

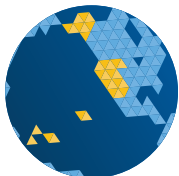


FY23 (YEAR 9)

EVIDENCE-BASED PRACTICES FIDELITY PROJECT

QUALITY IMPROVEMENT REPORT

WITH ARIZONA HEALTH CARE
CONTAINMENT SYSTEM



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Introduction

In January 2014, a key part of the *Arnold vs. Sarn* settlement agreement was 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, persons with a Serious Mental Illness determination living in Maricopa County receiving services will be referred to as “members.” The four EBPs are Assertive Community Treatment (ACT), Supported Employment (SE), Consumer Operated Services (COS), and Permanent Supportive Housing (PSH). Training was presented to providers in order to improve services by more closely adhering to fidelity protocols established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

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). Since FY 2014-2015, Western Interstate Commission for Higher Education – Behavioral Health Program (WICHE-BHP) has conducted annual fidelity reviews for the four EBPs as stipulated in the *Arnold vs. Sarn* settlement agreement.

Project Implementation

For FY 2022-2023 (Year 9), WICHE-BHP conducted a total of twenty (20) fidelity reviews for the following EBPs.

- Assertive Community Treatment (ACT) -14 reviews
- Consumer Operated Services (COS)- 2 reviews
- Supported Employment (SE) - 2 reviews
- Permanent Supportive Housing (PSH) - 2 reviews

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, as needed, AHCCCS project manager and staff were invited to monthly WICHE-BHP fidelity review team meetings. 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 review specific issues and/or concerns.

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 utilized in Year 9. 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 as follows:

- The team formulates all provider correspondence with necessary data collection tools to accurately conduct reviews across four 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 up to four (4) day review 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 via email to the provider point of contact.
- Providers are offered an opportunity to respond to the report in writing. 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.

Methodology Notes:

Fidelity reviews continue to be conducted virtually using a modified protocol. The virtual fidelity reviews include member and provider interviews conducted virtually, and remote review of member records. Prior to Year 7 all reviews were facilitated on site at the provider location. Virtual/remote fidelity reviews require considerable coordination between providers and the WICHE-BHP reviewers. This coordination involved scheduling and conducting all interviews virtually with both staff and members, conducting chart reviews electronically, and reviewing all documents off-site. *The WICHE-BHP reviewers would like to thank all the providers for their cooperation.* SAMHSA Fidelity Review Tools do not recognize telehealth as an acceptable mode of service delivery. AHCCCS has allowed credit to be given for telehealth psychiatric services. In addition, the tool allows for the description of a *psychiatric prescriber* to include Psychiatric

Nurse Practitioners. *Health home* is used throughout the report to refer to behavioral health clinics referred to in past reports.

Summary of Findings from the Fidelity Reviews

The findings from Year 9 FY 2022-23 fidelity reviews conducted September 2022 through June 2023 for each EBP are contained in each corresponding EBP section. Each fidelity item is rated, and the data is color coded with the darkest shade identifying full implantation high fidelity to the model with little room for improvement and gradient shading indicating movement toward successful implementation. The overall strengths and opportunities for improvement are identified for each of the evidence-based practices following the item level scoring tables. 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. The overall score summary tables for Years 1-9 are included in Appendix A.

Assertive Community Treatment (ACT) Reviews Completed FY 2022-2023

- ✓ Terros Priest Drive Recovery Center
- ✓ Community Bridges, Inc. Mesa Heritage
- ✓ Copa Health West Valley
- ✓ Copa Health Gateway
- ✓ Copa Health Metro Omega
- ✓ Lifewell Behavioral Wellness Desert Cove
- ✓ Community Bridges, Inc. Forensic ACT 1
- ✓ Community Bridges, Inc. Avondale
- ✓ Valleywise Health Mesa Riverview
- ✓ Lifewell Behavioral Wellness South Mountain
- ✓ Copa Health Metro Varsity
- ✓ Terros 23rd Avenue Recovery Center ACT 1
- ✓ Community Bridges, Inc. 99th Avenue
- ✓ Community Bridges, Inc. Forensic ACT 3

Assertive Community Treatment (ACT) Item Level Scores

Each item on the ACT fidelity review scale is rated on a 5-point scale ranging from 1 (“Not implemented”) to 5 (“Fully implemented”). To identify the areas of success, items scoring 5, 4 or 3 are highlighted in blue.

