



Western Interstate Commission
for Higher Education
Behavioral Health Program

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WYOMING

FY 2021 – 2022 (Year 8)

**Evidence Based Practices Fidelity
Project**

Quality Improvement Report

Submitted to the Arizona Health Care Cost
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 by implementing four evidence-based practices (EBP) through Regional Behavioral Health Authorities and contracted providers. 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 2021-2022 (Year 8), WICHE-BHP conducted a total of 19 fidelity reviews for the following EBPs.

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

Weekly conference calls were held with the project managers from both AHCCCS and WICHE-BHP 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. Also, WICHE-BHP project staff were available to attend quarterly meetings with AHCCCS and Mercy Care 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 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 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 two-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.
- 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:

All fidelity reviews in FY 2021-2022 were conducted virtually to allow the reviews to continue as the public health emergency was extended through the end of the FY 2021-2022. Remote reviews required considerable coordination between providers and the WICHE-BHP reviewers. *The WICHE-BHP reviewers would like to thank all the providers for their cooperation.* 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 SAMHSA Fidelity Review Tools utilized do not accommodate delivery of telehealth services.

Summary of Findings from the Fidelity Reviews

The following data tables present the findings from the FY 2021-22 fidelity reviews conducted October 2021 through June 2022. The yellow, orange, and red highlights on the item level scoring tables 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. The overall strengths and opportunities for improvement are identified for each of the evidence-based practices following the item level scoring tables. The overall score summary tables for Years 1 -7 are included in Appendix A

Assertive Community Treatment (ACT) Reviews Completed FY 2021-2022

- ✓ Terros Health Priest
- ✓ Valleywise Mesa Riverview
- ✓ Community Bridges Incorporated (CBI) Forensic Assertive Community Treatment (F-ACT) Team 1
- ✓ Copa Health Metro Omega
- ✓ Community Bridges Incorporated (CBI) Mesa Heritage
- ✓ Southwest Network San Tan
- ✓ Lifewell Desert Cove
- ✓ La Frontera EMPACT Comunidad
- ✓ Community Bridges Incorporated (CBI) Avondale
- ✓ Copa Health Medical Assertive Community Treatment (MACT)
- ✓ Copa Health Gateway

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 better identify areas for improvement for ACT, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red

Assertive Community Treatment	Terros/ Priest	Valleywise Mesa Riverview	CBI FACT Team 1	Copa Metro- Omega	CBI/ Mesa Heritage	Southwest Network/ San Tan	Lifewell Desert Cove	La Frontera EMPACT Comunidad	CBI Avondale	Copa Health M-ACT	Copa Health Gateway
Human Resources											
Small Caseload	4	4	5	5	4	5	5	5	4	4	4
Team Approach	5	3	4	2	3	4	4	3	4	4	5
Program Meeting	4	5	5	2	4	5	5	5	5	5	5
Practicing ACT Leader	2	2	2	5	2	3	2	3	3	5	2
Continuity of Staffing	4	3	3	4	2	3	2	4	2	4	3
Staff Capacity	4	4	2	4	2	1	4	5	3	4	4
Psychiatrist on Team	5	5	5	5	2	5	5	5	5	5	5
Nurse on Team	3	5	3	5	2	3	3	5	1	5	3
Substance Abuse Specialist on Team	3	3	3	3	3	5	5	5	5	2	5
Vocational Specialist on Team	3	2	3	3	2	5	5	5	4	1	2
Program Size	5	5	4	5	3	5	5	5	3	5	4
Organizational Boundaries											
Explicit Admission Criteria	4	5	5	4	5	5	5	5	5	5	5
Intake Rate	5	5	5	5	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	4	5	4	4	4	3	4	4	4	3
Responsibility for Crisis Services	5	5	5	5	5	5	5	5	5	5	5
Responsibility for Hospital Admissions	3	3	2	4	4	3	3	2	3	5	4
Responsibility for Hospital Discharge Planning	4	4	4	4	5	5	4	5	5	5	4
Time-unlimited Services	5	5	4	5	4	5	5	5	4	5	4
Nature of Services											
Community-based Services	4	2	5	2	5	5	4	4	4	5	2
No Drop-out Policy	5	5	4	5	5	5	5	5	5	5	4
Assertive Engagement Mechanisms	2	4	5	4	5	5	5	3	4	5	3
Intensity of Service	2	2	2	3	2	3	2	4	2	3	2
Frequency of Contact	2	2	2	2	2	2	2	3	2	4	2
Work with Support System	2	4	4	2	4	3	3	1	2	4	4
Individualized Substance Abuse Treatment	3	3	4	4	4	5	3	4	4	4	4
Co-occurring Disorders Treatment Groups	2	2	3	1	1	3	2	3	2	2	3
Co-occurring Disorders/ Dual Disorders Model	2	3	5	4	4	4	4	3	5	4	4
Role of Consumers on Treatment Team	5	5	5	5	5	5	5	5	5	5	5
Year 8 (FY 21-22) Total Score	101	104	108	106	98	116	110	116	105	119	105
Total Possible	140	140	140	140	140	140	140	140	140	140	140
Percent Compliance	72.1%	74.3%	77.1%	75.7%	70.0%	82.9%	78.6%	82.9%	75.0%	85.0%	75.0%
Average Item Score	3.61	3.71	3.86	3.79	3.50	4.14	3.93	4.14	3.75	4.25	3.75

