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FY 2019-2020 (Year 6)

**Evidence Based Practices Fidelity
Project**

Quality Improvement Report

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

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Introduction

In January 2014, a key part of the *Arnold vs. Sarn* settlement agreement was a stipulation that the Arizona Department of Health Services (ADHS) would provide training to providers throughout Maricopa County on the four evidence-based practices (EBPs) of Assertive Community Treatment (ACT), Supported Employment (SE), Consumer Operated Services (COS), and Permanent Supportive Housing (PSH), in order to improve services by more closely adhering to fidelity protocols established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). ADHS and the Western Interstate Commission for Higher Education – Mental Health Program (WICHE MHP) contracted consultant David Lynde, a national expert in the four SAMHSA evidence-based practices, to provide training, implementation support, and overall guidance for the project.

In January 2015, Governor Ducey's budget was passed by the Arizona legislature. Within the budget, the Division of Behavioral Health Services was administratively simplified. As of July 1, 2016, all behavioral health services in Arizona, including the exit agreement and provisions of *Arnold v. Sarn*, were transferred to the Arizona Health Care Cost Containment System (AHCCCS).

The composition of the fidelity review team remained unchanged from July 1, 2014 through Year 3. The team consisted of four staff based in Arizona, supervised by the WICHE project manager Mimi Windemuller of Colorado, providing both remote and on-site assistance. One fidelity reviewer left the team at the end of FY 2017 and recruitment led to the hiring of a new reviewer to fill the position in August 2017. The AHCCCS Project Manager Kelli Donley left her position in October 2017; AHCCCS employees Kristen Challacombe and Judith Walker provided leadership until Ms. Challacombe moved to another position in early 2019. In June 2018 Mimi Windemuller ended employment at WICHE and was replaced by the new project manager, Rebecca Helfand, PhD.

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

Project Implementation

Project management initially worked with ADHS to develop an oversight and approval process for conducting the fidelity reviews that was acceptable to the plaintiff's attorneys from the *Arnold* suit. Plaintiffs required that third-party consultants sign off on fidelity reviews for the first year of the project; however, this was not a requirement beyond the first year. WICHE continues to primarily contract with the same consultants used during Year 1 to provide ongoing consultation and training. David Lynde is lead consultant and primary contact for ACT; Ann Denton from Advocates for Human Potential (AHP) for PSH, Pat Tucker from AHP for SE and Laurie Curtis from AHP is the contact for COS, although her engagement is limited due to the high performance of the COS providers for Years 2-5. Pat Tucker was available to provide training and consultation for PSH given Ann Denton's recent retirement. Each consultant has extensive experience with SAMHSA EBP fidelity toolkits and provides consultation as needed. Work with these experts has tapered off with the increasing fidelity scores of providers in Maricopa County. With the change in scope of the project in Year 5 no expert consultants were brought in.

All EBP materials developed for Year 1 of the project, including fidelity scales, review interview guides, scoring protocols and forms, fidelity report templates, provider notification and preparation letters, etc. continue to be used. Applicable documentation was consolidated from the SAMHSA toolkits and reorganized for specific use with the fidelity review team.

The entire fidelity review process continues to accommodate the project scope and timeline, with guidance from the SAMHSA toolkit protocols:

- The team formulates all provider correspondence with necessary data collection tools to accurately conduct reviews across 4 EBPs, while allowing adequate time for both providers

and reviewers to prepare for each review. Preparation letters are the first point of contact between the review team and providers.

- Reviews are conducted in a team of two reviewers. Each team has a lead reviewer in charge of preparation correspondence, provider scheduling, and writing the report.
- Following the one-to-four-day reviews, each team member completes individual scores, and the team then consolidates final consensus scores.
- A detailed fidelity report with scoring rationale and recommendations is drafted by the review team.
- Following discussion and any needed input from respective expert consultant(s), the report with the fidelity scale score sheet is delivered to providers.
- A follow-up call with providers and the RBHA may be scheduled to discuss the review findings and answer specific questions regarding the report upon request by the provider.

During training and preparation for fidelity reviews of each EBP, the team discovered that to adequately conduct reviews some adjustments were needed based on how the Arizona system is structured. For example, in the SE and PSH reviews, staff from the Provider Network Organization (PNO) clinics were included to collect appropriate information as the primary referral source for services. Also, it was determined that reviewers have the option to interview a representative from the RBHA during PSH reviews, due to their role in maintaining the housing referral list. These practices continued during Year 5.

FY 2020 Fidelity Review Schedule

The review schedule for Year 6 was developed in July 2019. With the reduction in the number of Maricopa County reviews from 41 to 21 in Year 5, this year (Year 6) the remaining 20 reviews were planned. Due to the emergence of the coronavirus (COVID-19), and AHCCCS guidance to providers as of March 23, 2020, four fidelity reviews were suspended during the months of April through June 2020: two ACT - La Frontera-EMPACT Tempe and Capitol Center; one COS - Stand Together and Recover Centers, Inc. (S.T.A.R.); and, one PSH - Copa Health.

The provider census for FY 2020 includes a total of 16 reviews in Maricopa County:

- 10 ACT
- 1 COS
- 3 SE
- 2 PSH

Two ACT reviews and two PSH reviews were conducted in Southern Arizona and one PSH review was conducted in Northern Arizona as part of the Greater Arizona expansion work; those data will be presented in a separate report as they are not part of the *Arnold v. Sarn* agreement.

Training and Technical Assistance

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

- Education;
- Training; and
- Technical assistance.

The focus of quality improvement activities during FY 2020 was to provide education, training and technical assistance on Assertive Community Treatment, Permanent Supportive Housing and Supported Employment. These learning activities included:

- Supported Employment:
 - Integration with Supported Employment Managers and Clinical Leadership Staff - Pat Tucker, Advocates for Human Potential; and
 - Job Development Training - Pat Tucker, Advocates for Human Potential.
- Permanent Supportive Housing:
 - Housing First Model – Pat Tucker, Advocates for Human Potential;

- Eviction Prevention for Housing Staff and Supervisors - Nicholas Love, World Institute on Disability; and
- Disability Benefits –Stan Silas, Senior Housing Attorney; Community Legal Services.
- Assertive Community Treatment:
 - Understanding Fidelity and the Role of the Team Leader on an ACT Team - Karla LaRochelle, LMFT;
 - Integrated Dual Disorders Treatment –Jeffery Roskelley, PhD; Sound Life Recovery; [Planned for June 2020];
 - ACT Vocational Staff Training on Work-Related Services - Pat Tucker, Advocates for Human Potential [Planned for June 2020]; and
 - Motivational Interviewing – Mary Dillon, MA; Motivational Interviewing Learning Exchange [Planned for June 2020].

Supported Employment

Pat Tucker of AHP provided interactive training to employment specialists providing supported employment and other employment staff. One training focused on Integration with Supported Employment managers and clinical leadership staff. In this training, the participants were able to discuss benefits of integration but some of the clinical leadership stated that HIPAA regulations were a barrier to integration. There were some clinical staff that were successfully integrating with supported employment that disagreed on the HIPAA argument. The participants then identified the following issues that are real barriers: mindset of the clinical staff and leadership, HIPAA, paperwork, caseload size, and billable time. In the other training with Employment staff we focused on how to job develop in the current environment. This training focused on how to successfully build your employer network. The participants developed a list of places and people to start the networking process.

Permanent Supportive Housing

Pat Tucker of AHP also provided an interactive training to focused on the importance of work to maintaining housing. The staff focused on how to plant the seed of employment in the tenants with whom they work. Participants developed a list of things they can do to plant the seed.

A Housing First training was conducted by Pat Tucker of AHP in February 2020. The training focused on the rationale for Housing First and using a trauma-informed approach to housing members. A Housing First program puts a participant's basic physical and emotional safety first by taking the stance that the housing is secure and that other behavioral requirements are at the participant's discretion. A Housing First webinar was also developed and recorded for future use. The webinar is available through Mercy Care AZ for people who were not able to attend the in-person.

Assertive Community Treatment

Karla LaRochelle provided interactive training to assertive community treatment teams and other interested staff. The training focused on understanding fidelity and the role of the team leader on an assertive community treatment team. Mary Dillon began a training series in June that will continue into July 2020. This series will cover a variety of aspects of Motivational Interviewing (Motivational Interviewing Basics, Intermediate, and for Brief Interactions). Jeff Roskelley began a training series in June that will continue into July 2020. This series focuses on proper use of Integrated Dual Disorder Treatment with ACT team members.

Provider Changes

During FY 2020, several provider changes occurred. Those changes and resulting clinical team transitions are noted below:

- MIHS (Mesa Riverview) changed their name to Valleywise Health.
- Partners In Recovery merged with Marc Community Resources, Inc. and is now known as Copa Health.

Provider changes are noted below for FY 2020:

- PSA Behavioral Health Agency (PSA) changed their name to Resilient Health.
- Community Bridges Inc. (CBI) Forensic-ACT (FACT) teams were all moved to a central location during a re-location and restructuring process.
- Management of the SWN Royal Palms clinic transitioned to Lifewell Behavioral Wellness.
- Management of the SWN Mesa Heritage location transitioned to CBI.

Provider changes are noted below for FY 2018:

- MIHS/Mesa Riverview was added as a new **ACT** program for review.
- The following **COS** programs received a combined review in FY 2018:
 - Stand Together and Recover Centers, Inc. (S.T.A.R.) - Central location;
 - Stand Together and Recover Centers, Inc. (S.T.A.R.) - East location; and
 - Stand Together and Recover Centers, Inc. (S.T.A.R.) - West location.
- The PNO ACT teams are no longer receiving **PSH** reviews; these programs will continue to be reviewed according to the ACT practice:
 - Chicanos Por La Causa (CPLC) ACT team (previously People of Color Network);
 - La Frontera – EMPACT (La F)- ACT teams (previously People of Color Network);
 - Partners in Recovery (PIR) ACT teams;
 - Community Bridges Inc. (CBI) ACT teams;
 - Lifewell Behavioral Wellness ACT team (previously Choices South Central);
 - Southwest Network (SWN) ACT teams; and
 - Terros ACT teams (previously Choices).

Also, Lifewell Behavioral Wellness (Lifewell) has been eliminated from the PSH reviews, as the program was not specifically designed to operate as this evidence-based practice.

- There are no changes to the **SE** reviews for FY 2018.

Summary of Findings from the Fidelity Reviews

The data that follow illustrate the findings from the FY 2020 fidelity reviews conducted July 2019 through March 2020, given that four fidelity reviews were suspended during the months of April, May and June 2020, as noted previously. With the contract adjustments in Year 5, this year the remaining 20 programs (not reviewed in Year 5) were reviewed. The yellow, orange, and red highlights indicate the opportunities for improvement, with red being the greatest opportunity. Areas of opportunity that are common across programs help identify potential systemic issues and training/technical assistance opportunities, including areas in which program fidelity clarity may benefit multiple providers. Areas that are challenges for specific providers are also clearly identified in the tables and indicate opportunities for site-specific, fidelity-focused quality improvement interventions. These opportunities are identified for each of the evidence-based practices below, following the data tables. For the providers that received fidelity reviews during Year 6, historical and summary data are provided at the end of each FY 2020 table. The full data tables for FY 2015, FY 2016, FY 2017, FY 2018, and FY 2019 are included at the end of this report. Please note that not all programs were reviewed in FY 2020.