Assertive Community Treatment	Terros Priest Recovery Center	Community Bridges, Inc. Mesa Heritage	Copa Health Gateway	Copa Health Metro Omega	Lifewell Behavioral Wellness Desert Cove	Community Bridges, Inc. Forensic ACT 1	Community Bridges, Inc. Avondale	Valleywise Mesa Riverview	Lifewell Behavioral Wellness South Mountain	Copa Health West Valley	Copa Health Metro Varsity	Terros 23rd Avenue Recovery Ctr ACT 1	Community Bridges, Inc. 99th Avenue	Community Bridges, Inc. Forensic ACT 3
Human Resources														
Small Caseload	5	4	4	4	4	5	4	5	5	4	4	5	5	4
Team Approach	4	4	4	3	3	3	2	5	3	3	4	4	4	1
Program Meeting	5	5	5	5	5	4	5	5	5	5	4	5	5	4
Practicing ACT Leader	4	2	2	5	1	2	5	3	2	4	4	4	2	2
Continuity of Staffing	4	2	3	3	2	3	2	4	1	2	3	2	3	1
Staff Capacity	4	2	4	3	3	2	2	4	3	2	3	4	2	2
Psychiatrist/Psychiatric Prescriber on Team	5	5	5	5	5	3	4	5	5	5	2	5	5	2
Nurse on Team	5	3	5	5	5	4	3	5	5	1	5	5	4	2
Co-Occurring Specialist on Team	4	1	3	4	1	4	1	5	1	4	3	5	4	5
Vocational Specialist on Team	3	2	3	1	5	4	2	4	5	3	3	4	1	1
Program Size	5	3	4	5	3	4	3	5	5	4	4	5	4	3
Organizational Boundaries														
Explicit Admission Criteria	5	5	5	5	2	5	5	5	5	5	5	5	5	5
Intake Rate	5	5	5	5	4	5	5	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	4	4	3	4	4	2	4	3	4	4	5	4	4
Responsibility for Crisis Services	5	5	5	5	5	5	5	5	5	5	5	4	5	5
Responsibility for Hospital Admissions	4	3	4	4	3	3	3	4	3	3	4	4	4	3
Responsibility for Hospital Discharge Planning	4	4	4	4	3	3	3	4	4	4	3	5	4	5
Time-Unlimited Services	5	5	4	5	5	5	5	5	5	5	5	5	4	5
Nature of Services														
Community-Based Services	4	4	3	1	4	4	1	4	1	4	2	2	3	1
No Drop-out Policy	5	5	5	5	4	4	4	5	4	5	5	5	4	4
Assertive Engagement Mechanisms	3	5	3	5	5	5	3	5	3	4	4	4	4	3
Intensity of Service	2	1	2	4	2	1	2	2	2	2	3	3	2	1
Frequency of Contact	2	2	2	4	2	1	1	3	2	2	3	3	2	1
Work with Support System	1	2	3	3	3	2	2	3	2	3	4	5	3	2
Individualized Co-Occurring Disorder Treatment	2	2	4	4	1	4	2	3	2	3	3	3	4	4
Co-Occurring Disorders Treatment Groups	3	1	5	2	1	2	2	2	2	2	3	4	2	1
Co-Occurring Disorders/Dual Disorders Model	3	3	4	4	3	3	3	3	4	4	3	4	4	3
Role of Consumers on Treatment Team	5	5	5	5	5	5	5	5	5	5	5	1	5	5
Year 9 (FY 22-23) Total Score	110	94	109	111	93	99	86	117	97	102	105	115	103	84
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percent Compliance	78.6%	67.1%	77.9%	79.3%	66.4%	70.7%	61.4%	83.6%	69.3%	72.9%	75.0%	82.1%	73.6%	60.0%
Average Item Score	3.93	3.36	3.89	3.96	3.32	3.54	3.07	4.18	3.46	3.64	3.75	4.11	3.68	3.00

Assertive Community Treatment (ACT) Reviews: Overall Scoring Trends

ACT Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Lowest Score	57.9%	64.3%	64.3%	68.6%	64.3%	73.6%	66.4%	70.0%	60.0%
Highest Score	81.4%	83.6%	91.4%	90.0%	85.7%	86.4%	85.7%	85.0%	83.6%
Overall Score	74.7%	75.0%	76.9%	80.6%	77.5%	81.2%	79.1%	77.1%	72.7%
Number reviewed	15	19	23	24	12	10	13	11	14

■ Denotes results from years reviews were conducted in-person

Assertive Community Treatment (ACT): FY 2022-2023 Summary Findings- Successes

- Although some teams struggle with retaining staff, overall, the member to *staff ratio* remains near appropriate levels to provide adequate diversity and intensity of service delivery to members.
- Overall, delivery of services to members by *Team Leads* has increased. Some of those services include providing general counseling, accompanying prescribers on home visits to members, and facilitating groups.
- Most *psychiatric prescribers* are dedicated to assigned teams without competing outside responsibilities. Several prescribers have returned to meeting members in their communities and homes as well as visiting them while inpatient at psychiatric units. Other prescribers remain delivering services via telehealth. Most teams acknowledge providing telehealth services by the prescriber when requested by members, but rarely, if at all, by other staff.
- Staffing rates of nurse positions are increasing. Ten of the fourteen teams were appropriately, or nearly appropriately, staffed when considering the number of members assigned to the team. Most teams offer a 4-day 10-hour work week as a retention strategy. For teams with two nurses, days off are staggered to ensure coverage availability which sometimes includes weekends, similarly seen with specialist staff.
- Ninety-three percent of teams reviewed scored the highest rating possible (5) for providing *crisis services* to members. Teams are available 24/7, providing support via de-escalation by phone and, if needed, will meet with members in the community.
- Teams provide consistent and continuous care for members by sustaining low *admission* rates and low *drop-out* rates, supporting continuity of care.
- Coordination for psychiatric *hospital admissions* when members are first admitted is increasing from previous years.

