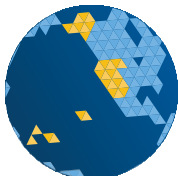


SFY25 (YEAR 11)

EVIDENCE-BASED PRACTICES FIDELITY PROJECT

QUALITY IMPROVEMENT REPORT

WITH ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM



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Table of Contents

Introduction	3
Project Implementation	3
Methodology Notes	5
Report Overview	5
Summary of Fidelity Review Findings for SFY 2022-2025	6
Summary of Fidelity Review Findings for SFY 2025	7
Assertive Community Treatment (ACT): SFY 2025 Summary of Fidelity Review Findings	8
Brief Description of Assertive Community Treatment (ACT)	8
ACT Fidelity Reviews Completed During SFY 2025 (12)	9
ACT Total Item Scores by Provider	9
ACT Average Item-Level Scores	10
ACT Areas of Success	11
ACT Opportunities for Improvement	12
ACT Overall Recommendations:	15
Consumer Operated Services (COS): SFY 2025 Summary of Fidelity Review Findings	16
Brief Description of Consumer Operated Services (COS)	16
COS Fidelity Reviews Completed During SFY 2025 (2)	16
COS Total Item Scores by Provider	16
COS Average Item-Level Scores	17
COS Areas of Success	19
COS Opportunities for Improvement	19
Permanent Supportive Housing (PSH): SFY 2025 Summary of Findings	21
Brief Description of Permanent Supportive Housing (PSH)	21
PSH Fidelity Reviews Completed During SFY 2025 (3)	21
PSH Total Item Scores by Provider	21
PSH Average Item-Level Scores	22
PSH Areas of Success	23
PSH Opportunities for Improvement	25
Supported Employment (SE): SFY 2025 Summary of Fidelity Review Findings	27

Brief Description of Supported Employment (SE)	27
SE Fidelity Reviews Completed During SFY 2025 (3)	27
SE Total Item Scores by Provider	28
SE Average Item-Level Scores	29
SE Areas of Success	29
SE Opportunities for Improvement	31
Appendix A: Year 1-11 Summary Fidelity Review Findings	33
Appendix B: Year 1-11 Provider Name Changes	38

[Introduction](#)

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

In 2015, the Arizona Legislature passed the Governor’s budget, which included administratively streamlining the Division of Behavioral Health Services. As of July 1, 2016, all behavioral health services in Arizona, including the exit agreement and provisions of *Arnold v. Sarn*, were transferred to the Arizona Health Care Cost Containment System (AHCCCS). Since Arizona Fiscal Year 2015 (FY 2015), the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP) has been contracted by the behavioral health authority, currently the Arizona Health Care Cost Containment System (AHCCCS), to conduct annual fidelity reviews of the four EBPs stipulated in the *Arnold vs. Sarn* settlement agreement. Fidelity review project years (1-11) align with the Arizona State Fiscal Year (SFY), which runs from July 1 through June 30 of the indicated fiscal year.

[Project Implementation](#)

For SFY 2025 (Year 11) (July 1, 2024 – June 30, 2025), WICHE BHP conducted a total of twenty (20) fidelity reviews for the following EBP:

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

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

The AHCCCS and WICHE BHP project managers held joint weekly conference calls to provide updates

and to discuss issues or concerns in a timely manner. The WICHE BHP project staff were available to attend quarterly meetings with AHCCCS and Mercy Care, the AHCCCS Complete Care-RBHA in Maricopa County, to discuss EBP fidelity specific review issues and/or concerns.

