SFY24 achieved high to moderate fidelity. The lower orange line indicates a "moderate fidelity" score (18.5).

<u>Permanent Supportive Housing (PSH) Item Level Scores</u>

Each item on the PSH fidelity review scale is rated on a 4-point scale ranging from 1, indicating "Not implemented" to 4, indicating "Fully implemented". The graph lists each item beneath the average score.

PSH Average Item Scores for 3 Providers SFY24
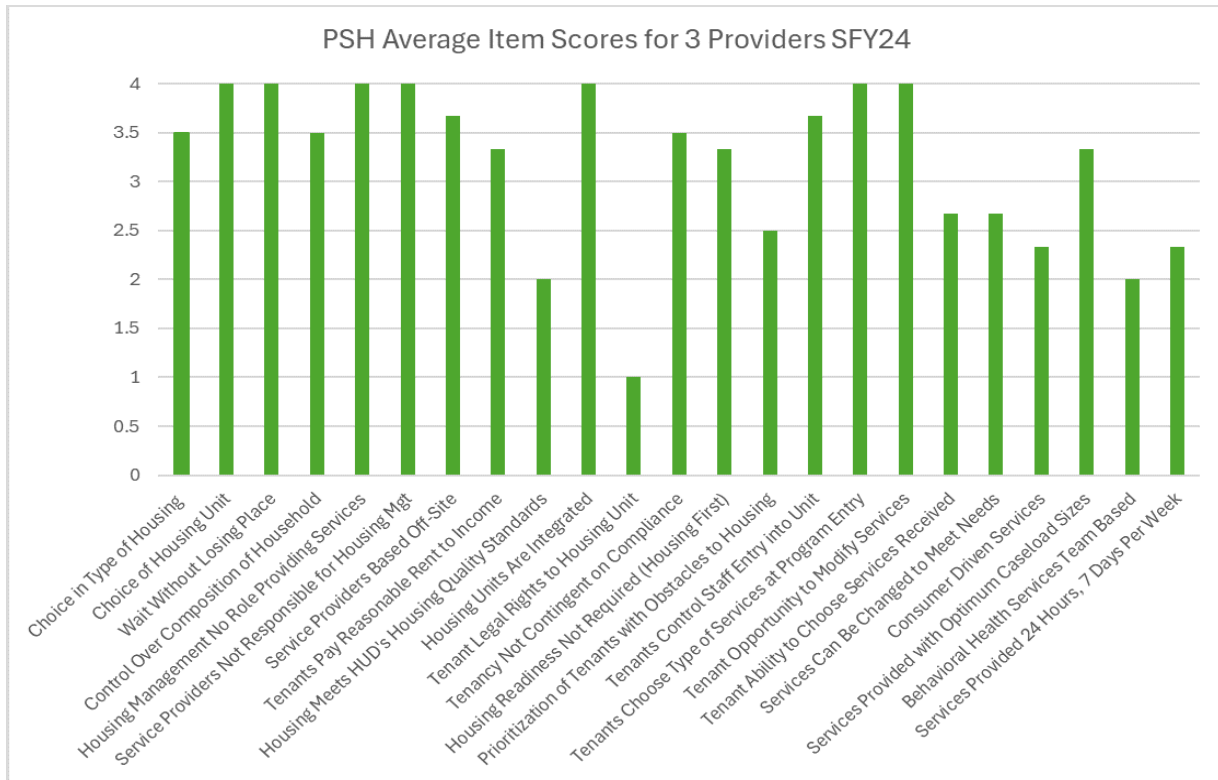
[Permanent Supportive Housing (PSH) Reviews: Overall Scoring Trends]

In the EBP of PSH, members at the highest risk relating to housing stability, e.g., unhoused or at risk of losing housing, are provided support and rental subsidies, when indicated, to find and maintain safe affordable housing. PSH programs assist members to find housing in their communities rather than in housing set aside for persons with disabilities. PSH programs provide services to help the members maintain affordable and safe housing through teaching skills required such as budgeting, meal planning, and how to perform household tasks like regular cleaning. PSH programs provide support and advocacy alongside members when issues arise with landlords.