Assertive Community Treatment (ACT): FY 2022-2023 Summary Findings- Opportunities for Improvement

- Workforce shortages and turnover continue to impact ACT teams:
 - It is challenging for teams to provide *intensive and frequent* services impacting their ability to respond to individual member needs. Higher frequency of meaningful contact correlates to improved outcomes.

- Many services are provided in the office rather than being *community-based*. Several teams scored the lowest possible score for this item.
- Although teams are expanding the offering of a 4-day 10-hour work week as a retention strategy, *continuity of staffing* and *staff capacity* rates are decreasing. Reduced staffing creates an additional burden for those staff left on the team. The same amount of work is required regardless of staff vacancies.
- Only two of the fourteen teams are adequately staffed with fully trained *vocational personnel* that are able to assist members in finding and keeping employment.
- Fifty percent of teams are adequately staffed with fully trained personnel to provide *co-occurring mental health* and substance use disorder treatment.
 - Four of the teams had no staff to provide the service menu, i.e., individualized substance use treatment, group substance use treatment.
- Several teams indicate challenges to ensure timely documentation of services provided being entered into member records.
- Although case ratios remain nearly ideal, teams struggle to deliver services with a team approach. Utilizing the *team approach*, rather than a case assignment, allows members the opportunity to interact with staff with diverse experiences, skills, and knowledge and works to reduce the potential burden for staff.
- Decreases in the level of team involvement in psychiatric *hospital discharge* planning were noted in year nine.

Consumer Operated Services (COS) Fidelity Reviews Completed FY 2022-2023

- ✓ Center for Health and Recovery (CHR)
- ✓ Hope Lives/Vive la Esperanza (Hope Lives)

Consumer Operated Services (COS) Item Level Scores

Items on the COS fidelity review scale are rated on a 1-4 or 1-5 points scale. The point scale ranges from 1 (“Not implemented”) to 4/5 (“Fully implemented”). To identify the area of success, items scoring 5, 4 or 3 are highlighted in blue.

Consumer Operated Services	Score Range	CHR	Hope Lives
Structure			
Board Participation	1-5	5	2
Consumer Staff	1-5	5	4
Hiring Decisions	1-4	4	3
Budget Control	1-4	4	1
Volunteer Opportunities	1-5	5	5
Planning Input	1-5	5	5
Satisfaction/Grievance Response	1-5	5	5
Linkage with Traditional MH Services	1-5	5	3
Linkage with other COS Programs	1-5	5	3
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	5
Cost	1-5	5	5
Reasonable Accommodation	1-4	4	2
Lack of Coerciveness	1-5	5	4
Program Rules	1-5	5	5
Physical Environment	1-4	4	2
Social Environment	1-5	5	4
Sense of Community	1-4	4	4
Timeframes	1-4	4	4
Belief Systems			
Peer Principle	1-4	4	4
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	4	4

Consumer Operated Services	Score Range	CHR	Hope Lives
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	5
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	5	4
Advocacy			
Formal Self Advocacy	1-5	5	5
Peer Advocacy	1-5	5	5
Outreach to Participants	1-5	5	3
Year 9		206	187
Total Possible		208	208
Percent Compliance		99.0%	89.9%

Consumer Operated Services (COS): Overall Scoring Trends

COS Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Lowest Rating	79.8%	85.1%	92.3%	91.3%	94.7%	98.6%	95.2%	96.6%	89.9%
Highest Rating	95.7%	98.1%	98.1%	98.6%	97.6%	98.6%	98.1%	99.0%	99.0%
Overall Average	86.9%	91.7%	94.4%	95.7%	96.2%	98.6%	97.1%	97.8%	94.5%
Number reviewed	6	6	6	4	2	1	3	2	2

■ Denotes results from years reviews were conducted in-person

Consumer Operated Services (COS): FY 2022-2023 Summary Findings- Successes

- Participants in the programs reviewed developed a strong *sense of community* and unanimity surrounding recovery. Members can participate in programming without worrying about being judged, having a safe setting to interact with people that share recovery objectives. Members value the opportunity to support and mentor peers, feel empowered by membership, and take pride in it.
- Numerous opportunities are presented to members to participate in *program planning input*, the general operation of the center, and special activities. These opportunities include attending member meetings, directly engaging with staff and leadership, and anonymously providing feedback through suggestion boxes.
- One program reviewed expanded the *hours of operation* to be more accessible to participants on Saturdays, accommodating the request of members.
- Programs provide members with a variety of opportunities and activities to receive both *formal* and *informal peer support*. Formally, classes are created to provide support in a variety of subjects and are led by peers. Informally, peers attending and working at the program, organically develop interpersonal partnerships of mutual support.
- Programs have developed connections and collaborative relationships with *other community service agencies* and involvement is reciprocated.