Assertive Community Treatment (ACT) Fidelity Reviews Completed and Findings

Reviews Completed July 2019 – November 2019

- ✓ Terros Priest Drive Recovery Center (previously Terros Enclave)
- ✓ Valleywise Health (previously MIHS) Mesa Riverview
- ✓ Community Bridges, Inc. (CBI) Forensic – Team One (FACT)
- ✓ Partners in Recovery Metro Center Omega (PIR)
- ✓ Community Bridges Inc. Mesa Heritage (previously SWN; Hampton)
- ✓ Southwest Network San Tan (SWN San Tan)

Reviews Completed December 2019 – June 2020

- ✓ Lifewell Behavioral Wellness Royal Palms
- ✓ La Frontera-EMPACT Comunidad
- ✓ Community Bridges, Inc. (CBI) Avondale
- ✓ Copa Health (previously Partners in Recovery) Indian School Medical ACT (M-ACT)

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

Assertive Community Treatment

Assertive Community Treatment	Terr os Prst.	VW MR	CBI FACT 1	PIR Metr o-Omg	CBI MH	SWN San Tan	Lifew ell RP	LFE Com	CBI Avnd	Copa Health M-ACT
Small Caseload	4	5	5	5	4	5	5	5	5	5
Team Approach	3	5	5	4	4	5	5	5	4	4
Program Meeting	5	5	4	5	4	5	5	5	4	5
Practicing ACT Leader	3	3	3	2	3	3	2	4	4	4
Continuity of Staffing	3	4	3	4	1	4	2	5	2	4
Staff Capacity	4	5	4	4	4	5	4	5	4	4
Psychiatrist on Team	5	5	5	5	3	5	5	5	1	5
Nurse on Team	4	5	5	5	5	5	5	5	3	5
Substance Abuse Specialist on Team	4	4	5	5	4	4	4	4	5	4
Vocational Specialist on Team	3	4	4	5	1	5	5	5	5	2
Program Size	5	5	5	5	4	5	5	5	5	5
Explicit Admission Criteria	5	5	5	5	5	5	5	5	5	5
Intake Rate	5	5	5	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	4	4	4	4	4	5	4	4	4
Responsibility for Crisis Services	5	5	5	5	4	5	5	5	5	5
Responsibility for Hospital Admissions	3	4	4	4	2	4	3	3	2	4
Responsibility for Hospital Discharge Planning	4	5	5	5	5	5	4	4	5	5
Time-unlimited Services	5	5	4	4	4	5	5	5	5	5
Community-based Services	2	4	3	3	4	4	3	2	3	4
No Drop-out Policy	5	5	5	5	5	5	5	5	5	5

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

The below table shows data from all ACT teams reviewed in Years 1-6. It is important to note that in Year 5, only ACT teams that scored below 80% in Year 4 were reviewed. In Year 6, all remaining ACT teams, not reviewed in Year 5, were reviewed. As such, conclusions should not be drawn about the ACT teams in Maricopa County based solely on Year 5 or Year 6 data. The overall fidelity ratings for the ACT teams reviewed during Year 6 ranged from 73.6% to 86.4% with an average of 81.2% percent.

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

ⁱ Only providers with fidelity scores 80% or below were reviewed in Year 5

*10 programs were reviewed in Year 6

The fidelity team noted the following successes:

- Most ACT teams are adequately staffed to provide necessary coverage to the members served. Staffing capacity was generally maintained even though some teams experienced staff turnover.
- Most ACT team staffing includes one or more individuals with lived experience of psychiatric recovery and two Substance Abuse Specialists.
- Many ACT teams are staffed with a Psychiatrist and two Nurses who provide office and community-based services. Psychiatrists and Nurses are available to consult with staff after hours.
- Most ACT teams meet as a full team four to five days a week to discuss service delivery to all members.
- The ACT teams provide crisis support to members, are available after business hours by phone, can meet members in the community, and some staff work weekend hours.
- Members are usually provided a list of ACT staff names, numbers, and directions on how to get in touch with staff at the clinic or after hours. Some teams also include a brief description of each position on the team, including how each staff can help the member, and/or hours each staff is available.
- Most ACT teams discuss members' medical conditions and treatment during the team meeting. Based on team meetings, and documentation, it appears ACT staff work to coordinate treatment with physical healthcare providers. Examples of staff accompanying members to medical appointments were documented in records reviewed.

Assertive community treatment quality improvement opportunities:

- Some providers should examine reasons for ACT staff turnover. Consider seeking input from current staff on what retention efforts the agencies can implement and how the agency can support them in their roles. Many ACT members experienced staff turnover.
- Some ACT teams should evaluate what prevented staff from directly supporting members during hospital admissions. Develop plans in advance with members who are known to self-admit to inpatient settings without contacting the team. More contact with members' informal support networks might result in the identification of issues or concerns that could lead to hospitalization.
- Ideally, the majority of ACT services are delivered to members in the community. ACT emphasizes service delivery in natural, integrated community settings, outside of the clinic, where learning of new skills and behaviors, as well as modeling, monitoring, and feedback, best occurs. Face-to-face member engagement should occur, with safety practices in place, based on guidance from state and federal health officials.
- Evaluate the engagement strategies employed by teams with lower frequency and intensity of service delivery.
- ACT teams should increase engagement with natural supports. Offer staff introductory and refresher training on strategies to work with members in identifying supports and

how staff can involve those supports. Staff may then be able to advise informal supports on how they can reinforce members' healthy recovery behaviors. Partner with natural supports to encourage members' recovery goals.

- Offer ACT staff introductory and refresher training on an integrated approach to substance use treatment. Include review of stage-wise treatment, associated interventions, recovery language, strategies to engage members in individual and/or group treatment, and how to develop treatment planning incorporating co-occurring treatment language. Making supervision available to ACT SASs should help them as they cross-train other specialists in co-occurring substance use treatment. Some agencies have purchased and disseminated to ACT teams treatment manuals and resources to ensure staff draw from the same information.

Consumer Operated Services (COS) Fidelity Reviews Completed and Findings

Reviews completed July 2019 – November 2019

- ✓ Recovery Empowerment Network (REN)

Reviews Completed December 2019 – June 2020

- ✓ One review cancelled

Note: To better identify areas for improvement for COS, for the Year 6 report, items receiving a 3 are highlighted in yellow.

Consumer Operated Services

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

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

COS	Likert Scale	REN
Year 6 Total Score		205
Total Possible	208	208
Percentage Score		98.6
Year 4 Total Score		201
Total Possible	208	208
Percentage Score		96.6
Year 3 Total Score		198
Total Possible	208	208
Percentage Score		95.2
Year 2 Total Score		193
Total Possible	208	208
Percentage Score		92.8
Year 1 Total Score		199
Total Possible	208	208
Percentage Score		95.7

The below table shows data from all COS programs reviewed in Years 1-6. *It is important to note that only two COS programs were reviewed in Year 5. In Year 6, the two remaining COS programs, not reviewed in Year 5 were reviewed. As such, conclusions should not be drawn about the COS teams in Maricopa County based solely on Year 5 or Year 6 data.*

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

[†] Two programs were reviewed in Year 5

^{*} One program was reviewed in Year 6

The fidelity team has noted the following successes:

- Staff and members usually affirm that members contribute to the centers and activities.
- Staff report they maintain mutually collaborative contacts with traditional mental health service providers.
- The peer principle is valued by members and staff. Members report that staff share stories of their lived experience. There are multiple avenues for members to share their own stories.
- Formal and informal activities are available where members can enhance problem solving skills.

Consumer Operated Services quality improvement opportunities:

- Ensure hours of operation conform to those most needed by members. That may include modifying or adding hours with activities in the evening or enhancing activities offered over the weekend to accommodate a broader range of members. Ensure members are aware of community resources to utilize when the center is closed for holidays.
- Encourage members to participate in job readiness activities. Some programs might benefit from adding or training additional staff to facilitate job readiness activities. It may be useful to track member participation by specific group or activity. Events with lower than anticipated attendance can be evaluated to determine if enhancements are needed related to engagement, curriculum, or supports.

Supported Employment (SE) Fidelity Reviews Completed and Findings

Reviews completed July 2019 – November 2019

- ✓ VALLEYLIFE Supported Employment (VALLEYLIFE)
- ✓ Marc Community Resource’s Supported Employment (Marc CR)

Reviews Completed December 2019 – June 2020

- ✓ Beacon Group

Note: To better identify areas for improvement for SE, for the Year 6 report, items receiving a 3 are highlighted in yellow, and 1s are highlighted in red.

Supported Employment

SE 1-5 Likert Scale	VALLEYLIFE	Marc CR	Beacon
Staffing			
Caseload	4	5	4
Vocational Services Staff	5	5	5
Vocational Generalists	5	5	4
Organization			
Integration of rehabilitation with MH treatment	4	3	1
Vocational Unit	5	4	4
Zero-exclusion criteria	5	4	4
Services			
Ongoing work-based assessment	5	5	5
Rapid search for competitive jobs	4	5	4
Individual job search	5	5	5

SE 1-5 Likert Scale	VALLEYLIFE	Marc CR	Beacon
Diversity of jobs developed	4	4	5
Permanence of jobs developed	5	5	4
Jobs as transitions	5	5	5
Follow-along supports	5	5	5
Community-based services	5	5	4
Assertive engagement and outreach	5	3	3
Year 6 Total Points: Total Possible 75	71	68	62
Percentage	94.7	90.7	82.7
Average	4.7	4.5	4.1
Year 4 Total Points: Total Possible 75	66	67	63
Percentage	88.0%	89.3%	84%
Average	4.4	4.5	4.2
Year 3 Total Points: Total Possible 75	63	66	68
Percentage	84%	88%	90.7%
Average	4.2	4.4	4.5
Year 2 Total Points: Total Possible 75	65	63	60
Percentage	86.7%	84%	80%
Average	4.3	4.2	4
Year 1 Total Points: Total Possible 75	51	41	51
Percentage	68%	54.6%	68%
Average	3.29	2.73	3.29

The below table shows data from all SE programs reviewed in Years 1-6. *It is important to note that only four SE programs were reviewed in Year 5. In Year 6, all remaining SE teams, not reviewed in Year 5 were reviewed. As such, conclusions should not be drawn about the SE teams in Maricopa County based solely on Year 5 or Year 6 data.* The overall fidelity ratings for the SE programs reviewed during Year 6 ranged from 82.7% to 94.7% with an average of 89.4%.

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

ⁱ Four SE programs were reviewed in Year 5

*Three SE programs were reviewed in Year 6

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

Given the improvements noted across all three fidelity domains of Staffing, Organization and Services over the six years of review, it appears that most providers have a better understanding of the program model and have implemented structural or policy practices to improve fidelity. Additional training and technical assistance for service providers and clinical partners will be valuable in continuing to improve adherence to the Supported Employment model. Additionally, a greater focus on community integration and clearer documentation of these services may also improve adherence to the model.

The fidelity team has noted the following successes:

- SE Employment Specialists (ES) usually provide only supported employment services, and do not engage in case management, group facilitation, or supervise work adjustment activities.
- There is often evidence that SE and/or clinic staff engage members in benefit planning discussions. There is commonly evidence in records that members are introduced to Disability Benefits 101 (DB101).
- There appears to be improvement in assisting members with rapid search for employment by facilitating face-to-face contact with potential employers.
- SE staff use Vocational Profiles to guide discussions on member education, work histories, individual work goals, and employment needs and preferences.
- It appears SE staff usually assist members to pursue employment based on member goals and preferences. Employer contacts are generally based on job choices identified by the member.
- Some ESs conduct community-based job development activities and do not rely primarily on online job searches.

Supported Employment areas for focused quality improvement:

- Improve integration of SE and clinic services. Redefine the role of the ES as an active participant and decision maker on clinical teams through weekly attendance at clinical treatment team meetings and regular contact with clinic staff. With separate providers, there are fundamental barriers to successful integration, such as separate intake processes, separate records, ESs who work with members from many clinic teams, and clinic providers that allow varying levels of SE staff access and participation at clinical team meetings. Co-location of ESs with clinical teams appears to improve integration, but co-located ESs often appear to have a limited voice; consigned primarily to providing status updates on their caseloads, rather than engaging clinical teams in discussion about potential employment opportunities for members yet to be referred. Non-co-located SE staff attend far fewer clinical team meetings, communicate with clinic staff mostly via email or phone and seem to have little influence over treatment planning. Additionally, turnover of ESs at some SE providers appears to impact integrated services. Some clinic staff are unsure of the assigned SE staff.