[Permanent Supportive Housing (PSH): SFY 2024 Summary Findings – Successes]

The highest scoring PSH items across providers include:

- *Choice of Housing Unit* – Providers find units in complexes that allow members a choice in units. Members are not segregated to specific areas within housing or apartment complexes.

- *Ability to Wait Without Losing Their Place in Line* – When members are not satisfied with the housing options available, providers allow members the option to wait for a more desirable unit without penalty.

- *Housing Management Providers Do Not Have Any Authority or Formal Role in Providing Social Services* and *Service Providers Do Not Have Any Responsibility for Housing Management Functions* - Property management remains in their role and does not crossover into social service delivery. Social services staff remain in their role and do not crossover into housing management.

- *Housing Units Are Integrated* – Providers find housing for members that is integrated into the community rather than in clustered units set aside for persons with disabilities.

- *Tenancy is Not Contingent on Compliance With Program Provisions* – Providers do not hold members to special rules when participating in the program. Members can maintain tenancy even when they decline services from the provider or an integrated behavioral health program clinic.

- *Tenants Choose the Type of Services They Want at Program Entry* – Integrated behavioral health program clinics ensure members are informed about the services available to them when enrolling in the integrated behavioral health program clinic, allowing them to select from a variety of services.

- *Tenants Have the Opportunity to Modify Services Selection* – After enrolling with integrated behavioral health program clinics, members can adjust service plans based on changes in their needs and preferences. Providers recognize that members' needs change and provide regular review of service plans to adjust services provided.

[Permanent Supportive Housing (PSH): SFY 2024 Summary Findings - Opportunity for Improvement](#)

Average scores across providers are lower for several PSH fidelity items. Areas to target to improve program fidelity include:

- *Housing Meets Housing and Urban Development's (HUD) Housing Quality Standards* – Annual completion of HUD Housing Quality Standards assess housing quality, performance requirements, and acceptability criteria. All units must meet the basic standards when a Housing Choice Voucher is used to subsidize rent. Providers that scored lower have fewer copies of current and completed assessments on file.

  o Considerations for improvement: Consider options beyond current practices to ensure all units occupied by members, including those units not subsidized by a Housing Choice Voucher, meet federal safety guidelines. System partners may consider developing a shared service to complete safety inspections utilizing the federally established tool.

- *Tenants Have Legal Rights to the Housing Unit* – In recent years, during and following the public health emergency, providers have inconsistently obtained copies of tenant leases at initiation or at lease-ups. Without the ability to reference tenants' specific leases, programs

are likely to be less effective at educating tenants on legal rental. Tenants who can reference their leases are better informed of their responsibilities and are less likely to commit violations which put them at risk of eviction. When providers have a copy of tenants' leases, they are better equipped to support tenancy rights and advocate on behalf of the tenant with property management.

- o Considerations for improvement: Evaluate methods of obtaining tenants' leases. Prioritize educating members on the value of PSH staff attending lease signings. Consider creating a tracking system to notify staff and tenants when lease ups are due to begin discussing lease options and to set expectations that staff plan to accompany member for support. In cases where members reside with family or friends and may not have a lease, it is recommended that providers encourage the use of a lease agreement to protect tenants' rights.

- *Services Are Member Driven* – Providers offer few opportunities to members to provide feedback on the implementation of the program. As advocates for safe and affordable housing, providers should involve members participating in services with PSH programs in program development and future planning processes.

  - o Considerations for improvement: Develop multiple avenues to gather input and feedback from members into the delivery of the program and how to best seek their input.

- *Behavioral Health Services Are Team Based* – On average, programs scored low in coordination of member care with other service providers, i.e., integrated behavioral health program clinics. Timely information relating to members' mental health status changes may help to provide a wraparound support network when vitally needed, not possible from programs working in silos.

  - o Considerations for improvement: Increase contact with members' service providers and document results in member records. Consider a protocol of peer review of colleagues' documentation to support best practice of timely entering of contacts made and services delivered.