Consumer Operated Services (COS): FY 2022-2023 Summary Findings- Opportunity for Improvement

- Ensure opportunities for participants are provided to interact with community stakeholders, persons outside the behavioral health system, as well as with the larger peer community in an effort to *raise consciousness*. Creating opportunities for members to participate in activities that builds confidence, speaking to personal experiences in a safe setting, provides members the potential to educate listeners or readers about stigma and mental illness.
- At one agency, members were not consulted or included in the *budget-making* process. Additionally, there was little member involvement on the board. Ideally, 90% of the board is comprised of people with lived psychiatric experience.

- Although every program has advantages and distinctive features, not all have a robust online presence, limiting ability to *outreach participants*. Programs strengthen interaction and improve member access to accurate information about available services by developing an online presence. Referral sources and potential new members would both benefit from updated, readily available information about services.
- To improve the coordination of member care, COS programs may seek to increase the number of informational sessions offered to providers.

Supported Employment (SE) Fidelity Reviews Completed FY 2022-2023

- ✓ Recovery Empowerment Network
- ✓ Wedco

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”). To identify areas of success, items scoring 5, 4 or 3 are highlighted in blue.

Supported Employment	Wedco	REN
Staffing		
Caseload	5	5
Vocational Services Staff	5	4
Vocational Generalists	3	4
Organization		
Integration of rehabilitation with MH treatment	3	3
Vocational Unit	3	4
Zero-exclusion criteria	4	4
Services		
Ongoing work-based assessment	4	4
Rapid search for competitive jobs	4	5
Individual job search	5	3
Diversity of jobs developed	5	5
Permanence of jobs developed	5	5
Jobs as transitions	5	4
Follow-along supports	5	4
Community-based services	1	3
Assertive engagement and outreach	3	2
Year 9 (FY 22-23) Total Score	60	59
Total Possible	75	75
Percentage Score	80.0%	78.7%
Average	4.00	3.93

Supported Employment (SE) Reviews: Overall Scoring Trends

SE Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Lowest Rating	50.7%	73.3%	61.3%	73.3%	80.0%	82.7%	70.7%	82.7%	78.7%
Highest Rating	77.3%	86.7%	90.7%	89.3%	92.0%	94.7%	89.3%	92.0%	80.0%
Overall Average	65.3%	81.1%	79.4%	82.5%	84.0%	89.3%	81.0%	86.2%	79.3%
Number reviewed	7	6	7	7	4	3	4	3	2

Denotes results from years reviews were conducted in-person

Supported Employment (SE): FY 2022-2023 Summary Findings- Successes

- Staff providing supported employment services managed *caseloads* of 25 members or less, an appropriate ratio according to the Evidence-Based Practice.
- Teams fully embraced the *zero-exclusion* concept when members expressed an interest in employment.
- After program entry, members were *rapidly supported in the pursuit for competitive jobs*. Programs helped members find jobs that suited their preferences and needs rather than what the labor market demands.
- Programs excelled in seeking *competitive job* options that have permanent status rather than temporary or time limited.
- Jobs developed showed great *diversity* in both employer and job type.
- When members left a job, programs assisted members to *transition into new jobs*.
- *Follow-along support* for working members was provided on a time-unlimited basis. Supports were continuous, flexible, and tailored to the needs of the participants.

Supported Employment (SE): FY 2022-2023 Summary Findings- Opportunity for Improvement

- Continue efforts to integrate *rehabilitation with mental health treatment services* improving coordination of member care.
- Overall delivery of *community-based services* to members declined. Members benefit when providers make community contacts, rather than health home-based contacts, a priority in all stages of job support.
- Strive to deliver all phases of vocational services by the SE team (*vocational generalists*), i.e., engagement, assessment, job development, job placement, job coaching, and follow-along supports, rather than utilizing resources from the outside of the team.
- When members are not meeting with SE staff as scheduled, focus on *assertively engaging* members to increase participation.

Permanent Supportive Housing (PSH) Fidelity Reviews Completed FY 2022-2023

- ✓ Resilient Health
- ✓ Southwest Behavioral and Health Services (SBHS)

Permanent Supportive Housing (PSH) Item Level Scores

Each item on the PSH fidelity review scale is rated on a 4-point scale ranging from 1 (“Not implemented”) to 4 (“Fully implemented”). To identify the areas of success, items scoring 4 or 3 are highlighted in blue.