- System partners, including clinic staff, should collaborate to ensure members are engaged to consider employment, and that members are not delayed in receiving SE to pursue employment.
- As often as possible, vocational services should be provided in the community in locations relevant to the member's job search. Services may occur with the member present, such as discreet job site observations or through advocacy or education with current employers without the members present. SE staff should meet with members in diverse locations, including potential employers, work settings, libraries (where other job search resources may be available), various job centers, etc. Meeting at diverse locations can provide opportunities for exposure and discussion about the range of employers and positions available. SE staff might support members during informal interactions with potential employers or employees in settings most closely aligned to the member's goal. SE staff might observe and provide feedback.
- Outreach and engagement efforts to disengaged members should occur on a time unlimited basis until members indicate they are no longer interested in SE services.

Permanent Supportive Housing (PSH) Fidelity Reviews Completed and Findings

Reviews Completed December 2019 – June 2020

- ✓ RI International
- ✓ Community Bridges, Inc. (CBI)

Note: To better identify areas for improvement for PSH, for Year 6 report, items receiving a 1 are highlighted in red, 2 or 2.5 are highlighted in orange, and 3 are highlighted in yellow.

Permanent Supportive Housing

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

PSH	Scale	RI Int.	CBI
Rights of Tenancy			
Extent to which tenants have legal rights to the housing unit	1,4	4	1
Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	4	4
Average Score for Dimension		4	2.5
Access to Housing			
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	4	3
Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	4	4
Extent to which tenants control staff entry into the unit	1-4	4	4
Average Score for Dimension		4	3.67
Flexible, Voluntary Services			
Extent to which tenants choose the type of services they want at program entry	1 or 4	4	4
Extent to which tenants have the opportunity to modify services selection	1 or 4	4	4
Extent to which tenants are able to choose the services they receive	1-4	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	3	2
Extent to which services are consumer driven	1-4	4	3
Extent to which services are provided with optimum caseload sizes	1-4	3	4
Behavioral health services are team based	1-4	2	2
Extent to which services are provided 24 hours, 7 days per week	1-4	2	2
Average Score for Dimension		3.13	3
Year 6 Total Score		27.13	23.67
Highest Possible Dimension Score		28	28
Percentage Score		96.8%	84.5%
Year 4 Total Score		25.75	23.3
Highest Possible Dimension Score		28	28
Percentage Score		91.9%	85.0%

PSH	Scale	RI Int.	CBI
Year 3 Total Score		25.88	22.26
Highest Possible Dimension Score		28	28
Percentage Score		92.4%	79.5%
Year 2 Total Score		24.9	23.8
Highest Possible Dimension Score		28	28
Percentage Score		88.9%	85%
Year 1 Total Score		20.7	NA
Highest Possible Score		28	28
Percentage Score		74.1	NA

The below table shows data from all PSH programs reviewed in Years 1-6. *It is important to note that only three PSH programs were reviewed in Year 5. In Year 6, all remaining PSH teams, not reviewed in Year 5 were reviewed. As such, conclusions should not be drawn about the PSH teams in Maricopa County based solely on Year 5 or Year 6 data.* The overall fidelity ratings for the PSH programs reviewed during Year 6 ranged from 84.5% to 96.8% with an average of 90.7%.

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

ⁱ Three PSH programs were reviewed in Year 5

*Two PSH programs were reviewed in Year 6

**This provider was not reviewed after Year 1

The fidelity team has noted the following:

- PSH staff usually assist members in selecting housing that aligns with their preferences
- Most PSH members live in settings where separation exists between housing management and PSH services and tenancy is not linked to participation in services.
- Most PSH tenants pay 30% or less of their income toward housing costs.
- Most PSH members reside in integrated settings in the community where the tenant fully controls access their residence.
- Some PSH staff provides education to community partners about PSH. PSH staff presented at a local networking conference and visited clinics to educate clinic staff on PSH services.

Permanent Supportive Housing Quality Improvement Opportunities

- Clinic staff should ensure members who voice an independent living goal are supported to pursue that option. PSH is intended for members with the most significant housing

challenges. Offer introductory and refresher trainings to educate referral sources on *Housing First* principles. Frequently orienting clinic staff on members having choice in housing may empower them to more faithfully align their services to the PSH model.

- System partners should collaborate to establish, preserve and improve relationships with property managers over issues such as working with rent assistance programs, prospective tenant income requirements, and background issues to increase members' options. Promote the benefits of PSH services by developing relationships with landlords and housing providers. Consider posting outcome data related to PSH on agency websites.
- PSH services should be adaptable to meet tenants' changing needs and preferences. Educate staff and members on how choices of the services members select do or do not impact other services. For example, if terminating clinic services is allowed, the impact on applicable subsidies and/or PSH services
- Support members who are not affiliated with voucher programs to live in safe, affordable housing where they have rights of tenancy. Some PSH tenants who do not receive a subsidy pay 50% or more of their income toward housing costs. Some PSH members are in settings where it is unclear if they have rights of tenancy (i.e., no formal lease) or are safe (i.e., no evidence units meet Housing Quality Standards). PSH programs should track and obtain copies of housing documents. With current leases on file, staff will be better informed to guide tenants if issues arise. PSH providers should explore strategies to ensure all PSH members' housing meets Housing Quality Standards (HQS). PSH staff with knowledge of HQS can advocate with members if repairs or other intervention is needed. Ideally, all units where PSH members reside should meet HQS.
- Ideally, PSH services are provided by an integrated team. With separate providers (i.e., for clinic and PSH services), there are fundamental barriers to successful integration, such as separate intake processes, separate records, PSH staff who work with members from many clinic teams, etc. If an integrated provider is not possible, the separate service providers should coordinate treatment.
- PSH staff should be available to respond to member crisis phone calls and in the community outside of regular business hours. PSH staff are better positioned to respond to and support members than staff from general community or agency crisis lines.

Year 1 (FY 2015) Fidelity Review Findings

Assertive Community Treatment Year 1 – FY 2015

ACT	Choice s Enclav e	SWN Osbor n	Choice s South Central	PIR West Valle y	SWN Hamp -ton	PCN Centro Esperanz a	PIR Metro Varsit y	PIR Metro Omeg a	SW N San Tan	Choice s WM	SW N BV	Choice s Townle y	PCN Comu n- idad	PCN Comu n- idad [FACT]	PC N CC
Human Resources	1-5 Likert Scale														
Small Caseload	5	5	5	5	5	4	5	5	4	5	5	4	5	5	4
Team Approach	4	5	5	3	5	3	5	4	5	5	3	5	5	5	4
Program Meeting	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Practicing ACT Leader	2	1	2	2	2	2	3	2	1	3	2	3	3	3	1
Continuity of Staffing	3	3	3	5	4	3	3	4	4	3	3	2	5	4	3
Staff Capacity	4	3	4	5	4	1	5	4	3	4	5	4	5	4	4
Psychiatrist on Team	5	4	5	4	5	5	5	4	5	5	5	4	5	4	3
Nurse on Team	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Substance Abuse Specialist on Team	1	5	5	3	3	1	1	1	3	5	3	4	5	3	2
Vocational Specialist on Team	1	1	5	5	3	4	5	2	5	3	1	3	4	5	3
Program Size	5	5	5	5	5	4	5	5	4	5	5	5	5	5	3
Organizational Boundaries	1-5 Likert Scale														
Explicit Admission Criteria	5	4	4	5	4	3	5	4	5	5	4	5	5	4	3
Intake Rate	4	5	4	4	5	5	5	5	5	5	5	5	5	5	5
Full Responsibility for Treatment Services	4	3	4	4	4	3	4	3	4	3	3	3	2	3	2
Responsibility for Crisis Services	5	5	5	5	5	5	5	5	5	5	5	5	4	5	4
Responsibility for Hospital Admissions	4	4	4	5	4	3	3	4	5	4	4	5	4	3	3
Responsibility for Hospital Discharge Planning	5	5	5	5	5	4	5	5	5	4	5	5	5	4	4
Time-unlimited Services	5	4	4	5	5	5	4	4	5	5	5	5	5	5	4

ACT	Choices Enclave	SWN Osborn	Choices South Central	PIR West Valley	SWN Hampton	PCN Centro Esperanza	PIR Metro Varsity	PIR Metro Omega	SWN San Tan	Choices WM	SWN BV	Choices Townley	PCN Comunidad	PCN Comunidad (FACT)	PCN CC
Nature of Services	1-5 Likert Scale														
Community-based Services	3	3	4	2	5	2	5	2	3	3	2	4	3	5	3
No Drop-out Policy	4	5	4	4	5	5	5	5	5	5	5	5	5	4	4
Assertive Engagement Mechanisms	5	5	5	5	5	4	5	5	5	5	5	5	5	5	4
Intensity of Service	2	4	3	2	3	3	2	3	2	2	2	3	5	5	2
Frequency of Contact	2	5	5	2	4	2	4	3	3	3	2	2	5	4	2
Work with Support System	1	1	2	4	1	2	3	1	2	2	3	3	1	3	1
Individualized Substance Abuse Treatment	1	1	2	1	3	1	1	1	3	3	2	2	2	2	1
Co-occurring Disorders Treatment Groups	2	2	2	4	3	1	2	2	4	3	2	2	1	1	1
Co-occurring Disorders/Dual Disorders Model	2	2	3	2	4	2	3	2	2	4	2	3	2	2	2
Role of Consumers on Treatment Team	5	5	5	5	5	5	5	5	5	5	1	5	5	5	1
TOTAL SCORE	97	103	112	109	114	90	111	98	110	112	97	109	114	111	81
Total Possible (5 point Likert scale -all items)	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	69.3	73.6	80	77.9	81.4	64.3	79.3	70	80	80	69.3	77.9	81.4	79.3	57.9
Averages	3.46	3.68	4	3.89	4.07	3.21	3.96	3.5	3.93	4	3.46	3.89	4.07	3.96	2.89

Consumer Operated Services Year 1 – FY 2015

COS	Likert Scale	CHEERS	REN	STAR Central	STAR East	STAR West	Vive la Esp.
Structure							
Board Participation	1-5	5	4	5	4	4	4
Consumer Staff	1-5	5	5	5	5	5	4
Hiring Decisions	1-4	4	4	4	4	4	4
Budget Control	1-4	3	3	4	4	4	3
Volunteer Opportunities	1-5	5	3	4	5	5	5
Planning Input	1-5	5	5	3	5	5	5
Satisfaction/Grievance Response	1-5	5	5	5	5	5	4
Linkage with Traditional MH Services	1-5	3	5	4	4	4	5
Linkage with other COS Programs	1-5	5	5	5	5	5	4
Linkage with other Services Agencies	1-5	5	5	3	3	3	5
Environment							
Local Proximity	1-4	4	4	4	3	3	3
Access	1-5	5	5	5	4	3	4
Hours	1-5	5	5	3	4	3	3
Cost	1-5	5	5	5	5	5	5
Reasonable Accommodation	1-4	2	3	3	3	2	3
Lack of Coerciveness	1-5	5	5	4	3	3	4
Program Rules	1-5	5	5	5	3	3	5
Physical Environment	1-4	2	4	4	3	3	2
Social Environment	1-5	4	5	3	4	5	5
Sense of Community	1-4	4	4	4	4	4	4
Timeframes	1-4	4	4	2	3	3	4
Belief Systems							
Peer Principle	1-4	4	4	3	4	4	4
Helper's Principle	1-4	4	4	3	4	2	4
Personal Empowerment	1-5	5	5	5	5	5	5
Personal Accountability	1-5	5	5	5	5	4	5
Group Empowerment	1-4	4	4	3	4	3	4
Choice	1-5	5	5	4	4	4	4
Recovery	1-4	4	4	4	4	4	4
Spiritual Growth	1-4	3	4	3	4	3	2