- *Services Are Provided 24 Hours, 7 Days Per Week* – One provider scored low on this item and does not provide any services after hours or on the weekends to members.

  - o Considerations for improvement: Increase the availability of PSH staff to provide access to services 24 hours, 7 days a week. PSH staff who have relationships with members they serve provide more effective crisis support than external community providers. Consider having staff available by phone, at a minimum, as a step toward meeting members' needs. Provide members with information about after-hours availability and include contact information in the program brochure.

- Copa Health
- Focus Employment Services
- Lifewell Behavioral Wellness

Provider Scores:

The graph below illustrates scores for each SE team reviewed in SFY 2024.
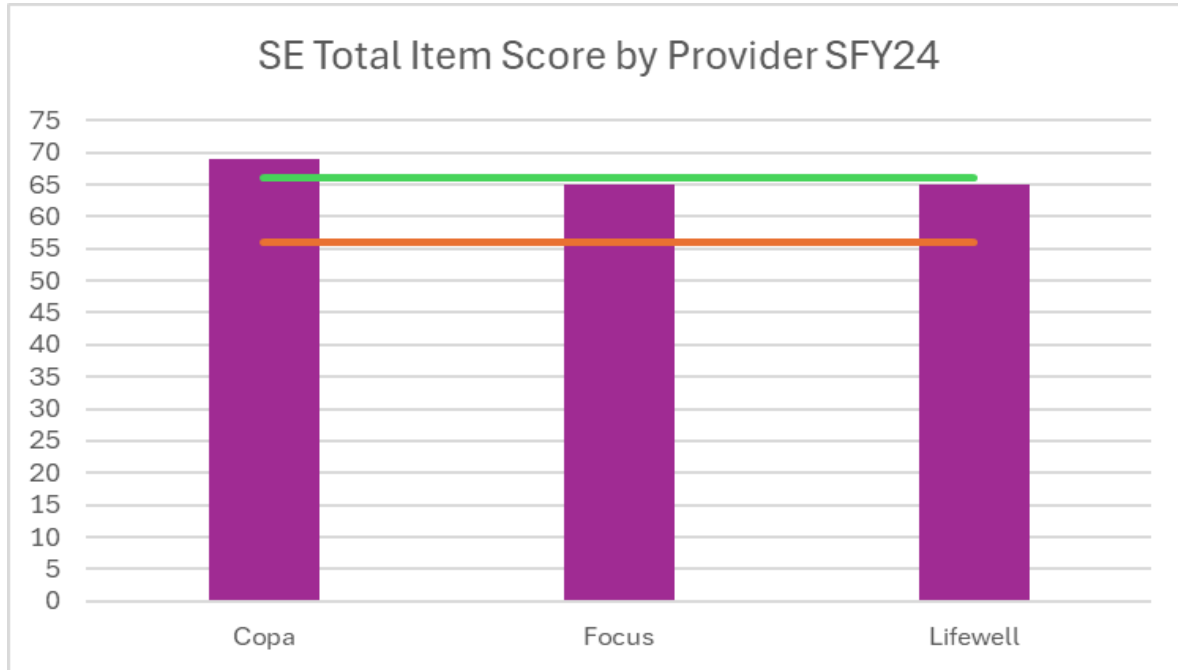
- All providers in SFY24 achieved a score of 56 or better, indicated by the lower orange line in the graph above, which SAMHSA defines as "fair implementation" on the SE fidelity rating scale.
- One provider, Copa Health, exceeded SAMHSA's rating of 66, shown by the upper green line, which indicates "good implementation" of the SE model.
- The remaining two providers, Focus and Lifewell, rated at the top of the "fair implementation" range.

Supported Employment (SE) Item Level Scores

Each item on the SE fidelity review scale is rated on a 5-point scale ranging from 1 "Not implemented" to 5 "Fully implemented". The graph below lists each item beneath the average score.