Assertive Community Treatment (ACT) In-Person Reviews: Overall Scoring Trends

ACT Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Lowest Score	57.9%	64.3%	64.3%	68.6%	64.3%	73.6%
Highest Score	81.4%	83.6%	91.4%	90.0%	85.7%	86.4%
Overall Score	74.7%	75.0%	76.9%	80.6%	77.5%	81.2%
Number of providers reviewed	15	19	23	24	12	10

Assertive Community Treatment (ACT) Remote Reviews: Overall Scoring Trends

All remote reviews used a slightly modified protocol (e.g., reviews were conducted virtually, member records were reviewed remotely) and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

ACT Fidelity Scores	Year 7	Year 8
Lowest Score	66.4%	70.0%
Highest Score	85.7%	85.0%
Overall Score	79.1%	77.1%
Number of providers reviewed	13	11

Assertive Community Treatment (ACT): FY 2021-2022 Summary Findings- Successes

- Although teams may have struggled with retaining staff during this review period, overall, the member to staff ratio remained at an appropriate level to provide services to members.
- Several psychiatric providers are fully dedicated to the team without competing outside responsibilities. Many prescribers have returned to meeting members in-person, as well as, meeting them in their homes and communities. Most prescribers offer telehealth services as a convenience to members. All prescribers schedule members every 30 days or less, if needed.
- Again, reviewers found that most teams offer nurses 4/10 shifts when fully staffed. Staff indicate this is a staffing retention element. Since each ACT team should have two nurses per 100 clients, days assigned to the team are split to ensure adequate coverage for members.
- Every team scored the highest rating possible (5) for delivery of Crisis Services to members. Teams are available 24/7, providing de-escalation support by phone. Teams have escalation protocols in place, so when needed, the team is able to meet with members in the community.
- Teams excelled at providing direct support to members during and after discharge from inpatient psychiatric hospital settings.
- The teams maintained consistent and continuous care for members by maintaining low admission and drop-out rates. Additionally, members were assured the ability to retain ACT services, further developing stable and encouraging relationships as they move toward recovery.

Assertive Community Treatment (ACT): FY 2021-2022 Summary Findings- Opportunities for Improvement