COS	Likert Scale	CHEEERS	REN	STAR Central	STAR East	STAR West	Vive la Esp.
Peer Support							
Formal Peer Support	1-5	5	5	5	5	5	5
Informal Peer Support	1-4	4	4	3	4	3	4
Telling Our Story	1-5	4	4	4	4	4	5
Artistic Expression	1-5	3	4	4	4	4	4
Consciousness Raising	1-4	3	4	3	3	3	4
Formal Crisis Prevention	1-4	4	4	4	4	4	4
Informal; Crisis Prevention	1-4	3	4	3	4	2	4
Peer Mentoring and Teaching	1-4	4	4	3	4	2	4
Education							
Formally Structured Activities	1-5	4	5	3	4	4	5
Receiving Informal Support	1-5	5	5	4	5	5	5
Providing Informal Support	1-5	4	5	2	3	3	5
Formal Skills Practice	1-5	4	4	3	4	4	3
Job Readiness Activities	1-5	4	4	2	3	3	4
Advocacy							
Formal Self Advocacy	1-5	4	5	3	4	4	5
Peer Advocacy	1-5	4	5	3	4	4	5
Outreach to Participants	1-5	4	5	3	3	2	4
Total Score	208	187	199	166	179	166	187
Total Possible		208	208	208	208	208	208
Percent Score		89.9	95.7	79.8	86.1	79.8	89.9

Supported Employment Year 1 – FY 2015

SE 1-5 Likert Scale	Marc CR	DK Advocates	Focus	Lifewell	VALLEYLIFE	WEDCO	Beacon
Staffing							
Caseload	5	5	5	5	5	5	5
Vocational Services Staff	3	4	4	4	5	5	3
Vocational Generalists	4	4	5	4	4	3	3
Organization							
Integration of rehabilitation with MH treatment	1	1	1	1	1	1	1
Vocational Unit	5	4	3	5	4	3	2
Zero-exclusion criteria	1	4	2	4	4	2	2
Services							
Ongoing work-based assessment	1	4	5	5	3	3	5
Rapid search for competitive jobs	1	1	4	4	2	3	3
Individual job search	1	1	5	4	2	2	3
Diversity of jobs developed	2	1	5	3	2	3	3
Permanence of jobs developed	1	2	4	4	3	3	5
Jobs as transitions	5	1	5	4	5	2	5
Follow-along supports	4	1	4	4	4	4	5
Community-based services	2	3	2	2	3	5	3
Assertive engagement and outreach	5	4	4	4	4	3	3
Total Points	41	38	58	57	51	47	51
Total Possible	75	75	75	75	75	75	75
Percentages	54.6%	50.6%	77.3%	76%	68%	62.6%	68%
Averages	2.73	2.67	3.87	3.8	3.29	3.13	3.29

Permanent Supportive Housing Year 1 - FY 2015

PSH	Scale	PSA	AHC-CMS	Terro s	PCN	RI	Help Heart s	AZ Mento r	Life- well	SB H	PIR	Mar c	MH W	Cho - ices	SW N	CF SS
Choice of Housing																
Tenants have choice of type of housing	1,2.5, 4	1	1	1	1	2.5	1	1	1	1	1	1	1	1	1	1
Real choice of housing unit	1,4	1	1	1	1	4	1	1	1	1	1	4	1	1	1	1
Tenant can wait without losing their place in line	1-4	2	3	3	3	4	3	3	3	3	3	4	3	3	3	2
Tenants have control over composition of household	1,2.5, 4	2.5	2.5	2.5	2.5	4	2.5	2.5	2.5	2.5	2.5	4	2.5	2.5	2.5	2.5
Average Score for Dimension		1.6 3	1.87	1.88	1.8 8	3.6 2	1.88	1.88	1.8 8	1.8 8	1.8 8	3.2 5	1.88	1.88	1.88	1.63
Functional Separation of Housing and Services																
Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5, 4	2.5	4	1	2.5	4	4	4	2.5	4	2.5	4	1	2.5	2.5	4
Extent to which service providers do not have any responsibility for housing management functions	1,2.5, 4	1	2.5	1	2.5	4	2.5	2.5	2.5	2.5	2.5	4	2.5	2.5	2.5	2.5
Extent to which social and clinical service providers are based off site (not at housing units)	1-4	3	2	2	3	4	1	1	4	2	3	4	4	4	3	1
Average Score for Dimension		2.1 7	2.83	1.33	2.6 7	4	2.5	2.5	3	2.8 3	2.6 7	4	2.5	3	2.67	2.5
Decent, Safe and Affordable Housing																
Extent to which tenants pay a reasonable amount of their income for housing	1-4	4	2	4	3	4	4	3	4	1	2	1	2	2	2	1

PSH	Scale	PSA	AHC-CMS	Terros	PCN	RI	Help Hearts	AZ Mentor	Life-well	SBH	PIR	Marc	MHW	Cho-ices	SWN	CFSS
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1	1	4	1	1	4	1	2.5	1	1	1	4	1	1	1
Average Score for Dimension		2.5	1.5	4	2	2.5	4	2	3.25	1	1.5	1	3	1.5	1.5	1
Housing Integration																
Extent to which housing units are integrated	1-4	1	1	1	2	4	1	1	1	1	3	4	1	2	2	1
Average Score for Dimension		1	1	1	2	4	1	1	1	1	3	4	1	2	2	1
Rights of Tenancy																
Extent to which tenants have legal rights to the housing unit	1,4	1	1	1	1	4	1	1	4	1	1	1	4	1	1	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	1	2.5	1	1	2.5	1	1	4	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Average Score for Dimension		1	1.75	1	1	3.25	1	1	4	1.75	1.75	1.75	3.25	1.75	1.75	1.75
Access to Housing																
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	1	1	1	1	2	1	1	1	2	1	2	1	2	2	2
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5	2.5	2.5	4	1	2.5	4	4	2.5	4	1	1	4	2.5	2.5
Extent to which tenants control staff entry into the unit	1-4	1	1	2	3	3	1	1	3	2	3	4	1	2	3	2
Average Score for Dimension		1.5	1.5	1.83	2.67	2	1.5	2	2.67	2.17	2.67	2.33	1	2.67	2.5	2.17

PSH	Scale	PSA	AHC-CMS	Terros	PCN	RI	Help Hearts	AZ Men-tor	Life-well	SBH	PIR	Marc	MHW	Cho-ices	SWN	CFSS
Flexible, Voluntary Services																
Extent to which tenants choose the type of services they want at program entry	1,4	1	1	1	1	4	1	1	1	4	1	4	1	1	1	1
Extent to which tenants have the opportunity to modify services selection	1,4	4	4	4	4	4	1	1	4	4	1	4	1	4	1	4
Extent to which tenants are able to choose the services they receive	1-4	2	3	2	3	3	1	2	3	3	2	3	2	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	2	3	2	3	4	2	2	4	3	3	3	2	3	3	4
Extent to which services are consumer driven	1-4	2	2	2	2	3	1	1	2	2	2	2	1	2	2	3
Extent to which services are provided with optimum caseload sizes	1-4	4	4	4	4	3	4	4	4	4	4	3	1	3	4	4
Behavioral health services are team based	1-4	2	2	2	2	2	2	2	2	2	3	2	2	4	2	3
Extent to which services are provided 24 hours, 7 days per week	1-4	3	2	4	4	4	4	4	4	4	4	2	1	4	4	4
Average Score for Dimension		2.5	2.62	2.63	2.88	3.37	2	2.13	3	3.25	2.5	2.87	1.38	3	2.5	3.25
Total Score		12.3	13.1	13.7	15.1	20.7	13.9	12.5	18.8	13.9	16.0	19.2	14.0	15.8	14.8	13.3
Highest Possible Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		43.9	46.7	48.8	53.9	74.1	49.6	43.2	67.1	49.6	57.0	68.6	50.0	56.4	52.9	47.5

Year 2 (FY 2016) Fidelity Review Findings

Assertive Community Treatment Year 2 – FY 2016

ACT	Terro s En- clave	SWN Osbor n	Lifewe ll South Centra l	PIR West Valle y	CBI FAC T	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Hamp -ton	CPLC Centr o Esper - anza	SW N San Tan	SW N Sag- uaro	SW N BV	La F C	Terros Townle y	CBI Com - FAC T	PIR [M- ACT]	La FC C	Cir. The Cit y
Human Resources																			
Small Caseload	4	4	5	5	5	5	5	5	4	4	5	5	4	4	5	5	5	5	4
Team Approach	3	3	5	5	4	5	3	3	5	2	4	3	5	3	5	5	5	3	2
Program Meeting	5	5	5	5	4	5	4	5	5	5	5	5	5	5	5	4	5	5	5
Practicing ACT Leader	3	3	2	3	3	3	2	3	3	2	3	1	3	2	2	3	3	3	4
Continuity of Staffing	3	3	2	3	4	3	3	4	4	2	4	4	3	3	2	1	4	2	1
Staff Capacity	5	4	4	4	4	4	4	4	3	3	3	3	4	5	4	5	3	3	3
Psychiatrist on Team	4	4	5	4	5	5	5	4	3	4	4	4	4	4	5	4	5	5	5
Nurse on Team	3	4	3	5	5	5	3	5	4	3	4	4	5	3	5	5	5	3	4
Substance Abuse Specialist on Team	3	3	5	5	4	5	4	5	1	5	1	3	3	3	5	3	2	4	1
Vocational Specialist on Team	5	1	2	5	4	5	3	4	3	3	2	4	3	4	5	2	3	3	1
Program Size	5	4	5	5	5	5	5	5	4	4	5	5	5	5	5	5	5	5	3
Organizational Boundaries																			
Explicit Admission Criteria	4	5	5	5	5	4	5	5	4	5	4	4	5	4	4	5	5	5	5
Intake Rate	5	5	5	5	4	5	5	5	5	5	5	1	5	1	5	4	5	5	5
Full Responsibility for Treatment Services	4	3	3	3	4	3	3	4	3	2	2	2	4	2	4	4	3	3	4
Responsibility for Crisis Services	5	5	5	5	5	5	5	5	5	4	4	4	5	4	5	5	5	5	5
Responsibility for Hospital Admissions	3	4	4	3	3	4	4	3	4	4	4	4	3	3	5	4	4	4	5
Responsibility for Hospital Discharge Planning	4	5	4	5	5	5	5	5	5	5	5	4	4	4	5	5	4	5	5
Time-unlimited Services	5	5	4	3	5	4	5	4	5	4	4	4	5	4	4	5	4	4	5