SE Average Item Score Across 3 Providers SFY24
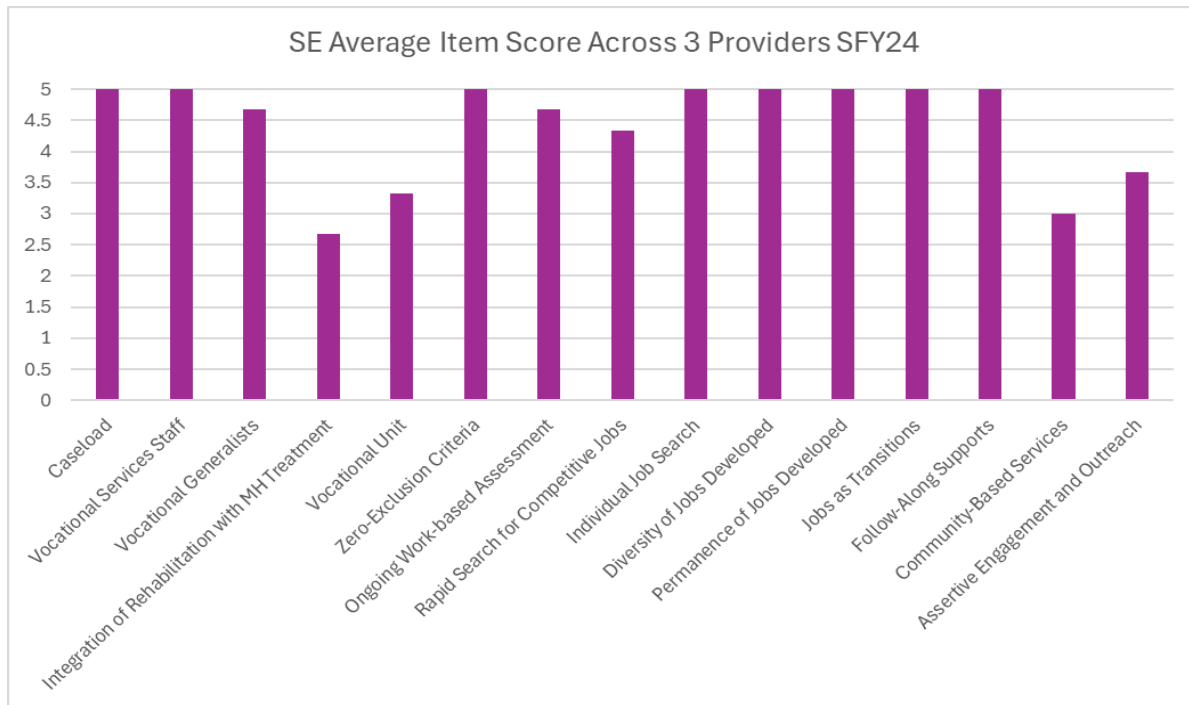
Supported Employment (SE) Reviews: Overall Scoring Trends

In the EBP of SE, members expressing a desire to work are encouraged by service providers to explore options. Members are best supported by receiving speedy referrals to SE programs. SE programs help members to apply for positions that the member has expressed interest in within 30 days of intake. SE staff utilize a team approach as they work alongside members in the community exploring work options. Upon employment, the SE program continues to support the member which may include on-site job supports and joint meetings with the member and their employer to request accommodations to the work schedule.

Supported Employment (SE): SFY 2024 Summary Findings – Successes

The highest scoring fidelity items across SE programs include:

- *Vocational Services Staff* – Employment Specialists do not have other duties that interfere with service delivery to program members. Employment Specialists have the ability to focus on supporting members to find and keep employment.

- *Zero-Exclusion* – Staff at integrated behavioral health program clinics support members when expressing a desire to work. Members receive support in their motivation to seek employment even when there may be traditionally identified barriers such as substance use, or inconsistency in taking prescribed medications.

- *Ongoing Work-Based Assessment* – When members obtain work, the SE programs provide work-based assessment, providing members with immediate feedback to support employment retention. Providers utilize vocational profiles to track progress and changes in member needs and preferences in work.

- *Rapid Search for Competitive Jobs* – Providers scored well in assisting members to rapidly search for work upon enrollment in the program. The scores appear to correlate with having appropriately sized caseloads for staff providing job search activities. Programs supported members to meet in-person with a competitive employer within the first 30 days of program intake, acting on the member's motivation.