- Teams continue to have difficulty maintaining continuity of staff. Some teams filled specialty positions that have a requirement of one year of experience to qualify for meeting fidelity with untrained staff.
- Lower continuity of staffing can also impact the intensity and frequency of service delivery to members. Nearly every team reviewed struggled to fully implement both the intensity of services (duration) and frequency of contact items on the fidelity scale. ACT teams should be responsive to individual member needs, adjusting the service delivery required to support members. Higher frequency of meaningful contact correlates to improved outcomes.
- Members' ability to receive services from diverse staff declined. The team approach to delivery of services ensures members are exposed to the diverse specializations and expertise of staff and the individualization of services. Utilizing a team approach, rather than a case assignment approach, also provides a protective barrier to reduce the potential of burn out from staff due to the intensive nature of services provided by ACT teams.
- When nurse positions (2) are not fully staffed, the sole nurse takes on the responsibility for the entire team and member roster. Some teams lack the awareness to transfer less medical related responsibilities to other staff to lighten the burden for those nurses, such as relieving them of more case management type services such as assisting members with grocery shopping.
- The majority of ACT Clinical Coordinators/Team Leads had a low rate of direct service delivery to members documented in member records. The average rating for the “practicing ACT leader” item was 2.8. Clinical Coordinators/Team Leads should seek opportunities to transfer tasks that pull from direct member care and move to administrative staff or to interested staff from the team.
- The teams’ delivery of and the involvement of members in co-occurring treatment groups for those with a substance use disorder were not fully implemented. Two teams did not provide substance use treatment groups. One provider agency had more restrictive policies relating to meeting in-person than state guidelines. Few teams offered alternative means to participate, i.e., telehealth. One team encouraged group participation by phone. Teams report members lack the necessary technology to participate in treatment groups via videoconferencing.
- Historically, teams have struggled to fill both positions that provide substance use treatment services with experienced and trained staff. The role of the provider is not only to deliver services to members, but also to provide ongoing training and support to the team as they work from an integrated dual disorders treatment model. Turnover of staff further exacerbated teams’ ability to grasp related concepts such as harm reduction, motivational interviewing, and the stage-wise approach to service delivery.

Consumer Operated Services (COS) Fidelity Reviews Completed FY 2021-2022

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

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 better identify areas for improvement, COS items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted red.

Consumer Operated Services	Score Range	Star	REN
Structure			
Board Participation	1-5	4	5
Consumer Staff	1-5	5	5
Hiring Decisions	1-4	4	4
Budget Control	1-4	4	4
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	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	4
Cost	1-5	5	5
Reasonable Accommodation	1-4	3	4
Lack of Coerciveness	1-5	5	5
Program Rules	1-5	5	5
Physical Environment	1-4	4	4
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
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	Star	REN
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	3
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	3	5
Advocacy			
Formal Self Advocacy	1-5	5	5
Peer Advocacy	1-5	5	5
Outreach to Participants	1-5	4	5
Year 8		201	206
Total Possible		208	208
Percent Compliance		96.6%	99.0%

Consumer Operated Services (COS) In-Person Reviews: Overall Scoring Trends

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%
Number of providers reviewed	6	6	6	4	2	1

Consumer Operated Services (COS) Remote Reviews: Overall Scoring Trends

All remote reviews used a slightly modified protocol (e.g., reviews were conducted virtually) and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

COS Fidelity Scores	Year 7	Year 8
Lowest Rating	95.2%	96.6%
Highest Rating	98.1%	99.0%
Overall Average	97.1%	97.8%
Number of providers reviewed	3	2

Consumer Operated Services (COS): FY 2021-2022 Summary Findings- Successes

- Overall, members attending COSs feel a strong sense of community and unity around recovery. Members can attend programming without fear of judgment and have a safe place to engage with others with similar goals of recovery. Members are empowered, feel pride in membership, and value the ability to provide support and guidance to peers, whether staff or fellow members.
- One program used the power of social media to educate, inform, and ensure members were aware of current activities at the center. In addition, a monthly newsletter was created by members providing inspiration, resources, and updates on scheduled activities. Also, members are able to participate virtually in groups through a private social media platform.
- Members are provided numerous opportunities to be involved in program planning, overall functioning of the centers, and special activities through participation in member meetings, by being appointed to the Board of Directors for member perspective, speaking directly to staff and leadership, as well as anonymous means of providing feedback through suggestion boxes.
- Programs continue to expand their connections and collaborations with local city governments, for profit and non-profits organizations, and other community partners. Additionally, COSPs are exploring funding sources to provide housing opportunities to expand the services offered to members.