ACT	Terros Enclave	SWN Osborn	Lifewell South Central	PIR West Valley	CBI FAC T	Terros W McD	PIR Metro Varsity	PIR Metro Omega	SWN Hampton	PCN Centro Esperanza	SWN San Tan	SWN Saguario	SWN BV	La FC	Terros Townley	CBI Corn FAC T	PIR [M-ACT]	La FCC	Cir. the City
Nature of Services																			
Community-based Services	4	2	4	4	4	3	2	5	2	3	3	3	2	1	2	5	2	3	5
No Drop-out Policy	5	4	5	5	5	5	5	5	5	5	5	4	5	5	5	4	5	5	5
Assertive Engagement Mechanisms	5	5	5	5	5	5	4	5	5	5	5	4	5	4	5	4	5	4	5
Intensity of Service	2	2	2	4	3	2	2	2	4	2	3	3	2	3	2	5	5	2	2
Frequency of Contact	2	2	3	4	3	3	2	2	3	2	3	2	3	2	2	5	5	2	1
Work with Support System	2	2	3	3	3	3	2	3	2	2	3	2	4	1	2	2	3	2	2
Individualized Substance Abuse Treatment	2	1	3	2	4	3	1	4	2	3	2	2	4	2	2	4	3	3	4
Co-occurring Disorders Treatment Groups	3	2	2	3	3	2	2	2	2	2	2	2	2	2	3	2	1	2	3
Co-occurring Disorders/ Dual Disorders Model	2	2	3	2	4	3	2	4	3	3	2	2	4	2	3	4	4	3	4
Role of Consumers on Treatment Team	1	5	1	5	5	5	5	5	1	5	5	5	5	5	5	5	5	5	1
Year 2 Total Score	101	97	104	115	117	114	100	115	99	98	101	93	111	90	111	114	113	103	99
Total Possible (5 point Likert scale -all items)	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	72.1	69.3	74.3	82.1	83.6	81.4	71.4	82.1	70.7	70	72.1	66.4	79.3	64.3	79.3	81.4	80.7	73.6	70.7
Average	3.6	3.46	3.71	4.11	4.18	4.07	3.57	4.1	3.54	3.50	3.61	3.32	3.92	3.21	3.96	4.07	4.04	3.68	3.54
Year 1 Total Score	97	103	112	109	NA	112	111	98	114	90	110	NA	97	114	109	111	NA	81	NA
Total Possible (5 point Likert scale -all items)	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	69.3	73.6	80	77.9	NA	80	79.3	70	81.4	64.3	80	NA	69.3	81.4	77.9	79.3	NA	57.9	NA
Average	3.46	3.68	4	3.89	NA	4	3.96	3.5	4.07	3.21	3.93	NA	3.46	4.07	3.89	3.96	NA	2.89	NA

Consumer Operated Services Year 2 – FY 2016

COS	Likert Scale	REN	CHEERS	STAR Central	STAR East	STAR West	Hope Lives
Structure							
Board Participation	1-5	4	4	4	4	4	4
Consumer Staff	1-5	5	5	5	5	5	5
Hiring Decisions	1-4	4	4	4	4	4	4
Budget Control	1-4	3	4	4	4	4	3
Volunteer Opportunities	1-5	3	5	5	5	5	5
Planning Input	1-5	5	5	4	5	5	5
Satisfaction/Grievance Response	1-5	4	5	5	5	5	4
Linkage with Traditional MH Services	1-5	5	4	4	4	4	4
Linkage with other COS Programs	1-5	2	5	4	4	4	3
Linkage with other Services Agencies	1-5	5	5	3	5	5	5
Environment							
Local Proximity	1-4	4	4	4	3	3	3
Access	1-5	5	5	5	5	3	4
Hours	1-5	5	5	5	5	4	3
Cost	1-5	5	5	5	5	5	5
Reasonable Accommodation	1-4	3	4	4	3	3	3
Lack of Coerciveness	1-5	5	5	4	5	4	4
Program Rules	1-5	5	5	3	5	5	5
Physical Environment	1-4	4	4	4	3	3	2
Social Environment	1-5	5	4	4	5	5	5
Sense of Community	1-4	4	4	4	4	4	4
Timeframes	1-4	4	4	3	4	4	4
Belief Systems							
Peer Principle	1-4	4	4	3	4	3	4
Helper's Principle	1-4	4	4	4	4	4	4
Personal Empowerment	1-5	5	5	5	5	5	5
Personal Accountability	1-5	5	5	5	5	5	5
Group Empowerment	1-4	4	4	3	4	4	4
Choice	1-5	4	4	4	5	5	4
Recovery	1-4	4	4	4	4	3	4
Spiritual Growth	1-4	4	4	2	4	4	3

COS	Likert Scale	REN	CHEERS	STAR Central	STAR East	STAR West	Hope Lives
Peer Support							
Formal Peer Support	1-5	5	5	5	5	5	5
Informal Peer Support	1-4	4	4	4	4	4	4
Telling Our Story	1-5	5	5	3	4	4	4
Artistic Expression	1-5	4	5	4	5	4	4
Consciousness Raising	1-4	4	4	3	3	3	4
Formal Crisis Prevention	1-4	4	4	4	4	4	4
Informal; Crisis Prevention	1-4	4	4	3	4	4	4
Peer Mentoring and Teaching	1-4	4	4	4	4	4	4
Education							
Formally Structured Activities	1-5	4	5	3	5	5	5
Receiving Informal Support	1-5	5	5	5	5	4	5
Providing Informal Support	1-5	5	5	4	5	5	5
Formal Skills Practice	1-5	5	5	5	5	5	3
Job Readiness Activities	1-5	3	5	2	4	3	4
Advocacy							
Formal Self Advocacy	1-5	4	5	4	5	5	5
Peer Advocacy	1-5	5	5	4	5	5	5
Outreach to Participants	1-5	5	5	3	3	3	4
Year 2 Total Score		193	204	177	197	188	186
Total Possible		208	208	208	208	208	208
Percentage Score		92.8	98.1	85.1	94.7	90.4	89.4
Year 1 Total Score	208	199	187	166	179	166	187
Total Possible		208	208	208	208	208	208
Percentage Score		95.7	89.9	79.8	86.1	79.8	89.9

Supported Employment Year 2 – FY 2016

SE 1-5 Likert Scale	Marc CR	Focus	Lifewel l	VALLEYLIF E	WEDC O	Beaco n
Staffing						
Caseload	5	5	5	5	5	5
Vocational Services Staff	5	4	5	5	5	5
Vocational Generalists	4	4	5	5	4	5
Organization						
Integration of rehabilitation with MH treatment	3	3	3	3	1	2
Vocational Unit	3	3	3	5	3	3
Zero-exclusion criteria	2	2	3	3	3	3
Services						
Ongoing work-based assessment	5	5	5	5	4	5
Rapid search for competitive jobs	5	4	4	4	4	4
Individual job search	5	3	4	4	5	4
Diversity of jobs developed	4	4	3	4	3	3
Permanence of jobs developed	5	3	5	4	4	4
Jobs as transitions	5	5	5	5	5	5
Follow-along supports	5	4	5	4	5	5
Community-based services	2	2	2	4	5	4
Assertive engagement and outreach	5	4	4	5	5	3
Year 2 Total Points	63	55	61	65	61	60
Total Possible	75	75	75	75	75	75
Percentage	84%	73.3%	81.3%	86.7%	81.3%	80%
Averages	4.2	3.7	4.1	4.3	4.07	4
Year 1 Total Points	41	58	57	51	47	51
Total Possible	75	75	75	75	75	75
Percentage	54.6%	77.3%	76%	68%	62.6%	68%
Averages	2.73	3.87	3.8	3.29	3.13	3.29

Permanent Supportive Housing Year 2 – FY 2016

PSH	Scale	PSA	Terros	AHC-CMS	La F ACT	CPLC ACT	Life-well	RI	PIR ACT	CBI	CBI ACT	SBHS	Life-well ACT	SWN ACT	CFSS	Terros ACT	MA RC	HHW
Choice of Housing																		
Tenants have choice of type of housing	1,2.5 4	1	1	1	2.5	2.5	1	2.5	2.5	4	4	2.5	2.5	2.5	1	1	2.5	1
Real choice of housing unit	1,4	4	1	1	1	1	1	4	4	4	4	4	1	1	1	1	4	1
Tenant can wait without losing their place in line	1-4	4	3	3	3	3	3	4	3	4	4	3	4	4	3	3	4	3
Tenants have control over composition of household	1,2.5 4	4	2.5	2.5	2.5	2.5	2.5	4	4	4	4	4	2.5	2.5	2.5	2.5	4	2.5
Average Score for Dimension		3.25	1.88	1.88	2.25	2.25	1.88	3.63	3.38	4	4	3.38	2.5	2.5	1.88	1.88	3.63	1.88
Functional Separation of Housing and Services																		
Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5 4	4	4	4	2.5	2.5	2.5	4	2.5	4	4	4	2.5	4	4	4	4	2.5
Extent to which service providers do not have any responsibility for housing management functions	1,2.5 4	4	4	4	2.5	4	4	4	2.5	4	4	4	2.5	2.5	2.5	2.5	4	2.5
Extent to which social and clinical service providers are based off site (not at housing units)	1-4	4	2	4	3	3	4	4	4	4	3	4	4	3	1	3	4	4
Average Score for Dimension		4	3.33	4	2.67	3.17	3.5	4	3	4	3.67	4	3	3.17	2.5	3.2	4	3
Decent, Safe and Affordable Housing																		
Extent to which tenants pay a reasonable amount of their income for housing	1-4	1	2	2	1	1	4	4	1	3	2	2	3	2	1	3	1	2

PSH		Scale	PSA	Terros	AHC-CMS	La F ACT	CPLC ACT	Life-well	RI	PIR ACT	CBI	CBI ACT	SBHS	Life-well ACT	SWN ACT	CFSS	Terros ACT	MA RC	HHW
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1	2.5	1	1	1	4	4	1	2.5	1	1	1	1	4	1	1	2.5	
Average Score for Dimension		1	2.25	1.5	1	1	4	4	1	2.75	1.5	1.5	2	1.5	2.5	2	1	2.25	
Housing Integration																			
Extent to which housing units are integrated	1-4	4	1	4	3	3	1	4	3	4	3	4	2	3	1	2	4	1	
Average Score for Dimension		4	1	4	3	3	1	4	3	4	3	4	2	3	1	2	4	1	
Rights of Tenancy																			
Extent to which tenants have legal rights to the housing unit	1,4	1	1	1	1	1	4	4	1	1	1	1	1	1	4	4	1	4	
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4	2.5	4	2.5	1	4	2.5	2.5	4	2.5	4	2.5	2.5	2.5	2.5	2.5	2.5	
Average Score for Dimension		2.5	1.75	2.5	1.75	1	4	3.25	1.75	2.5	1.75	2.5	1.75	1.75	3.25	3.25	1.75	3.25	
Access to Housing																			
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	2	1	1	2	3	2	1	4	4	4	3	3	3	3	3	3	2	2
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5	2.5	1	2.5	2.5	2.5	2.5	4	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	4	2.5
Extent to which tenants control staff entry into the unit	1-4	4	2	4	2	4	4	4	3	4	3	4	3	3	2	2	3	2	
Average Score for Dimension		2.83	1.83	2	2.17	3.17	2.83	2.5	3.67	3.5	3.17	3.17	2.83	2.83	2.5	2.5	3	2.17	

PSH	Scale	PSA	Terros	AHC-CMS	La F ACT	CPLC ACT	Life-well	RI	PIR ACT	CBI	CBI ACT	SBHS	Life-well ACT	SWN ACT	CFSS	Terros ACT	MA RC	HHW
Flexible, Voluntary Services																		
Extent to which tenants choose the type of services they want at program entry	1,4	1	1	1	4	1	1	4	4	1	4	4	1	1	1	1	4	4
Extent to which tenants have the opportunity to modify services selection	1,4	4	4	1	4	4	4	4	4	4	4	4	4	1	4	1	4	4
Extent to which tenants are able to choose the services they receive	1-4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	4	2	4	3	3	4	4	3	4	4	3	3	3	4	1	3	3
Extent to which services are consumer driven	1-4	2	2	2	2	2	1	3	2	3	3	2	1	2	3	2	2	2
Extent to which services are provided with optimum caseload sizes	1-4	4	4	4	4	3	4	4	4	4	4	4	4	4	4	4	3	3
Behavioral health services are team based	1-4	2	2	2	4	2	2	2	4	2	3	2	3	4	3	4	2	3
Extent to which services are provided 24 hours, 7 days per week	1-4	3	3	3	4	4	4	4	4	3	4	4	4	4	4	4	2	1
Average Score for Dimension		2.87	2.63	2.5	3.5	3	2.88	3.5	3.5	3	3.63	3.25	2.88	2.75	3.25	2.5	2.86	2.88
Year 2 Total Score		20.5	14.7	18.4	16.3	16.3	20.1	24.9	19.3	23.8	20.7	21.8	16.9	17.5	16.9	17.3	20.2	16.4
Highest Possible Dimension Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		73	52.4	65.5	58.4	58.4	71.8	88.9	69	85	74	78	60.4	62.5	60.3	61.8	72.3	59.7