[Supported Employment (SE): SFY 2024 Summary Findings- Opportunity for Improvement](#)

Average scores across providers are low for five SE fidelity items. Areas to target to improve

program fidelity include:

- *Integration of Rehabilitation Services with Mental Health Treatment* – Programs continue to struggle with close coordination of care with integrated behavioral health program clinics. Some programs have co-located staff at clinics with varied results.

  - Considerations for improvement: The system structure does not support an integrated treatment team approach when SE providers and outpatient integrated behavioral health clinics are separate contractors of member services. Improve coordination of member care among treatment providers. System partners may consider convening to identify model programs to glean practices which support coordination of member care between providers.

- *Vocational Unit* – All providers were scored down for this item.

  - Considerations for improvement: SE programs should be designed to allow staff providing services to assist and step in as needed when members are assigned to other staff. This is more than providing coverage when others are on personal time off. Increase diverse staff involvement in members' employment efforts. Members benefit from interaction with a variety of staff when seeking and retaining employment.

- *Community-Based Services* – Not all programs met this measure. Programs with high fidelity deliver the vast majority of services in the community where jobs are located. Meeting with members in the protected environments of clinics and SE offices does not provide members with real-world experience. Accompanying members in the community to inquire about jobs, meeting with hiring managers, and providing on-site job support, are examples of effective practices.

  - Considerations for improvement: Increase the delivery of services in the community where jobs are located. Ideally, 70% or more of SE services occur in the community. Providing employment support in the community, where jobs are, has better outcomes for members.

- *Assertive Engagement and Outreach* – All programs received less than a score of five on this item and have room to improve implementation of the model.

  - o Considerations for improvement: When a member misses an appointment, the SE program should reach out to the member, their natural supports, and the clinical team, when necessary, to re-engage in employment services. This includes outreaching to members in their natural settings, including home or other community environments.

Assertive Community Treatment (ACT)

Assertive Community Treatment	Community Bridges, Inc. Forensic ACT 2	Community Bridges Inc. 99th Avenue	Copa Health Medical ACT	Copa Health West Valley	La Frontera-EMPACT Capitol Center	La Frontera-EMPACT Tempe	Lifewell Behavioral Wellness South Mountain	Southwest Network Northern Star	Southwest Network – Saguaro	Southwest Network – San Tan	Terros 23rd Avenue Recovery Center ACT 2	Terros 51st Avenue Recovery Center
Year 10 (SFY24) Score	92	95	126	110	112	110	103	121	110	128	131	124
Percent Compliance	65.7%	67.8%	90.0%	78.5%	80.0%	78.5%	73.5%	86.4%	78.5%	91.4%	93.5%	88.5%
Average Item Score	3.29	3.39	4.5	3.93	3.96	3.93	3.68	4.32	3.93	4.57	4.68	4.43
Year 9 (SFY23) Score		103		102			97					
Percent Compliance		73.6%		72.9%			69.3%					
Average Item Score		3.68		3.64			3.46					
Year 8 (SFY22) Score			119							116		
Percent Compliance			85.0%							82.9%		
Average Item Score			4.25							4.14		
Year 7 (SFY21) Score	113	111		110	115	114	102	118	116		120	111
Percent Compliance	80.7%	79.3%		78.6%	82.1%	81.4%	72.9%	84.3%	82.9%		85.7%	79.3%
Average Item Score	4.04	3.96		3.93	4.11	4.07	3.64	4.21	4.14		4.29	3.96
Year 6 (SFY20) Score			119							119		
Percent Compliance			85.0%							85.0%		
Average Item Score			4.25							4.25		
Year 5 (SFY19) Score	114	114		120			104	118	110		106	105
Percent Compliance	81.4%	81.4%		85.7%			74.3%	84.3%	78.6%		75.7%	75.0%
Average Item Score	4.1	4.07		4.29			3.7	4.21	3.9		3.8	3.75
Year 4 (SFY18) Score	108	105	125	111	115	115	105	109	111	126	109	110
Percent Compliance	77.1%	75.0%	89.3%	79.3%	82.1%	82.1%	75.0%	77.9%	79.3%	90.0%	77.9%	78.6%
Average Item Score	3.86	3.75	4.46	3.96	4.11	4.11	3.75	3.89	3.96	4.5	3.89	3.93
Year 3 (SFY17) Score	108	91	128	92	113	109	96	90	104	115	113	96
Percent Compliance	77.1%	65.0%	91.4%	65.7%	80.7%	77.9%	68.6%	64.3%	74.3%	82.1%	80.7%	68.6%
Average Item Score	3.86	3.25	4.57	3.29	4.04	3.89	3.43	3.21	3.71	4.11	4.03	3.43
Year 2 (SFY16) Score	114		113	115	103		104	97	93	101	99	114
Percent Compliance	81.4%		80.7%	82.1%	73.6%		74.3%	69.3%	66.4%	72.1%	70.7%	81.4%
Average Item Score	4.07		4.04	4.11	3.68		3.71	3.46	3.32	3.61	3.54	4.07
Year 1 (SFY15) Score	111			109	81		112	103		110		112
Percent Compliance	79.3%			77.9%	57.9%		80.0%	73.6%		78.6%		80.0%
Average Item Score	3.96			3.89	2.89		4	3.68		3.93		4