Consumer Operated Services (COS): FY 2021-2022 Summary Findings- Opportunity for Improvement

- Programs experienced staffing shortages and identified competition amongst COSPs (Consumer Operated Service Programs) for staff as a challenge. Programs decreased hours of operation with hopes to return to pre-public health emergency hours soon.
- Programs should focus efforts to support members in expanding their engagement not only with the broader peer run community but also to expand those interactions with community

stakeholders. COSPs should develop opportunities and support members to engage in activities that empower them to share their impactful stories, in a safe environment, that may provide lessons to listeners/readers regarding stigma and mental illness.

- Although each program has strengths and unique offerings, a strong online presence is not held by all. By enhancing an online presence, programs increase contact and enhance member access to accurate information relating to available services. Incoming mental health case managers, as well as potential new members, would benefit from current, on the ready information relating to available services.

Supported Employment (SE) Fidelity Reviews Completed FY 2021-2022

- ✓ VALLEYLIFE
- ✓ Copa Health
- ✓ Beacon

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 better identify areas for improvement for SE, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

Supported Employment	VALLEYLIFE	Copa Health	Beacon
Staffing			
Caseload	4	4	5
Vocational Services Staff	5	5	4
Vocational Generalists	5	4	5
Organization			
Integration of rehabilitation with MH treatment	4	3	2
Vocational Unit	5	3	4
Zero-exclusion criteria	5	4	3
Services			
Ongoing work-based assessment	4	5	5
Rapid search for competitive jobs	5	4	5
Individual job search	5	5	5
Diversity of jobs developed	4	5	5
Permanence of jobs developed	5	5	5
Jobs as transitions	5	5	5
Follow-along supports	4	5	5
Community-based services	4	2	2
Assertive engagement and outreach	5	3	3
Year 8 (FY 21-22) Total Score	69	62	63
Total Possible	75	75	75
Percentage Score	92.0%	82.7%	84.0%
Average	4.60	4.13	4.20

Supported Employment (SE) In-Person Reviews: Overall Scoring Trends

SE Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Lowest Rating	50.7%	73.3%	61.3%	73.3%	80.0%	82.7%
Highest Rating	77.3%	86.7%	90.7%	89.3%	92.0%	94.7%
Overall Average	65.3%	81.1%	79.4%	82.5%	84.0%	89.3%
Number of providers reviewed	7	6	7	7	4	3

Supported Employment (SE) Remote Reviews: Overall Scoring Trends

All remote reviews used a slightly modified protocol (e.g., reviews were conducted virtually, member records were reviewed remotely) and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

SE Fidelity Scores	Year 7	Year 8
Lowest Rating	70.7%	82.7%
Highest Rating	89.3%	92.0%
Overall Average	81.0%	86.2%
Number of providers reviewed	4	3

Supported Employment (SE): FY 2021-2022 Summary Findings- Successes

- Employment Specialists provided ongoing work-based assessments to identify members' individual needs. Vocational Profiles were utilized and typically updated when members desired a change in employment goal or job searches. Most programs had discussions with members pertaining to how the program could support the member maintain employment, understand benefits of disclosing disability status, identifying potential problems before they affected members' job performance and retention, and which areas to focus on when a job ends.
- The search for competitive jobs occurred rapidly after program entry. Employment Specialists supported members seeking employment in positions of their preference and needs rather than the job market demand.
- Individualized job searches and employer contacts were well documented in member records and aligned with members' employment goals, while also supporting opportunities that were in varied settings of both employers and job types. Programs excelled in seeking competitive job options that have permanent status rather than temporary or time-limited status.
- Employment Specialists assisted members seek new positions when requested, including when jobs ended.
- Follow along supports were offered and provided to members and employers on a time-unlimited basis. Supports were individualized, flexible, and ongoing to the members preferences.