PSH	Scale	PSA	Terros	AHC-CMS	La F	CPLC	Life-well	RI	PIR ACT	CBI	CBI ACT	SBH	Life-well ACT	SWN	CFSS	Terros ACT	MA RC	HHW
Year 1 Total Score		12.3	13.7	13.1	15.1	15.1	15.8	20.7	16.0	NA	NA	13.9	15.8	14.8	13.3	15.8	19.2	14
Highest Possible Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		43.9	48.8	46.7	53.9	53.9	56.4	74.1	57.0	NA	49.6	49.6	56.4	52.9	47.5	52.9	68.6	50

Year 3 (FY 2017) Fidelity Review Findings

Assertive Community Treatment Year 3 – FY 2017

Assertive Community Treatment	Terros Enclave	SWN Osborn	CPLC Maryvale	Lifewell South Central	PIR West Valley	CBI FACT	Terros W McD	PIR Metro Varsity	PIR Metro Omega	SWN Mesa HC	CPLC Centro Esperanza	SWN San Tan	SWN Saguario	SWN BV	La FC	CBI Avondale	Terros Townley	CBI FACT #2	PIR [M-ACT]	LaF Madison	La FCC	CBI FACT #3	Terros Dunlap
Human Resources: 5 Point Likert Scale																							
Small Caseload	5	4	5	5	4	4	5	5	5	4	5	4	5	4	5	5	5	5	5	5	5	5	5
Team Approach	5	3	4	3	4	3	3	3	5	4	5	5	4	3	4	4	4	4	5	5	4	4	4
Program Meeting	5	5	5	4	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5
Practicing ACT Leader	3	2	2	3	2	4	3	1	3	3	3	3	2	3	4	3	3	2	3	3	4	4	2
Continuity of Staffing	3	3	2	1	1	4	1	3	3	4	3	4	4	3	3	4	3	3	4	2	3	3	1
Staff Capacity	4	3	2	3	2	5	4	4	4	4	3	4	4	3	5	5	4	4	4	4	4	4	4
Psychiatrist on Team	4	4	5	5	4	5	5	5	5	5	5	5	5	2	5	5	4	4	5	5	5	5	5
Nurse on Team	5	4	4	5	5	5	3	4	3	4	3	5	5	5	5	5	3	3	5	3	5	3	5
Substance Abuse Specialist on Team	3	2	2	3	3	3	3	3	5	2	5	3	3	5	5	4	5	5	5	4	3	4	5
Vocational Specialist on Team	3	1	3	1	3	2	3	3	4	5	3	4	5	4	4	3	4	3	4	4	5	3	3
Program Size	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Organizational Boundaries: 5 Point Likert Scale																							
Explicit Admission Criteria	4	5	4	5	4	5	5	5	4	5	5	5	5	5	4	5	5	5	5	5	4	5	5
Intake Rate	5	5	2	5	4	5	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	4
Full Responsibility for Treatment Services	5	3	2	3	2	4	3	3	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4
Responsibility for Crisis Services	5	3	4	4	3	5	3	5	5	5	5	5	4	4	5	5	4	5	5	4	5	4	5
Responsibility for Hospital Admissions	4	4	3	2	3	4	3	4	3	3	4	3	1	4	1	4	3	4	5	3	4	2	3
Responsibility for Hospital Discharge Planning	5	5	4	5	4	5	4	4	5	5	5	5	4	5	5	5	5	5	5	4	5	4	5
Time-unlimited Services	5	4	5	5	5	5	5	4	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5

ACT	Terros Enclave	SWN Osborn	CPLC Maryvale	Lifewell South Central	PIR West Valley	CBI FACT	Terros W McD	PIR Metro Varsity	PIR Metro Omega	SWN Mesa HC	CPLC Centro Esperanza	SWN San Tan	SWN Saguario	SWN BV	La FC	CBI Avondale	Terros Townley	CBI FACT #2	PIR [M-ACT]	LaF Madison	La FCC	CBI FACT #3	Terros Dunlap
Nature of Services: 5 Point Likert Scale																							
Community-based Services	5	3	4	2	3	3	4	3	2	2	4	4	3	2	4	3	3	3	3	4	3	3	4
No Drop-out Policy	5	5	5	5	4	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Assertive Engagement Mechanisms	5	3	4	5	4	5	4	5	5	5	5	5	5	5	4	3	5	4	5	4	5	4	5
Intensity of Service	3	2	3	2	2	3	2	2	2	3	2	3	2	3	4	2	2	2	5	3	2	4	4
Frequency of Contact	4	2	3	3	2	2	2	2	2	3	2	3	2	3	4	2	3	3	5	2	2	3	4
Work with Support System	3	2	2	2	1	2	2	2	2	2	2	2	3	3	3	2	2	1	3	1	3	3	1
Individualized Substance Abuse Treatment	3	2	3	1	1	4	3	3	4	3	1	3	2	3	4	4	3	3	5	4	3	4	4
Co-occurring Disorders Treatment Groups	3	3	2	2	3	4	3	2	3	2	1	2	2	3	3	3	3	3	4	3	2	2	3
Co-occurring Disorders/ Dual Disorders Model	3	2	2	2	3	5	3	3	4	3	3	4	2	4	4	3	3	3	4	3	3	3	3
Role of Consumers on Treatment Team	5	1	1	5	5	5	1	5	5	1	4	5	5	5	5	5	5	5	5	5	5	5	5
Year 3 Total Score	117	90	91	96	91	116	96	103	112	106	106	115	104	110	119	113	109	108	128	109	113	110	113
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	83.6	64.3	65.0	68.6	65.0	82.9	68.6	73.6	80.0	75.7	75.7	82.1	74.3	78.6	85.0	80.7	77.9	77.1	91.4	77.9	80.7	78.6	80.7
Average	4.18	3.21	3.25	3.43	3.29	4.14	3.43	3.68	4.0	3.79	3.79	4.11	3.71	3.93	4.25	4.04	3.89	3.86	4.57	3.89	4.04	3.93	4.03
Year 2 Total Score	101	97	NA	104	115	117	114	100	115	99	98	101	93	111	90	NA	111	114	113	NA	103	NA	99
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	72.1	69.3	NA	74.3	82.1	83.6	81.4	71.4	82.1	70.7	70	72.1	66.4	79.3	64.3	NA	79.3	81.4	80.7	NA	73.6	NA	70.7
Average	3.6	3.46	NA	3.71	4.11	4.18	4.07	3.57	4.1	3.54	3.50	3.61	3.32	3.92	3.21	NA	3.96	4.07	4.04	NA	3.68	NA	3.54
Year 1 Total Score	97	103	NA	112	109	NA	112	111	98	114	90	110	NA	97	114	NA	109	111	NA	NA	81	NA	NA
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	69.3	73.6	NA	80	77.9	NA	80	79.3	70	81.4	64.3	80	NA	69.3	81.4	NA	77.9	79.3	NA	NA	57.9	NA	NA
Average	3.46	3.68	NA	4	3.89	NA	4	3.96	3.5	4.07	3.21	3.93	NA	3.46	4.07	NA	3.89	3.96	NA	NA	2.89	NA	NA

Consumer Operated Services Year 3 – FY 2017

COS	Likert Scale	REN	CHEEERS	STAR Central	STAR East	STAR West	Hope Lives
Structure							
Board Participation	1-5	4	4	4	4	4	4
Consumer Staff	1-5	5	5	5	5	5	5
Hiring Decisions	1-4	4	4	4	4	4	4
Budget Control	1-4	4	4	4	4	4	4
Volunteer Opportunities	1-5	4	5	5	5	5	5
Planning Input	1-5	5	5	5	5	5	5
Satisfaction/Grievance Response	1-5	5	5	5	5	5	5
Linkage with Traditional MH Services	1-5	5	4	4	5	5	4
Linkage with other COS Programs	1-5	3	5	4	5	5	4
Linkage with other Services Agencies	1-5	5	5	5	5	5	5
Environment							
Local Proximity	1-4	4	4	4	3	3	3
Access	1-5	5	5	5	5	5	4
Hours	1-5	3	5	5	4	5	3
Cost	1-5	4	5	5	5	5	5
Reasonable Accommodation	1-4	3	3	3	3	5	3
Lack of Coerciveness	1-5	5	5	4	5	5	4
Program Rules	1-5	5	5	3	5	5	4
Physical Environment	1-4	4	4	4	3	4	2
Social Environment	1-5	5	4	4	5	5	5
Sense of Community	1-4	4	4	4	4	4	4
Timeframes	1-4	4	4	4	4	4	4
Belief Systems							
Peer Principle	1-4	4	4	4	4	4	4
Helper's Principle	1-4	4	4	4	4	4	4
Personal Empowerment	1-5	5	5	5	5	5	5
Personal Accountability	1-5	5	5	5	5	5	5
Group Empowerment	1-4	4	4	4	4	4	4
Choice	1-5	5	5	5	4	4	5
Recovery	1-4	4	4	4	4	4	4
Spiritual Growth	1-4	4	4	4	3	3	3

COS	Likert Scale	REN	CHEEERS	STAR Central	STAR East	STAR West	Hope Lives
Peer Support							
Formal Peer Support	1-5	5	5	5	5	5	5
Informal Peer Support	1-4	4	4	4	4	4	4
Telling Our Story	1-5	5	5	5	4	4	4
Artistic Expression	1-5	4	5	4	5	3	4
Consciousness Raising	1-4	4	4	3	3	4	4
Formal Crisis Prevention	1-4	4	4	4	4	4	4
Informal; Crisis Prevention	1-4	4	4	4	4	4	4
Peer Mentoring and Teaching	1-4	4	4	4	4	4	4
Education							
Formally Structured Activities	1-5	5	5	5	4	5	5
Receiving Informal Support	1-5	5	5	5	5	5	5
Providing Informal Support	1-5	5	5	5	5	5	5
Formal Skills Practice	1-5	5	5	5	5	5	5
Job Readiness Activities	1-5	5	5	3	3	3	5
Advocacy							
Formal Self Advocacy	1-5	5	5	5	5	5	5
Peer Advocacy	1-5	5	5	4	5	5	5
Outreach to Participants	1-5	4	5	4	3	3	4
Year 3 Total Score		198	204	194	194	196	192
Total Possible	208	208	208	208	208	208	208
Percentage Score		95.2	98.1	93.3	93.3	94.2	92.3
Year 2 Total Score		193	204	177	197	188	186
Total Possible	208	208	208	208	208	208	208
Percentage Score		92.8	98.1	85.1	94.7	90.4	89.4
Year 1 Total Score		199	187	166	179	166	187
Total Possible	208	208	208	208	208	208	208
Percentage Score		95.7	89.9	79.8	86.1	79.8	89.9