---

[1] Blank cells denote years program not reviewed.

Assertive Community Treatment	Community Bridges, Inc. Avondale	Community Bridges, Inc. Forensic ACT 1	Community Bridges, Inc. Forensic – Team Three	Community Bridges Inc. Mesa Heritage	Copa Health Gateway	Copa Health Metro Omega	Copa Health Metro Varsity	Lifewell Behavioral Wellness Desert Cove	Terros 23rd Avenue Recovery Center ACT 1	Terros Priest	Valleywise Health Mesa Riverview	La Frontera-EMPACT Comunidad
Year 10 (SFY24) Score												
Percent Compliance												
Average Item Score												
Year 9 (SFY23) Score	86	99	84	94	109	111	105	93	115	110	117	
Percent Compliance	61.4%	70.7%	60.0%	67.1%	77.9%	79.3%	75.0%	66.4%	82.1%	78.6%	83.6%	
Average Item Score	3.07	3.54	3	3.36	3.89	3.96	3.75	3.32	4.11	3.93	4.18	
Year 8 (SFY22) Score	105	108		98	105	106		110		101	104	116
Percent Compliance	75.0%	77.1%		70.0%	75.0%	75.7%		78.6%		72.0%	74.3%	82.9%
Average Item Score	3.75	3.86		3.5	3.75	3.79		3.93		3.61	3.71	4.14
Year 7 (SFY21) Score			93				105		111			
Percent Compliance			66.4%				75.0%		79.3%			
Average Item Score			3.32				3.75		3.96			
Year 6 (SFY20) Score	106	119		103		113		112		105	120	121
Percent Compliance	75.7%	85.0%		73.6%		80.7%		80.0%		75.0%	85.7%	86.4%
Average Item Score	3.79	4.25		3.68		4.04		4		3.75	4.29	4.32
Year 5 (SFY19) Score			110		90		105		106			
Percent Compliance			78.6%		64.3%		75.0%		75.7%			
Average Item Score			3.9		3.2		3.75		3.8			
Year 4 (SFY18) Score	118	121	111	110	102	122	96	119	104	121	114	120
Percent Compliance	84.3%	86.4%	79.3%	78.6%	72.9%	87.1%	68.6%	85.0%	74.3%	86.4%	81.4%	85.7%
Average Item Score	4.21	4.32	3.96	3.93	3.64	4.36	3.43	4.25	3.71	4.32	4.07	4.29
Year 3 (SFY17) Score	113	116	110	106	106	112	103	110	109	117		119
Percent Compliance	80.7%	82.9%	78.6%	75.7%	75.7%	80.0%	73.6%	78.6%	77.9%	83.6%		85.0%
Average Item Score	4.03	4.14	3.93	3.79	3.79	4	3.68	3.93	3.89	4.18		4.25
Year 2 (SFY16) Score		117		99	98	115	100	110	111	101		90
Percent Compliance		83.6%		70.7%	70.0%	82.1%	71.4%	78.6%	79.3%	72.1%		64.3%
Average Item Score		4.18		3.54	3.5	4.1	3.57	3.92	3.96	3.6		3.21
Year 1 (SFY15) Score				114	90	98	111	97	109	97		114
Percent Compliance				81.4%	64.3%	70.0%	79.3%	69.3%	77.9%	69.3%		81.4%
Average Item Score				4.07	3.21	3.5	3.96	3.46	3.89	3.46		4.07