Supported Employment (SE): FY 2021-2022 Summary Findings- Opportunity for Improvement

- Co-located Employment Specialists may consider identifying a designated assigned area on days scheduled at the clinic to improve coordination of care with members' clinical teams. Consider assigning specific days Employment Specialists go to provider clinics to improve coordination of member care. Ensure both providers and members are aware of assigned days. Adding this information to business cards and into email signatures may improve coordination

- To ensure integration of rehabilitation with mental health treatment teams, Supported Employment Provider staff (ES) should attend weekly treatment team meetings with the full clinical teams (i.e., usually composed of Psychiatrist, Case Managers, Rehabilitation Specialist, and Nurse). Employment Staff should stay for the duration of the meeting to allow spontaneous discussion of members already referred, and to prompt clinical teams to think about employment for members not yet referred. Employment Staff should act as advocates and educators of the value of competitive work, supporting the clinical team’s buy-in into the Evidence Based Practice of Supported Employment.
- All coordination with collateral contacts should be documented in agency member records and should provide detailed information pertaining to member status. This includes clinical team and vocational staffings.
- Most providers appear to be gradually understanding the characteristics of Zero Exclusion. Supported Employment programs should take a leading role to inform and continue the education of clinical teams on the value of employment and Supported Employment services. These services are known to motivate members to seek employment, resulting in building self-esteem, self-reliance, and independence once seeming out of reach.
- Community-based services were halted during the public health emergency for some providers reviewed. Some providers have switched to meeting with members virtually, although the fidelity tool does not yet account for delivery of telehealth services. SE Providers should continue to provide and encourage community-based service delivery with members in all stages of employment support.
- All providers reviewed have individualized outreach and engagement procedures with unique timelines which include guidelines for closure of members from the program. However, including outreach at members’ homes would be beneficial for Employment Specialists to consider. Natural support inclusion may be a resource to the Supported Employment program when members lose contact with the team.

Permanent Supportive Housing (PSH) Fidelity Reviews Completed FY 2021-2022

- ✓ Copa Health
- ✓ RI International (RI)
- ✓ Community Bridges, Inc.

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 better identify areas for improvement for PSH, items receiving a 2/2.5 are highlighted in yellow and 1s are highlighted in red.

Permanent Supportive Housing		Copa Health	RI Int.	CBI
Choice of Housing	Scoring			
Tenants have choice of type of housing	1, 2.5 or 4	2.5	4	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 or 4	2.5	4	4
Average Score for Dimension		3.25	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	4
service providers do not have any responsibility for housing management functions	1, 2.5 or 4	4	4	4
social and clinical service providers are based off site	1 - 4	3	4	4
Average Score for Dimension		3.67	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	2.5	3
Whether housing meets HUD's Housing Quality Standards	1, 2.5 or 4	1	4	1
Average Score for Dimension		2.00	3.25	2.00
Housing Integration - Extent to which . . .	Scoring			
housing units are integrated	1 - 4	4	4	4
Average Score for Dimension		4.00	4.00	4.00
Rights of Tenancy - Extent to which . . .	Scoring			
tenants have legal rights to the housing unit	1 or 4	1	4	1
tenancy is contingent on compliance with program provisions	1, 2.5 or 4	4	4	4
Average Score for Dimension		2.50	4.00	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	3
tenants with obstacles to housing stability have priority	1, 2.5 or 4	4	4	4
tenants control staff entry into the unit	1 - 4	3	4	4
Average Score for Dimension		3.33	3.67	3.67
Flexible, Voluntary Services - Extent to which . . .	Scoring			
tenants choose the type of services they want at program entry	1 or 4	4	4	4
tenants have the opportunity to modify services selection	1 or 4	4	4	4
tenants are able to choose the services they receive	1 - 4	4	4	3
services can be changed to meet the tenants changing needs and preferences	1 - 4	4	2	4
services are consumer driven	1 - 4	2	3	2
services are provided with optimum caseload sizes	1 - 4	3	2	3
Behavioral health services are team based	1 - 4	3	2	3
services are provided 24 hours, 7 days per week	1 - 4	3	4	2
Average Score for Dimension		3.38	3.13	3.13
Year 8 (FY 21-22) Total Score		22.13	26.05	22.93
Total Possible		28	28	28
Percentage Score		79.0%	93.0%	81.9%

Permanent Supportive Housing (PSH) In-Person Reviews: Overall Scoring Trends

PSH Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Lowest Rating	43.9%	52.4%	44.5%	74.6%	74.3%	84.5%
Highest Rating	81.2%	88.9%	92.4%	92.0%	80.1%	96.9%
Overall Average	54.5%	68.0%	72.1%	81.0%	77.7%	90.7%
Number of providers reviewed	15	16	14	6	3	2

Permanent Supportive Housing (PSH) Remote Reviews: Overall Scoring Trends

All remote reviews used a slightly modified protocol (e.g., reviews were conducted virtually, member records were reviewed remotely) and as such, caution must be taken in making direct comparisons between remote reviews and in-person reviews.