Permanent Supportive Housing		Resilient Health	Southwest Behavioral & Health Services
Choice of Housing	Scoring		
Tenants have choice of type of housing	1, 2.5 or 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 or 4	4	4
Average Score for Dimension		4.00	3.63
Functional Separation of Housing and Services - Extent to which . . .	Scoring		
housing management providers do not have any authority or formal role in providing social services	1, 2.5 or 4	4	4
service providers do not have any responsibility for housing management functions	1, 2.5 or 4	4	4
social and clinical service providers are based off site	1 - 4	4	4
Average Score for Dimension		4.00	4.00
Decent, Safe and Affordable Housing	Scoring		
Extent to which tenants pay a reasonable amount of their income for housing	1 - 4	3	4
Whether housing meets HUD's Housing Quality Standards	1, 2.5 or 4	1	1
Average Score for Dimension		2.00	2.50
Housing Integration - Extent to which . . .	Scoring		
housing units are integrated	1 - 4	4	4
Average Score for Dimension		4.00	4.00
Rights of Tenancy - Extent to which . . .	Scoring		
tenants have legal rights to the housing unit	1 or 4	1	1
tenancy is contingent on compliance with program provisions	1, 2.5 or 4	4	4
Average Score for Dimension		2.50	2.50
Access to Housing - Extent to which . . .	Scoring		
tenants are required to demonstrate housing readiness to gain access to housing units	1 - 4	3	3
tenants with obstacles to housing stability have priority	1, 2.5 or 4	2.5	2.5
tenants control staff entry into the unit	1 - 4	4	4
Average Score for Dimension		3.17	3.17
Flexible, Voluntary Services - Extent to which . . .	Scoring		
tenants choose the type of services they want at program entry	1 or 4	4	4
tenants have the opportunity to modify services selection	1 or 4	4	4
tenants are able to choose the services they receive	1 - 4	4	4
services can be changed to meet the tenants changing needs and preferences	1 - 4	2	3
services are consumer driven	1 - 4	2	2
services are provided with optimum caseload sizes	1 - 4	3	4
Behavioral health services are team based	1 - 4	2	3
services are provided 24 hours, 7 days per week	1 - 4	3	2
Average Score for Dimension		3.00	3.25
Year 9 (FY 22-23) Total Score		22.67	23.05
Total Possible		28	28
Percentage Score		81.0%	82.3%

Permanent Supportive Housing (PSH) Reviews: Overall Scoring Trends

PSH Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Lowest Rating	43.9%	52.4%	44.5%	74.6%	74.3%	84.5%	73.9%	79.0%	81.0%
Highest Rating	81.2%	88.9%	92.4%	92.0%	80.1%	96.9%	82.4%	93.0%	82.3%
Overall Average	54.5%	68.0%	72.1%	81.0%	77.7%	90.7%	79.3%	84.7%	81.6%
Number reviewed	15	16	14	6	3	2	4	3	2

■ Denotes results from years reviews were conducted in-person

Permanent Supportive Housing (PSH): FY 2022-2023 Summary Findings- Successes

- PSH programs and clinical staff remained in their roles of providing housing support and clinical behavioral health services, respectively, ensuring *functional separation of housing services*.
- Members have the option to select and modify services received from their health home allowing a *flexible choice in type of services*. Service plans identified personalized goals written in the member's point of view.
- Despite the increasingly challenging task of locating safe and affordable housing in the Phoenix/Metro area, programs assisted members in acquiring scattered site housing that was well *integrated* throughout communities.
- Members enrolled in the PSH programs reviewed were provided with a *choice in units*.
- Tenants (housed members) chose their residence and the people that live with them, in communities that they desire thereby *controlling composition* of their household.
- Tenants determine *entry* into their residence.
- PSH staff assist members with offsetting income to rent ratio by providing additional services and supports to improve *affordability*. Some examples include creating a budget, discussing employment possibilities, and assisting in the application for financial resources.

Permanent Supportive Housing (PSH): FY 2022-2023 Summary Findings- Opportunity for Improvement

- Workforce shortages and turnover at the health home level impacts member services:
 - The vast majority of referrals to PSH programs originate from health homes. When health home-based Housing Specialist positions are vacant, some health homes revert to requiring members to *demonstrate housing readiness* before being referred to housing programs.
 - Staff at some health homes lacked an understanding of the services and supports that PSH programs offer. An increased knowledge of those services could improve member access

and provide a wrap-around effect of services to support members successfully achieving housing goals.

- Increase obtaining copies of tenants' leases (*rights to tenancy*) to reference when tenants have issues with property management. Staff are better equipped to assist tenants when problems arise if current leases are kept on file at the program.
- Provide *after-hours crisis* services to members enrolled in the program. PSH staff are better equipped to assist members than those from a generic crisis line.
- Create opportunities for members to provide input into the design and provision of services. Meaningful active efforts to gain input from members participating in the program is a first step to ensure services are *member driven*.
- Find opportunities to improve coordination of member care with health home-based teams (*behavioral health services are team based*).

Appendix A: Year 1-9 Summary Fidelity Review Findings¹

Assertive Community Treatment (ACT)