Consumer Operated Services (COS)

Consumer Operated Services	REN	Star-All Sites	CHR	Hope Lives	Star-Central	Star-East	Star-West
Year 10 (SFY24) Score	206	204					
Percent Compliance	99.0%	98.0%					
Year 9 (SFY23) Score			206	187			
Percent Compliance			99.0%	89.9%			
Year 8 (SFY22) Score	206	201					
Percent Compliance	99.0%	96.6%					
Year 7 (SFY21) Score		204	204	198			
Percent Compliance		98.1%	98.1%	95.2%			
Year 6 (SFY20) Score	205						
Percent Compliance	98.6%						
Year 5 (SFY19) Score			203	197			
Percent Compliance			97.6%	94.7%			
Year 4 (SFY18) Score	201	200	205	190			
Percent Compliance	96.6%	96.2%	98.6%	91.3%			
Year 3 (SFY17) Score	198		204	192	194	194	196
Percent Compliance	95.2%		98.1%	92.3%	93.3%	93.3%	94.2%
Year 2 (SFY16) Score	198		204	186	177	197	188
Percent Compliance	95.2%		98.1%	89.4%	85.1%	94.7%	90.4%
Year 1 (SFY15) Score	199		187	187	166	179	166
Percent Compliance	95.7%		89.9%	89.9%	79.8%	86.1%	79.8%

Permanent Supportive Housing (PSH)

Permanent Supportive Housing	AHCCMS	CBI	Copa	Resilient Health	Southwest Behavioral & Health Services	RI Int.	Marc	Lifewell	CFSS	Horizon Health and Wellness	Terros	PIR
Year 10 (SFY24) Score	24.92	22.5	20.5									
Percent Compliance	89.0%	80.4%	73.2%									
Year 9 (SFY23) Score				22.67	23.05							
Percent Compliance				81.0%	82.3%							
Year 8 (SFY22) Score		22.93	22.13			26.05						
Percent Compliance		81.9%	79.0%			93.0%						
Year 7 (SFY21) Score	23.08		23.01	20.68	22.05							
Percent Compliance	82.4%		82.2%	73.9%	78.8%							
Year 6 (SFY20) Score		23.67				27.13						
Percent Compliance		84.5%				96.9%						
Year 5 (SFY19) Score	22.42			20.8	22.05							
Percent Compliance	80.1%			74.3%	78.8%							
Year 4 (SFY18) Score	21.42	23.3		20.88	22.25	25.75	22.5					
Percent Compliance	76.5%	83.2%		74.6%	79.5%	92.0%	80.4%					
Year 3 (SFY17) Score	20.21	22.26		21.67	21.8	25.88	22.8	20.46				
Percent Compliance	72.2%	79.5%		77.4%	77.9%	92.4%	81.4%	73.1%				
Year 2 (SFY16) Score	18.38	23.75		20.45	21.8	24.88	20.24	20.09	16.88	16.43	14.67	
Percent Compliance	65.6%	84.8%		73.0%	77.9%	88.9%	72.3%	71.8%	60.3%	58.7%	52.4%	
Year 1 (SFY15) Score	13.07			12.3	13.88	22.74	19.2	18.8	13.3	14.01	13.67	15.97
Percent Compliance	46.7%			43.9%	49.6%	81.2%	68.6%	67.1%	47.5%	50.0%	48.8%	57.0%

Supported Employment (SE)