PSH Fidelity Scores	Year 7	Year 8
Lowest Rating	73.9%	79.0%
Highest Rating	82.4%	93.0%
Overall Average	79.3%	84.7%
Number of providers reviewed	4	3

Permanent Supportive Housing (PSH): FY 2021-2022 Summary Findings- Successes

- PSH staff and clinical teams remained in their roles of providing housing and clinical behavioral health services, respectively. Roles were not blurred by staff or teams by participating in property management functions, nor do landlords play a role in provision of support services to members (tenants).
- Members participating in the PSH programs had opportunities to choose and modify services with the clinics with whom they were enrolled. Clinic staff were responsive to members' needs and concerns. The members' service plans reflected goals with language that varied from member-to-member ensuring individualized care.
- PSH programs supported members in obtaining scattered site housing that was well integrated throughout the community despite the increasingly difficult task of finding safe and affordable housing in the Phoenix/Metro area.
- Members obtaining housing with PSH support had a choice of unit. Tenants selected units in desired communities and choose with whom they lived. Tenants controlled staff entry into their units. Tenants did not experience pressure to accept units that did not meet individual needs and preferences.

Permanent Supportive Housing (PSH): FY 2021-2022 Summary Findings- Opportunity for Improvement

- Staff and system partners should ensure that clinical teams and service providers have a shared understanding of *Housing First* principles so that members expressing a need for housing are assisted in obtaining the housing that aligns with their preferences. All clinical team staff should be trained, and be provided with ongoing training, on PSH service provisions in an effort to support members and to educate on programs available.
- PSH staff and system partners should collaborate with clinic staff to provide training in avoiding imposition of housing readiness criteria and instead provide members seeking housing with information on how to access available housing options, including independent housing. When skill deficits are assessed, clinic staff should offer wrap around services to support success in the member's stated housing goal.
- PSH program staff should increase and document coordination of care with clinical teams to improve member care. Ideally, PSH programs and behavioral health services are delivered by an integrated team to maximize individualized coordinated member care.
- The PSH programs should continue efforts to track and obtain copies of housing related documents. With current leases on file, staff will be better informed to guide tenants when issues arise. PSH staff should seek to ensure all members reside in settings where they have legal rights to tenancy (i.e., lease) in units that meet Housing Quality Standards.
- PSH staff should be available to respond to members in the community when in crisis outside regular business hours. PSH staff are better positioned to respond to and support members than staff from a general crisis line. Members were not always aware of PSH 24/7 services. Teams should consider updating program brochures to include the on-call number and provide to members of the PSH program and clinic staff.
- Member input into the design and implementation of PSH services must be considered. Providers had few mechanisms to allow for the collection of member feedback, including criticism, and/or support of the services they are receiving. PSH teams should develop solid strategies to solicit and incorporate member input on program design and service provision. Programs that have a higher turnover of members on program rosters may want to consider a higher frequency of collecting member input.