Assertive Community Treatment (28 item scale, 140 pts possible)	Terros Priest	Community Bridges Inc. Mesa Heritage	Copa Health Gateway	Copa Health Metro Omega	Southwest Network – San Tan	Lifewell Behavioral Wellness Desert Cove	La Frontera- EMPACT Comunidad	Community Bridges, Inc. Forensic ACT I	Copa Health Medical ACT	Community Bridges, Inc. Avondale	Valleywise Health Mesa Riverview	Southwest Network Northern Star
Year 9 (FY 22-23) Total Score	110	94	109	111		93		99		86	117	
Percent Compliance	78.6%	67.1%	77.9%	79.3%		66.4%		70.7%		61.4%	83.6%	
Average Item Score	3.93	3.36	3.89	3.96		3.32		3.54		3.07	4.18	
Year 8 (FY 21-22) Total Score	101	98	105	106	116	110	116	108	119	105	104	
Percent Compliance	72.1%	70.0%	75.0%	75.7%	82.9%	78.6%	82.9%	77.1%	85.0%	75.0%	74.3%	
Average Item Score	3.61	3.50	3.75	3.79	4.14	3.93	4.14	3.86	4.25	3.75	3.71	
Year 7 (FY 20-21) Total Score												118
Percent Compliance												84.3%
Average Item Score												4.21
Year 6 (FY 19-20) Total Score	105	103		113	119	112	121	119	119	106	120	
Percent Compliance	75.0%	73.6%		80.7%	85.0%	80.0%	86.4%	85.0%	85.0%	75.7%	85.7%	
Average Item Score	3.75	3.68		4.04	4.25	4.00	4.32	4.25	4.25	3.79	4.29	
Year 5 (FY 18-19) Total Score			90									118
Percent Compliance			64.3%									84.3%
Average Item Score			3.20									4.21
Year 4 (FY 17-18) Total Score	121	110	102	122	126	119	120	121	125	118	114	109
Percent Compliance	86.4%	78.6%	72.9%	87.1%	90.0%	85.0%	85.7%	86.4%	89.3%	84.3%	81.4%	77.9%
Average Item Score	4.32	3.93	3.64	4.36	4.50	4.25	4.29	4.32	4.46	4.21	4.07	3.89
Year 3 (FY 16-17) Total Score	117	106	106	112	115	110	119	116	128	113		90
Percent Compliance	83.6%	75.7%	75.7%	80.0%	82.1%	78.6%	85.0%	82.9%	91.4%	80.7%		64.3%
Average Item Score	4.18	3.79	3.79	4.00	4.11	3.93	4.25	4.14	4.57	4.03		3.21
Year 2 (FY 15-16) Total Score	101	99	98	115	101	110	90	117	113			97
Percent Compliance	72.1%	70.7%	70.0%	82.1%	72.1%	78.6%	64.3%	83.6%	80.7%			69.3%
Average Item Score	3.60	3.54	3.50	4.10	3.61	3.92	3.21	4.18	4.04			3.46
Year 1 (FY 14-15) Total Score	97	114	90	98	110	97	114					103
Percent Compliance	69.3%	81.4%	64.3%	70.0%	78.6%	69.3%	81.4%					73.6%
Average Item Score	3.46	4.07	3.21	3.50	3.93	3.46	4.07					3.68

¹ Blank cells denote years program was not reviewed.

Assertive Community Treatment (28 item scale, 140 pts possible)	Lifewell Behavioral Wellness South Mountain	Copa Health West Valley	Copa Health Metro Varsity	Terros 51st Avenue Recovery Center	Terros 23rd Avenue Recovery Center ACT 1	Community Bridges, Inc. Forensic ACT 2	La Frontera-EMPACT Capitol Center	Southwest Network – Saguaro	Terros 23rd Avenue Recovery Center ACT 2	Community Bridges Inc. 99th Avenue	La Frontera-EMPACT Tempe	Community Bridges, Inc. Forensic – Team Three
Year 9 (FY 22-23) Total Score	97	102	105		115					103		84
Percent Compliance	69.3%	72.9%	75.0%		82.1%					73.6%		60.0%
Average Item Score	3.46	3.64	3.75		4.11					3.68		3.00
Year 8 (FY 21-22) Total Score												
Percent Compliance												
Average Item Score												
Year 7 (FY 20-21) Total Score	102	110	105	111	111	113	115	116	120	111	114	93
Percent Compliance	72.9%	78.6%	75.0%	79.3%	79.3%	80.7%	82.1%	82.9%	85.7%	79.3%	81.4%	66.4%
Average Item Score	3.64	3.93	3.75	3.96	3.96	4.04	4.11	4.14	4.29	3.96	4.07	3.32
Year 6 (FY 19-20) Total Score												
Percent Compliance												
Average Item Score												
Year 5 (FY 18-19) Total Score	104	120	105	105	106	114		110	106	114		110
Percent Compliance	74.3%	85.7%	75.0%	75.0%	75.7%	81.4%		78.6%	75.7%	81.4%		78.6%
Average Item Score	3.70	4.29	3.75	3.75	3.80	4.10		3.90	3.80	4.07		3.90
Year 4 (FY 17-18) Total Score	105	111	96	110	104	108	115	111	109	105	115	111
Percent Compliance	75.0%	79.3%	68.6%	78.6%	74.3%	77.1%	82.1%	79.3%	77.9%	75.0%	82.1%	79.3%
Average Item Score	3.75	3.96	3.43	3.93	3.71	3.86	4.11	3.96	3.89	3.75	4.11	3.96
Year 3 (FY 16-17) Total Score	96	92	103	96	109	108	113	104	113	91	109	110
Percent Compliance	68.6%	65.7%	73.6%	68.6%	77.9%	77.1%	80.7%	74.3%	80.7%	65.0%	77.9%	78.6%
Average Item Score	3.43	3.29	3.68	3.43	3.89	3.86	4.04	3.71	4.03	3.25	3.89	3.93
Year 2 (FY 15-16) Total Score	104	115	100	114	111	114	103	93	99			
Percent Compliance	74.3%	82.1%	71.4%	81.4%	79.3%	81.4%	73.6%	66.4%	70.7%			
Average Item Score	3.71	4.11	3.57	4.07	3.96	4.07	3.68	3.32	3.54			
Year 1 (FY 14-15) Total Score	112	109	111	112	109	111	81					
Percent Compliance	80.0%	77.9%	79.3%	80.0%	77.9%	79.3%	57.9%					
Average Item Score	4.00	3.89	3.96	4.00	3.89	3.96	2.89					