Supported Employment	Copa (Marc)	Focus	Lifewell	REN	Wedco	Beacon	Valley Life	DK Advocates
Year 10 (SFY24) Score	69	65	65					
Percent Compliance	92.0%	86.6%	86.6%					
Average Item Score	4.6	4.33	4.33					
Year 9 (SFY23) Score				59	60			
Percent Compliance				78.7%	80.0%			
Average Item Score				3.93	4			
Year 8 (SFY22) Score	63					63	69	
Percent Compliance	84.0%					84.0%	92.0%	
Average Item Score	4.2					4.2	4.6	
Year 7 (SFY22) Score		67	62	53	61			
Percent Compliance		89.3%	82.7%	70.7%	81.3%			
Average Item Score		4.47	4.13	3.53	4.07			
Year 6 (SFY20) Score	68					62	71	
Year 5 (SFY19) Score		69	60	63	60			
Percent Compliance		92.0%	80.0%	84.0%	80.0%			
Year 4 (SFY18) Score	67	59	60	55	63	63	66	
Percent Compliance	89.3%	78.7%	80.0%	73.3%	84.0%	84.0%	88.0%	
Year 3 (SFY19) Score	66	61	50	46	63	68	63	
Percent Compliance	88.0%	81.3%	66.7%	61.3%	84.0%	90.7%	84.0%	
Year 2 (SFY16) Score	63	55	61		61	60	65	
Percent Compliance	84.0%	73.3%	81.3%		81.3%	80.0%	86.7%	
Year 1 (SFY15) Score	41	58	57		47	51	51	38
Percent Compliance	54.7%	77.3%	76.0%		62.7%	68.0%	68.0%	50.7%

Current Provider Name (ACT)	Previous Program Name
Terros Health Priest Recovery Center	• Terros Enclave • Choices - Enclave
Community Bridges Inc. Mesa Heritage	• Southwest Network Mesa Heritage Clinic • Southwest Network Hampton Clinic
Copa Health Gateway	• Chicanos Por La Causa Centro Esperanza • People of Color Network
Copa Health Metro Omega	• Partners in Recovery Metro Center Omega
Lifewell Behavioral Wellness Desert Cove	• Lifewell Behavioral Wellness Royal Palms • Southwest Network – Royal Palms • Southwest Network –Bethany Village
Valleywise Health Mesa Riverview	• Maricopa Integrated Health System Mesa Riverview
Lifewell Behavioral Wellness South Mountain	• Lifewell Behavioral Wellness • Lifewell South Central • Choices Network South Central
Copa Health West Valley	• Partners in Recovery West Valley Adult Clinic
Copa Health Metro Varsity	• Partners in Recovery Metro Varsity
Terros Health 23rd Avenue Recovery Center ACT 1	• Terros Townley • Choices Network– Townley Center
Community Bridges Inc. 99th Avenue	• Chicanos Por La Causa Maryvale
La Frontera-EMPACT Comunidad	• People of Color Network Comunidad
Copa Health Medical ACT	• Copa Health Indian School Medical ACT • Partners in Recovery West Indian School Medical Specialty ACT • Partners in Recovery Arrowhead Medical Specialty ACT
Southwest Network Northern Star	• Southwest Network - Osborn Adult Clinic
Terros Health 51st Avenue Recovery Center	• Terros West McDowell • Choices Network West McDowell
Community Bridges, Inc. Forensic ACT 2	• People of Color Network Comunidad Forensic ACT
La Frontera-EMPACT Capitol Center	• People of Color Network Capitol Center
Terros 23rd Avenue Recovery Center ACT 2	• Terros Dunlap • Circle the City
La Frontera-EMPACT Tempe	• La Frontera-EMPACT Madison
Current Provider Name (PSH)	**Previous Program Name**
Resilient Health	• People/ Service/ Action
Copa Health	• MARC Center & PIR merger
Horizon Health and Wellness	• Mountain Health and Wellness
Current Provider Name (COS)	**Previous Program Name**
Center for Health and Recovery	• Center for Health Empowerment Education Employment Recovery Services