Appendix A: Year 1-8 Summary Fidelity Review Findings

Assertive Community Treatment	Terros Priest Drive Recovery Center	Community Bridges Inc. Mesa Heritage	Copa Health Gateway	Copa Health Metro Omega	Southwest Network – San Tan	Lifewell Desert Cove	La Frontera-EMPACT Comunidad	Community Bridges, Inc. Forensic – Team One	Copa Health Medical ACT	Community Bridges, Inc. Avondale ACT	Valleywise Health Mesa Riverview
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											
Percent Compliance											
Average Item Score											
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								
Percent Compliance			64.3%								
Average Item Score			3.20								
Year 4 (FY 17-18) Total Score	121	110	102	122	126	119	120	121	125	118	114
Percent Compliance	86.4%	78.6%	72.9%	87.1%	90.0%	85.0%	85.7%	86.4%	89.3%	84.3%	81.4%
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
Year 3 (FY 16-17) Total Score	117	106	106	112	115	110	119	116	128	113	
Percent Compliance	83.6%	75.7%	75.7%	80.0%	82.1%	78.6%	85.0%	82.9%	91.4%	80.7%	
Average Item Score	4.18	3.79	3.79	4.00	4.11	3.93	4.25	4.14	4.57	4.03	
Year 2 (FY 15-16) Total Score	101	99	98	115	101	110	90	117	113		
Percent Compliance	72.1%	70.7%	70.0%	82.1%	72.1%	78.6%	64.3%	83.6%	80.7%		
Average Item Score	3.60	3.54	3.50	4.10	3.61	3.92	3.21	4.18	4.04		
Year 1 (FY 14-15) Total Score	97	114	90	98	110	97	114				
Percent Compliance	69.3%	81.4%	64.3%	70.0%	78.6%	69.3%	81.4%				
Average Item Score	3.46	4.07	3.21	3.50	3.93	3.46	4.07				
Previous program names	Terros Enclave Choices - Enclave	Southwest Network Mesa Heritage Clinic Southwest Network Hampton	Chicanos Por La Causa Centro Esperanza People of Color Network	Partners in Recovery Metro Center Omega		Lifewell Behavioral Wellness Royal Palms Southwest Network – Royal Palms	People of Color Network Comunidad		Copa Health Indian School Medical ACT Partners in Recovery West Indian		Maricopa Integrated Health System Mesa Riverview

Assertive Community Treatment	Southwest Network Northern Star Assertive	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 – Team Two	La Frontera-EMPACT Capitol Center	Southwest Network – Saguario	Terros 23rd Avenue Recovery Center ACT 2	Community Bridges Inc. 99th Avenue ACT	La Frontera-EMPACT Tempe	Community Bridges, Inc. Forensic – Team Three	Telecare Casa Grande
Year 8 (FY 21-22) Total Score														
Percent Compliance														
Average Item Score														
Year 7 (FY 20-21) Total Score	118	102	110	105	111	111	113	115	116	120	111	114	93	
Percent Compliance	84.3%	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	4.21	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	118	104	120	105	105	106	114		110	106	114		110	110
Percent Compliance	84.3%	74.3%	85.7%	75.0%	75.0%	75.7%	81.4%		78.6%	75.7%	81.4%		78.6%	78.6%
Average Item Score	4.21	3.70	4.29	3.75	3.75	3.80	4.10		3.90	3.80	4.07		3.90	3.92
Year 4 (FY 17-18) Total Score	109	105	111	96	110	104	108	115	111	109	105	115	111	
Percent Compliance	77.9%	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	3.89	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	90	96	92	103	96	109	108	113	104	113	91	109	110	
Percent Compliance	64.3%	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	3.21	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	97	104	115	100	114	111	114	103	93	99				
Percent Compliance	69.3%	74.3%	82.1%	71.4%	81.4%	79.3%	81.4%	73.6%	66.4%	70.7%				
Average Item Score	3.46	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	103	112	109	111	112	109	111	81						
Percent Compliance	73.6%	80.0%	77.9%	79.3%	80.0%	77.9%	79.3%	57.9%						
Average Item Score	3.68	4.00	3.89	3.96	4.00	3.89	3.96	2.89						
Previous program names	Southwest Network - Osborn Adult Clinic	Lifewell Behavioral Wellness Lifewell South Central Choices	Partners in Recovery West Valley Adult Clinic	Partners in Recovery Metro Varsity	Terros West McDowell Choices West McDowell	Terros Townley Choices – Townley Center	People of Color Network Comunidad Forensic ACT	People of Color Network Capitol Center		Terros Dunlap Circle the City	Chicanos P or La Causa Maryvale	La Frontera-EMPACT Madison		

Consumer Operated Services (COS)