Supported Employment Year 3 – FY 2017

SE 1-5 Likert Scale	Marc CR	Focus	Lifewell	VALLEYLIFE	WEDCO	Beacon	REN
Staffing							
Caseload	5	5	4	5	5	4	4
Vocational Services Staff	5	5	3	5	5	5	5
Vocational Generalists	4	5	4	4	4	5	3
Organization							
Integration of rehabilitation with MH treatment	3	3	1	3	2	2	1
Vocational Unit	5	3	3	4	4	5	4
Zero-exclusion criteria	3	4	3	3	4	4	2
Services							
Ongoing work-based assessment	5	5	4	5	4	5	4
Rapid search for competitive jobs	5	4	3	4	3	5	3
Individual job search	5	4	5	4	5	5	3
Diversity of jobs developed	4	4	4	5	3	4	4
Permanence of jobs developed	5	4	5	5	3	5	4
Jobs as transitions	5	4	5	5	5	5	3
Follow-along supports	5	4	3	4	5	5	2
Community-based services	3	3	1	2	5	5	2
Assertive engagement and outreach	4	4	2	5	4	4	2
Year 3 Total Points: Total Possible 75	66	61	50	63	61	68	46
Percentage	88%	81.3%	66.6%	84%	81.3%	90.7%	61.3%
Average	4.4	4.1	3.3	4.2	4.2	4.5	3.1
Year 2 Total Points: Total Possible 75	63	55	61	65	61	60	NA
Percentage	84%	73.3%	81.3%	86.7%	81.3%	80%	NA
Average	4.2	3.7	4.1	4.3	4.07	4	NA
Year 1 Total Points: Total Possible 75	41	58	57	51	47	51	NA
Percentage	54.6%	77.3%	76%	68%	62.6%	68%	NA
Average	2.73	3.87	3.8	3.29	3.13	3.29	NA

Permanent Supportive Housing Year 3 – FY 2017

PSH	Scale	PSA	AHC- CMS	CPLC ACT	Life- well	La F ACT	RI	PIR ACT	CBI	CBI ACT	SBHS	Life- well ACT	SWN ACT	Terros ACT	MARC
Choice of Housing															
Tenants have choice of type of housing	1,2,5,4	1	1	4	1	4	2.5	4	4	4	2.5	2.5	2.5	2.5	2.5
Real choice of housing unit	1,4	4	1	4	1	4	4	4	4	4	4	1	1	1	4
Tenant can wait without losing their place in line	1-4	4	4	3	4	4	4	3	4	4	4	2	4	4	4
Tenants have control over composition of household	1,2,5,4	4	4	4	2.5	4	4	4	2.5	2.5	2.5	1	2.5	2.5	2.5
Average Score for Dimension		3.25	2.5	3.75	2.13	4	3.63	3.75	3.63	3.63	3.25	1.63	2.5	2.5	3.25
Functional Separation of Housing and Services															
Extent to which housing management providers do not have any authority or formal role in providing social services	1,2,5,4	4	4	4	4	4	4	2.5	4	4	4	4	2.5	4	4
Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4	4	2.5	4	4	4	4	2.5	4	4	2.5	4	4	4
Extent to which social and clinical service providers are based off site (not at housing units)	1-4	4	4	4	4	3	4	4	4	3	4	2	3	3	4
Average Score for Dimension		4	4	3.5	4	3.67	4	3.5	3.5	3.67	4	2.83	3.17	3.67	4
Decent, Safe and Affordable Housing															
Extent to which tenants pay a reasonable amount of their income for housing	1-4	3	3	1	4	3	4	1	4	3	3	1	1	2	4

PSH	Scale	PSA	AHC- CMS	CPLC ACT	Life- well	La F ACT	RI	PIR ACT	CBI	CBI ACT	SBHS	Life- well ACT	SWN ACT	Terros ACT	MARC
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1	1	1	4	1	4	1	1	1	1	1	1	1	2.5
Average Score for Dimension		2	2	1	4	2	4	1	2.5	2	2	1	1	1.5	3.25
Housing Integration															
Extent to which housing units are integrated	1-4	4	4	4	1	4	4	3	4	3	4	1	2	3	4
Average Score for Dimension		4	4	4	1	4	4	3	4	3	4	1	2	3	4
Rights of Tenancy															
Extent to which tenants have legal rights to the housing unit	1,4	1	1	1	4	1	4	1	1	1	1	1	1	1	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4	4	2.5	4	4	4	2.5	4	2.5	4	1	2.5	2.5	4
Average Score for Dimension		2.5	2.5	1.75	4	2.5	4	1.75	2.5	1.75	2.5	1	1.75	1.75	2.5
Access to Housing															
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	3	2	2	2	3	4	4	4	4	3	3	3	3	3
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Extent to which tenants control staff entry into the unit	1-4	4	4	4	4	4	4	4	4	3	4	2	3	3	4
Average Score for Dimension		3.17	2.83	2.83	2.83	3.17	3.5	3.5	3.5	3.17	3.17	2.5	2.83	2.83	3.17

PSH	Scale	PSA	AHC-CMS	CPLC ACT	Life-well	La F ACT	RI	PIR ACT	CBI	CBI ACT	SBH S	Life-well ACT	SWN ACT	Terros ACT	MARC
Flexible, Voluntary Services															
Extent to which tenants choose the type of services they want at program entry	1,4	1	1	4	1	1	1	1	1	1	4	1	1	4	4
Extent to which tenants have the opportunity to modify services selection	1,4	4	1	1	4	1	1	4	1	4	1	1	1	1	1
Extent to which tenants are able to choose the services they receive	1-4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	4	3	2	3	2	4	2	4	3	2	2	3	2	2
Extent to which services are consumer driven	1-4	2	2	2	1	1	4	2	3	2	3	2	2	1	3
Extent to which services are provided with optimum caseload sizes	1-4	4	4	4	4	4	3	4	4	4	4	4	4	4	4
Behavioral health services are team based	1-4	2	2	3	2	4	2	3	2	3	2	3	4	4	2
Extent to which services are provided 24 hours, 7 days per week	1-4	2	3	4	2	4	4	4	3	4	4	4	4	3	2
Average Score for Dimension		2.75	2.38	2.88	2.5	2.5	2.75	2.88	2.63	3	2.88	2.5	2.75	2.75	2.63
Year 3 Total Score		21.7	20.2	19.71	20.46	21.84	25.88	19.38	22.26	22.22	21.8	12.46	16	18	22.8
Highest Possible Dimension Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		77.5%	72.1%	70.4%	73.1%	78.0%	92.4%	69.2%	79.5%	79.4%	77.9%	44.5%	57.1%	64.3%	81.4%

PSH	Scale	PSA	AHC-CMS	CPLC ACT	Life-well	La F ACT	RI	PIR ACT	CBI	CBI ACT	SBHS	Life-well ACT	SWN ACT	Terros ACT	MARC
Year 2 Total Score		20.5	18.4	16.3	20.1	16.3	24.9	19.3	23.8	20.7	21.8	16.9	17.5	17.3	20.2
Highest Possible Dimension Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		73%	65.5%	58.4%	71.8%	58.4%	88.9%	69%	85%	74%	78%	60.4%	62.5%	61.8%	72.3%
Year 1 Total Score		12.3	13.1	15.1	15.8	15.1	20.7	16.0	NA	NA	13.9	15.8	14.8	15.8	19.2
Highest Possible Score		28	28	28	28	28	28	28	28	28	28	28	28	28	28
Percentage Score		43.9	46.7	53.9	56.4	53.9	74.1	57.0	NA	49.6	49.6	56.4	52.9	52.9	68.6

Year 4 (FY 2018) Fidelity Review Findings

Assertive Community Treatment Year 4 – FY 2018

Assertive Community Treatment	Terr os En-clav e	SW N Osb om	MIH S M/R	CBI 99t h	PIR We st Vall ey	CBI FA CT On e	PIR Metr o Var sity	Terr os 51st Ave .	Life well Sout h Cent ral	PIR MO	SW N Me sa HC	CPL C Cent ro Esp er-anz a	SW N San Tan	SW N Sag -uar o	SW N RP	La FC	CBI Avo n dal e	23 rd Ave . AC T1	CBI FA CT #2	PIR [M-AC T]	LaF Tem pe	La FC C	CBI FA CT #3	23 rd Ave . AC T2	
Human Resources: 5 Point Likert Scale																									
Small Caseload	5	5	5	5	5	5	4	4	5	5	5	4	5	4	5	5	5	4	5	5	5	5	5	5	
Team Approach	4	4	5	5	4	4	3	4	5	5	4	4	5	5	5	4	5	5	3	5	4	4	4	3	
Program Meeting	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5	4	5	5	5	5	5	
Practicing ACT Leader	4	2	3	3	2	4	1	2	3	3	3	3	3	3	1	3	4	4	3	4	4	1	3	3	2
Continuity of Staffing	4	3	3	1	1	3	2	3	1	4	4	1	4	3	3	4	3	3	4	3	2	4	3	2	
Staff Capacity	4	3	3	4	4	5	4	4	4	5	4	4	4	4	4	5	4	4	4	5	5	5	4	4	
Psychiatrist on Team	5	5	5	1	5	4	4	5	4	5	5	5	5	5	5	5	4	4	3	5	5	5	5	5	
Nurse on Team	5	5	5	5	5	5	3	5	5	5	5	3	5	5	5	5	5	5	5	5	4	5	5	5	
Substance Abuse Specialist on Team	5	5	4	4	5	3	5	3	3	5	5	3	5	3	5	5	5	3	3	5	5	3	3	5	
Vocational Specialist on Team	3	3	4	3	3	5	3	3	4	5	3	2	5	5	5	5	4	1	2	5	5	5	1	4	
Program Size	5	5	5	4	5	5	4	5	5	5	5	5	5	4	5	5	5	5	4	5	5	5	5	5	
Organizational Boundaries: 5 Point Likert Scale																									
Explicit Admission Criteria	5	5	5	5	5	4	5	5	5	4	5	5	5	5	5	5	4	5	5	4	5	4	5	5	
Intake Rate	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Full Responsibility for Treatment Services	5	4	4	3	3	4	4	4	3	4	4	4	4	4	4	4	5	4	3	4	4	4	4	4	
Responsibility for Crisis Services	5	5	5	4	5	5	5	5	5	5	5	5	5	5	3	5	5	4	5	5	5	5	5	5	
Responsibility for Hospital Admissions	3	4	4	3	4	5	3	3	3	5	4	3	5	4	4	3	4	3	4	5	5	4	3	4	
Responsibility for Hospital Discharge Planning	4	5	4	5	4	5	4	5	3	4	5	4	4	5	4	4	5	4	5	5	4	4	5	4	
Time-unlimited Services	5	5	5	4	4	5	4	4	4	4	4	4	5	5	4	4	4	5	5	5	4	5	5	5	