Consumer Operated Services (COS)

Consumer Operated Services	Hope Lives	CHR	REN	Star-Central	Star-East	Star-West	Star-All Sites
Year 9 (FY 22-23)							
Total Score	187	206					
Percent Compliance	89.9%	99.0%					
Year 8 (FY 21-22)			206				201
Total Score							
Percent Compliance			99.0%				96.6%
Year 7 (FY 20-21)	198	204					204
Total Score							
Percent Compliance	95.2%	98.1%					98.1%
Year 6 (FY 19-20)			205				
Total Score							
Percent Compliance			98.6%				
Year 5 (FY 18-19)	197	203					
Total Score							
Percent Compliance	94.7%	97.6%					
Year 4 (FY 17-18)	190	205	201				200
Total Score							
Percent Compliance	91.3%	98.6%	96.6%				96.2%
Year 3 (FY 16-17)	192	204	198	194	194	196	
Total Score							
Percent Compliance	92.3%	98.1%	95.2%	93.3%	93.3%	94.2%	
Year 2 (FY 15-16)	186	204	198	177	197	188	
Total Score							
Percent Compliance	89.4%	98.1%	95.2%	85.1%	94.7%	90.4%	
Year 1 (FY 14-15)	187	187	199	166	179	166	
Total Score							
Percent Compliance	89.9%	89.9%	95.7%	79.8%	86.1%	79.8%	

Supported Employment (SE)

Supported Employment	DK Advocates	Focus	Wedco	Lifewell	REN	ValleyLife	Copa (Marc)	Beacon
Year 9 (FY 22-23)								
Total Score			60		59			
Percent Compliance			80.0%		78.7%			
Average Item Score			4.00		3.93			
Year 8 (FY 21-22)								
Total Score						69	63	63
Percent Compliance						92.0%	84.0%	84.0%
Average Item Score						4.60	4.20	4.20
Year 7 (FY 20-21)								
Total Score		67	61	62	53			
Percent Compliance		89.3%	81.3%	82.7%	70.7%			
Average Item Score		4.47	4.07	4.13	3.53			
Year 6 (FY 19-20)								
Total Score						71	68	62
Year 5 (FY 18-19)								
Total Score		69	60	60	63			
Percent Compliance		92.0%	80.0%	80.0%	84.0%			
Year 4 (FY 17-18)								
Total Score		59	63	60	55	66	67	63
Percent Compliance		78.7%	84.0%	80.0%	73.3%	88.0%	89.3%	84.0%
Year 3 (FY 16-17)								
Total Score		61	63	50	46	63	66	68
Percent Compliance		81.3%	84.0%	66.7%	61.3%	84.0%	88.0%	90.7%
Year 2 (FY 15-16)								
Total Score		55	61	61		65	63	60
Percent Compliance		73.3%	81.3%	81.3%		86.7%	84.0%	80.0%
Year 1 (FY 14-15)								
Total Score	38	58	47	57		51	41	51
Percent Compliance	50.7%	77.3%	62.7%	76.0%		68.0%	54.7%	68.0%

Permanent Supportive Housing (PSH)

Permanent Supportive Housing	Resilient Health	AHCCMS	Southwest Behavioral & Health Services	RI Int.	CBI	Marc	PIR	Copa	Terros	Lifewell	Horizon Health and Wellness	CFSS
Year 9 (FY 22-23)												
Total Score	22.67		23.05									
Percent Compliance	81.0%		82.3%									
Year 8 (FY 21-22)												
Total Score				26.05	22.93			22.13				
Percent Compliance				93.0%	81.9%			79.0%				
Year 7 (FY 20-21)												
Total Score	20.68	23.08	22.05					23.01				
Percent Compliance	73.9%	82.4%	78.8%					82.2%				
Year 6 (FY 19-20)												
Total Score				27.13	23.67							
Percent Compliance				96.9%	84.5%							
Year 5 (FY 18-19)												
Total Score	20.80	22.42	22.05									
Percent Compliance	74.3%	80.1%	78.8%									
Year 4 (FY 17-18)												
Total Score	20.88	21.42	22.25	25.75	23.30	22.50						
Percent Compliance	74.6%	76.5%	79.5%	92.0%	83.2%	80.4%						
Year 3 (FY 16-17)												
Total Score	21.67	20.21	21.80	25.88	22.26	22.80				20.46		
Percent Compliance	77.4%	72.2%	77.9%	92.4%	79.5%	81.4%				73.1%		
Year 2 (FY 15-16)												
Total Score	20.45	18.38	21.80	24.88	23.75	20.24			14.67	20.09	16.43	16.88
Percent Compliance	73.0%	65.6%	77.9%	88.9%	84.8%	72.3%			52.4%	71.8%	58.7%	60.3%
Year 1 (FY 14-15)												
Total Score	12.30	13.07	13.88	22.74		19.20	15.97		13.67	18.80	14.01	13.30
Percent Compliance	43.9%	46.7%	49.6%	81.2%		68.6%	57.0%		48.8%	67.1%	50.0%	47.5%