Consumer Operated Services	Hope Lives	CHEERS	REN	Star-Central	Star-East	Star-West	Star-All Sites
Year 8 (FY 21-22)							
Total Score			206				201
Percent Compliance			99.0%				96.6%
Year 7 (FY 20-21)							
Total Score	198	204					204
Percent Compliance	95.2%	98.1%					98.1%
Year 6 (FY 19-20)							
Total Score			205				
Percent Compliance			98.6%				
Year 5 (FY 18-19)							
Total Score	197	203					
Percent Compliance	94.7%	97.6%					
Year 4 (FY 17-18)							
Total Score	190	205	201				200
Percent Compliance	91.3%	98.6%	96.6%				96.2%
Year 3 (FY 16-17)							
Total Score	192	204	198	194	194	196	
Percent Compliance	92.3%	98.1%	95.2%	93.3%	93.3%	94.2%	
Year 2 (FY 15-16)							
Total Score	186	204	198	177	197	188	
Percent Compliance	89.4%	98.1%	95.2%	85.1%	94.7%	90.4%	
Year 1 (FY 14-15)							
Total Score	187	187	199	166	179	166	
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 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
Percent Compliance						94.7%	90.7%	82.7%
Average Item Score						4.73	4.53	4.10
Year 5 (FY 18-19)								
Total Score		69	60	60	63			
Percent Compliance		92.0%	80.0%	80.0%	84.0%			
Average Item Score		4.60	4.00	4.20	4.20			
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%
Average Item Score		3.90	4.20	4.00	3.70	4.40	4.50	4.20
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%
Average Item Score		4.10	4.20	3.30	3.10	4.20	4.40	4.50
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%
Average Item Score		3.70	4.07	4.10		4.30	4.20	4.00
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%
Average Item Score	2.53	3.87	3.13	3.80		3.29	2.73	3.29

Permanent Supportive Housing	Resilient Health	AHCCMS	Southwest Behavioral & Health Services	RI Int.	CBI	Marc	PIR	COPA	Terr os	Lifewell	Horizon Health and Wellness	CFSS
Year 8 (FY 21-22)				26.05	22.93			22.13				
Total Score												
Percent Compliance				93.0%	81.9%			79.0%				
Year 7 (FY 20-21)	20.68	23.08	22.05					23.01				
Total Score												
Percent Compliance	73.9%	82.4%	78.8%					82.2%				
Year 6 (FY 19-20)				27.13	23.67							
Total Score												
Percent Compliance				96.9%	84.5%							
Year 5 (FY 18-19)	20.80	22.42	22.05									
Total Score												
Percent Compliance	74.3%	80.1%	78.8%									
Year 4 (FY 17-18)	20.88	21.42	22.25	25.75	23.30	22.50						
Total Score												
Percent Compliance	74.6%	76.5%	79.5%	92.0%	83.2%	80.4%						
Year 3 (FY 16-17)	21.67	20.21	21.80	25.88	22.26	22.80				20.46		
Total Score												
Percent Compliance	77.4%	72.2%	77.9%	92.4%	79.5%	81.4%				73.1%		
Year 2 (FY 15-16)	20.45	18.38	21.80	24.88	23.75	20.24			14.67	20.09	16.43	16.88
Total Score												
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)	12.30	13.07	13.88	20.74		19.20	15.97		13.67	18.80	14.01	13.30
Total Score												
Percent Compliance	43.9%	46.7%	49.6%	74.1%		68.6%	57.0%		48.8%	67.1%	50.0%	47.5%
Previous program names	People/ Service/ Action							MARC & PIR merger			Mountain Health and Wellness	

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 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						18.00	20.22	21.84	19.71	19.38	12.46	16.00
Percent Compliance						64.3%	72.2%	78.0%	70.4%	69.2%	44.5%	57.1%
Year 2 (FY 15-16)						17.32	20.72	16.34	16.35	19.30	16.96	
Total Score						17.32	20.72	16.34	16.35	19.30	16.96	
Percent Compliance						61.9%	74.0%	58.4%	58.4%	68.9%	60.6%	
Year 1 (FY 14-15)	15.10	13.88	12.51	15.80	14.80							
Total Score	15.10	13.88	12.51	15.80	14.80							
Percent Compliance	53.9%	49.6%	44.7%	56.4%	52.9%							