ACT	Terr os En- clav e	SW N Osbr om	MIH S M/R	CBI 99t h	PIR We st Vall ey	CBI FA CT On e	PIR Met ro Var sity	Terr os 51st Ave .	Life well Sout h Cent ral	PIR MO	SW N Me sa HC	CPL C Cen tro Esp er- anz a	SW N San Tan	SW N Sag - uar o	SW N RP	La FC	CBI Avo n dal e	23r d Ave . AC T1	CBI FA CT #2	PIR [M- AC T]	LaF Tem pe	La FC C	CBI FA CT #3	23r d Ave . AC T2
Nature of Services: 5 Point Likert Scale																								
Community-based Services	5	2	4	2	2	5	2	2	3	2	2	3	3	3	4	3	4	2	5	3	4	3	5	2
No Drop-out Policy	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	4	5	4	5	4	5	5	5
Assertive Engagement Mechanisms	5	5	5	5	5	5	2	5	5	5	3	4	5	5	5	5	5	4	5	5	5	5	5	5
Intensity of Service	3	2	2	2	3	4	4	3	2	4	2	3	4	2	4	4	4	3	2	4	3	3	3	3
Frequency of Contact	4	2	2	2	3	3	3	3	3	4	3	2	4	3	4	3	3	3	2	3	3	2	3	2
Work with Support System	3	2	3	3	2	2	2	3	4	3	2	2	4	3	3	2	2	2	2	4	2	2	3	1
Individualized Substance Abuse Treatment	4	3	4	5	3	4	4	3	2	4	3	4	4	4	4	5	4	4	4	4	4	4	2	4
Co-occurring Disorders Treatment Groups	3	2	3	4	5	3	2	4	2	3	2	2	4	1	3	2	3	2	2	3	3	3	2	3
Co-occurring Disorders/ Dual Disorders Model	3	3	4	3	4	4	3	3	3	4	3	3	4	3	3	4	4	3	4	4	4	3	3	2
Role of Consumers on Treatment Team	5	5	5	5	5	5	1	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5
Year 4 Total Score	121	109	115	105	111	121	96	110	105	122	110	102	126	111	119	120	118	104	108	125	115	115	111	109
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	86.4	77.9	82.1	75.0	79.3	86.4	68.6	78.6	75.0	87.1	78.6	72.9	90.0	79.3	85.0	85.7	84.3	74.3	77.1	89.3	82.1	82.1	79.3	77.9
Average	4.32	3.89	4.07	3.375	3.396	4.32	3.43	3.393	3.76	4.36	3.393	3.64	4.45	3.396	4.25	4.29	4.421	3.371	3.86	4.46	4.11	4.11	3.96	3.89
Year 3 Total Score	117	90	NA	91	91	116	103	96	96	112	106	106	115	104	110	119	113	109	108	128	109	113	113	113
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	83.6	64.3	NA	65.0	65.0	82.9	73.6	68.6	68.6	80.0	75.7	75.7	82.1	74.3	78.6	85.0	80.7	77.9	77.1	91.4	77.9	80.7	78.6	80.7
Average	4.18	3.21	NA	3.25	3.29	4.14	3.68	3.43	3.43	4.00	3.379	3.379	4.411	3.371	3.396	4.25	4.404	3.379	3.86	4.57	3.89	4.04	3.93	4.03

ACT	Terros Enclave	SWN Osborn	MI HS M/R	CB I 99t h	PIR West Valley	CBI FACT One	PIR Metro Varsity	Terr os 51st Ave.	Lifewell South Central	PIR MO	SW N Mesa HC	CPL C Centro Esperanza	SW N San Tan	SW N Sag - uar o	SW N RP	La FC	CBI Av on dale	23rd Ave . AC T1	CBI FACT #2	PIR [M-AC T]	LaF Tem pe	La FC C	CBI FACT #3	23rd Ave . AC T2
Year 2 Total Score	101	97	NA	NA	115	117	100	114	104	115	99	98	101	93	111	90	NA	111	114	113	NA	103	NA	99
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	72.1	69.3	NA	NA	82.1	83.6	71.4	81.4	74.3	82.1	70.7	70	72.1	66.4	79.3	64.3	NA	79.3	81.4	80.7	NA	73.6	NA	70.7
Average	3.6	3.46	NA	NA	4.11	4.18	3.57	4.07	3.71	4.1	3.54	3.50	3.61	3.32	3.92	3.21	NA	3.96	4.07	4.04	NA	3.68	NA	3.54
Year 1 Total Score	97	103	NA	NA	109	NA	111	112	112	98	114	90	110	NA	97	114	NA	109	111	NA	NA	81	NA	NA
Total Possible	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140
Percentage	69.3	73.6	NA	NA	77.9	NA	79.3	80	80	70	81.4	64.3	80	NA	69.3	81.4	NA	77.9	79.3	NA	NA	57.9	NA	NA
Average	3.46	3.68	NA	NA	3.89	NA	3.96	4	4	3.5	4.07	3.21	3.93	NA	3.46	4.07	NA	3.89	3.96	NA	NA	2.89	NA	NA

Consumer Operated Services Year 4 – FY 2018

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

COS	Likert Scale	CHEERS	REN	STAR All	Hope Lives
Belief Systems					
Peer Principle	1-4	4	4	4	4
Helper's Principle	1-4	4	4	4	4
Personal Empowerment	1-5	5	5	5	5
Personal Accountability	1-5	5	5	5	5
Group Empowerment	1-4	4	4	4	4
Choice	1-5	5	5	4	5
Recovery	1-4	4	4	4	4
Spiritual Growth	1-4	4	4	4	4
Peer Support					
Formal Peer Support	1-5	5	5	5	5
Informal Peer Support	1-4	4	4	4	4
Telling Our Story	1-5	5	5	5	5
Artistic Expression	1-5	5	3	5	4
Consciousness Raising	1-4	4	4	4	3
Formal Crisis Prevention	1-4	4	4	4	4
Informal; Crisis Prevention	1-4	4	4	4	4
Peer Mentoring and Teaching	1-4	4	4	4	4
Education					
Formally Structured Activities	1-5	5	5	5	5
Receiving Informal Support	1-5	5	5	5	5
Providing Informal Support	1-5	5	5	5	5
Formal Skills Practice	1-5	5	5	5	5
Job Readiness Activities	1-5	5	5	4	5
Advocacy					
Formal Self Advocacy	1-5	4	5	5	5
Peer Advocacy	1-5	5	5	5	5
Outreach to Participants	1-5	5	5	3	3

COS	Likert Scale	CHEERS	REN	STAR All	Hope Lives
Year 4 Total Score		205	201	200	190
Total Possible	208	208	208	208	208
Percentage Score		98.6	96.6	96.1	91.3
Year 3 Total Score		204	198	NA	192
Total Possible	208	208	208	NA	208
Percentage Score		98.1	95.2	NA	92.3
Year 2 Total Score		204	193	NA	186
Total Possible	208	208	208	NA	208
Percentage Score		98.1	92.8	NA	89.4
Year 1 Total Score		187	199	NA	187
Total Possible	208	208	208	NA	208
Percentage Score		89.9	95.7	NA	89.9

Supported Employment Year 4 – FY 2018

SE 1-5 Likert Scale	Marc CR	Focus	Lifewell	VALLEYLIFE	WEDCO	Beacon	REN
Staffing							
Caseload	5	5	5	4	5	3	4
Vocational Services Staff	5	4	5	5	5	4	5
Vocational Generalists	5	4	4	5	4	4	4
Organization							
Integration of rehabilitation with MH treatment	4	3	2	4	2	2	1
Vocational Unit	5	3	3	5	4	5	1
Zero-exclusion criteria	3	3	4	5	4	3	3
Services							
Ongoing work-based assessment	5	4	4	4	4	5	5
Rapid search for competitive jobs	5	4	4	4	3	4	4
Individual job search	5	5	4	5	5	5	5
Diversity of jobs developed	4	5	4	3	4	4	4
Permanence of jobs developed	5	5	5	5	4	5	5
Jobs as transitions	5	5	5	5	5	5	5
Follow-along supports	4	4	5	4	5	5	4
Community-based services	4	2	3	3	5	5	2
Assertive engagement and outreach	3	3	3	5	4	4	3
Year 4 Total Points: Total Possible 75	67	59	60	66	63	63	55
Percentage	89.3%	78.7%	80.0%	88.0%	84%	84%	73.3%
Average	4.5	3.9	4.0	4.4	4.2	4.2	3.7
Year 3 Total Points: Total Possible 75	66	61	50	63	61	68	46
Percentage	88%	81.3%	66.6%	84%	81.3%	90.7%	61.3%
Average	4.4	4.1	3.3	4.2	4.2	4.5	3.1
Year 2 Total Points: Total Possible 75	63	55	61	65	61	60	NA
Percentage	84%	73.3%	81.3%	86.7%	81.3%	80%	NA
Average	4.2	3.7	4.1	4.3	4.07	4	NA

SE 1-5 Likert Scale	Marc CR	Focus	Lifewell	VALLEYLIFE	WEDCO	Beacon	REN
Year 1 Total Points: Total Possible 75	41	58	57	51	47	51	NA
Percentage	54.6%	77.3%	76%	68%	62.6%	68%	NA
Average	2.73	3.87	3.8	3.29	3.13	3.29	NA

Permanent Supportive Housing Year 4 – FY 2018

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBHS	MARC
Choice of Housing							
Tenants have choice of type of housing	1,2,5,4	2.5	2.5	4	2.5	2.5	4
Real choice of housing unit	1-4	4	4	4	4	4	4
Tenant can wait without losing their place in line	1-4	4	4	4	4	4	4
Tenants have control over composition of household	1,2,5,4	2.5	2.5	4	2.5	2.5	4
Average Score for Dimension		3.25	3.25	4	3.25	3.25	4
Functional Separation of Housing and Services							
Extent to which housing management providers do not have any authority or formal role in providing social services	1,2,5,4	4	4	4	4	4	4
Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4	4	4	4	4	4
Extent to which social and clinical service providers are based off site (not at housing units)	1-4	4	4	4	4	4	4
Average Score for Dimension		4	4	4	4	4	4
Decent, Safe and Affordable Housing							
Extent to which tenants pay a reasonable amount of their income for housing	1-4	2	3	4	4	3	3
Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1	1	2.5	2.5	1	1
Average Score for Dimension		1.5	2	3.25	4	2	2
Housing Integration							
Extent to which housing units are integrated	1-4	4	4	4	4	4	4
Average Score for Dimension		4	4	4	4	4	4
Rights of Tenancy							

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBHS	MARC
Extent to which tenants have legal rights to the housing unit	1,4	1	1	4	4	1	1
Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4	4	4	2.5	4	4
Average Score for Dimension		2.5	2.5	4	3.25	2.5	2.5
Access to Housing							
Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	4	3	4	3	4	4
Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5	2.5	2.5	2.5	2.5	2.5
Extent to which tenants control staff entry into the unit	1-4	4	4	4	4	4	4
Average Score for Dimension		3.5	3.17	3.5	3.17	3.5	3.5
Flexible, Voluntary Services							
Extent to which tenants choose the type of services they want at program entry	1-4	1	1	1	1	1	4
Extent to which tenants have the opportunity to modify services selection	1-4	1	1	4	1	4	1
Extent to which tenants are able to choose the services they receive	1-4	4	3	3	3	3	3
Extent to which services can be changed to meet the tenants changing needs and preferences	1-4	2	3	4	3	4	2
Extent to which services are consumer driven	1-4	2	2	3	3	2	3
Extent to which services are provided with optimum caseload sizes	1-4	3	4	3	4	4	3
Behavioral health services are team based	1-4	2	2	2	2	2	2
Extent to which services are provided 24 hours, 7 days per week	1-4	2	4	4	2	4	2

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBHS	MARC
Average Score for Dimension		2.13	2.5	3	2.38	3	2.5
Year 4 Total Score		20.88	21.42	25.75	23.3	22.25	22.5
Highest Possible Dimension Score		28	28	28	28	28	28
Percentage Score		74.6%	76.5%	91.9%	85.0%	79.4%	80.3%
Year 3 Total Score		21.7	20.2	25.88	22.26	21.8	22.8
Highest Possible Dimension Score		28	28	28	28	28	28
Percentage Score		77.5%	72.1%	92.4%	79.5%	77.9%	81.4%
Year 2 Total Score		20.5	18.4	24.9	23.8	21.8	20.2
Highest Possible Dimension Score		28	28	28	28	28	28
Percentage Score		73%	65.5%	88.9%	85%	78%	72.3%
Year 1 Total Score		12.3	13.1	20.7	NA	13.9	19.2
Highest Possible Score		28	28	28	28	28	28
Percentage Score		43.9	46.7	74.1	NA	49.6	68.6

Year 5 (FY 2019) Fidelity Review Findings

Assertive Community Treatment Year 5 – FY 2019

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

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

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

Consumer Operated Services Year 5 – FY 2019

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

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

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

Supported Employment Year 5 – FY 2019

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

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

Permanent Supportive Housing Year 5 – FY 2019

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

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

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