Permanent Supportive Housing	PCN	Help Hearts	AZ Mentor	Choices	SWN	Terros- ACT	CBI-ACT	La Fon- ACT	CPLC- ACT	PIR-ACT	Lifewell- ACT	SWN- ACT
Year 9 (FY 22-23)												
Total Score												
Percent Compliance												
Year 8 (FY 21-22)												
Total Score												
Percent Compliance												
Year 7 (FY 20-21)												
Total Score												
Percent Compliance												
Year 6 (FY 19-20)												
Total Score												
Percent Compliance												
Year 5 (FY 18-19)												
Total Score												
Percent Compliance												
Year 4 (FY 17-18)												
Total Score												
Percent Compliance												
Year 3 (FY 16-17)						18.00	20.22	21.84	19.71	19.38	12.46	16.00
Total Score						64.3%	72.2%	78.0%	70.4%	69.2%	44.5%	57.1%
Percent Compliance						17.32	20.72	16.34	16.35	19.30	16.96	
Year 2 (FY 15-16)						61.9%	74.0%	58.4%	58.4%	68.9%	60.6%	
Total Score	15.10	13.88	12.51	15.80	14.80							
Percent Compliance	53.9%	49.6%	44.7%	56.4%	52.9%							

Appendix B: Year 1-9 Provider Name Changes

Assertive Community Treatment: Name Changes

Current Provider Name (ACT)	Previous Program Name
Terros Priest Recovery Center	<ul style="list-style-type: none"> • Terros Enclave • Choices - Enclave
Community Bridges Inc. Mesa Heritage	<ul style="list-style-type: none"> • Southwest Network Mesa Heritage Clinic • Southwest Network Hampton Clinic
Copa Health Gateway	<ul style="list-style-type: none"> • Chicanos Por La Causa Centro Esperanza • People of Color Network
Copa Health Metro Omega	<ul style="list-style-type: none"> • Partners in Recovery Metro Center Omega
Lifewell Behavioral Wellness Desert Cove	<ul style="list-style-type: none"> • Lifewell Behavioral Wellness Royal Palms • Southwest Network – Royal Palms • Southwest Network –Bethany Village
Valleywise Health Mesa Riverview	<ul style="list-style-type: none"> • Maricopa Integrated Health System Mesa Riverview
Lifewell Behavioral Wellness South Mountain	<ul style="list-style-type: none"> • Lifewell Behavioral Wellness • Lifewell South Central • Choices South Central
Copa Health West Valley	<ul style="list-style-type: none"> • Partners in Recovery West Valley Adult Clinic
Copa Health Metro Varsity	<ul style="list-style-type: none"> • Partners in Recovery Metro Varsity
Terros 23rd Avenue Recovery Center ACT 1	<ul style="list-style-type: none"> • Terros Townley • Choices – Townley Center
Community Bridges Inc. 99th Avenue	<ul style="list-style-type: none"> • Chicanos Por La Causa Maryvale
La Frontera-EMPACT Comunidad	<ul style="list-style-type: none"> • People of Color Network Comunidad
Copa Health Medical ACT	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Southwest Network - Osborn Adult Clinic
Terros 51st Avenue Recovery Center	<ul style="list-style-type: none"> • Terros West McDowell • Choices West McDowell
Community Bridges, Inc. Forensic ACT 2	<ul style="list-style-type: none"> • People of Color Network Comunidad Forensic ACT
La Frontera-EMPACT Capitol Center	<ul style="list-style-type: none"> • People of Color Network Capitol Center
Terros 23rd Avenue Recovery Center ACT 2	<ul style="list-style-type: none"> • Terros Dunlap • Circle the City
La Frontera-EMPACT Tempe	<ul style="list-style-type: none"> • La Frontera-EMPACT Madison

Permanent Supportive Housing: Name Changes

Current Provider Name (PSH)	Previous Program Name
Resilient Health	<ul style="list-style-type: none"> • People/ Service/ Action
Copa Health	<ul style="list-style-type: none"> • MARC & PIR merger
Horizon Health and Wellness	<ul style="list-style-type: none"> • Mountain Health and Wellness

Consumer Operated Services: Name Changes

Current Provider Name (COS)	Previous Program Name
Center for Health and Recovery	<ul style="list-style-type: none"> • Center for Health Empowerment Education Employment Recovery Services