Currently, the WICHE BHP continues to utilize all EBP materials developed for Year 1 of the project with few modifications, including fidelity scales, review interview guides, scoring protocols and forms, fidelity report templates, provider notification, and preparation letters. The fidelity review process utilizes applicable documentation from the Substance Abuse and Mental Health Services Administration (SAMHSA) EBP toolkits. The entire fidelity review process continues to accommodate the project scope and timeline, with guidance from the SAMHSA toolkit protocols as follows:

- The team issues a notification letter to the provider to initiate the review process, allowing adequate time for both providers and reviewers to prepare for the review. The letter includes:
 - Dates and timelines for the review process
 - Agendas for conducting interviews and meetings
 - Data and documents requested for the review per specific EBP
- A team of two reviewers conduct the review. Each team has a lead reviewer responsible for correspondence, provider scheduling, and drafting the report.
- On the last day of the review, a brief meeting is held with the provider, and AHCCCS Complete Care-RBHA staff. Reviewers share immediate observations of the program's strengths and request feedback on the review process. Programs have an opportunity to ask questions about the review process and application of the EBP.
- Following the completion of the review, each reviewer documents fidelity scores individually. The two reviewers convene to determine final consensus scores.
- The team conducting the fidelity review drafts a report with scoring rationale and recommendations. Members of the larger fidelity review team read and refine the draft to ensure consistent application of EBP standards.
- The WICHE BHP delivers the final report with the fidelity scale score via email to the AHCCCS Complete Care-RBHA contractor, AHCCCS, and the provider point of contact.
 - The report notifies providers that they may respond to the report in writing. They may also opt to participate in a follow-up call with the RBHA contractor, AHCCCS

staff, and the WICHE BHP team to discuss the review findings and answer specific questions regarding the report.

[Methodology Notes](#)

Prior to Project Year 7 (SFY 2021), the WICHE BHP fidelity review team conducted reviews on-site at the provider location. In Project Year 8 (SFY 2022), the WICHE BHP adapted processes and developed a protocol for conducting virtual reviews in response to the COVID-19 public health emergency. Since that time, fidelity reviews continue to be virtual processes. Virtual/remote fidelity reviews require considerable coordination between providers and the WICHE BHP team. Fidelity Specialists (reviewers) coordinate the scheduling of virtual interviews with both staff and consumers/members, conduct chart reviews electronically, and review all documents off-site.

The shift to virtual review processes has not shown a change in scores. Allowing providers to participate in the virtual review process offers flexibility and overcomes certain challenges associated with on-site reviews, such as limited office space, limited availability of computers for reviewers' use, and privacy concerns of consumers/members who participate in interviews.

SAMHSA Fidelity Review Tools do not recognize telehealth as an acceptable mode of service delivery. However, since the program adaptations associated with the public health emergency, AHCCCS has allowed credit for telehealth psychiatric services. Accordingly, the WICHE BHP EBP review tool reflects that policy and allows for the description of a psychiatric prescriber to include psychiatric nurse practitioners.

This report uses two terms to refer to persons who are currently or previously received psychiatric services, in accordance with the language used by different EBP models. The term "consumers" is used when referring to persons who are or have received services from a Consumer-Operated Services program. The term "members" is used to refer to persons who are or have received services from Assertive Community Treatment, Permanent Supportive Housing, or Supported Employment programs. The term "peer" is used to refer to a staff person who has completed certification to be a Peer Support Specialist or individuals who have lived/living experience with receiving psychiatric services.

[Report Overview](#)

This report begins by briefly summarizing overall findings from fidelity reviews conducted for all EBPs between SFY 2022-2025. This time period was chosen because it is outside of the timeframe most immediately impacted by the public health emergency. A previous report from SFY 2024

summarized Years 1-10 of fidelity reviews conducted by the WICHE BHP. Next, this report details the fidelity review findings from SFY 2025 for each of the EBPs evaluated during this review cycle. In addition, through consultation with AHCCCS, WICHE BHP developed recommendations which include a systems approach to actions that may improve members' experiences. Further, the phrase "health plan" throughout the report refers to the contractor with a RBHA.

[Summary of Fidelity Review Findings for SFY 2022-2025](#)

The graphs below illustrate average score findings for each EBP reviewed during SFYs 2022-2025. SAMHSA EBP scoring is divided into three different ranges: "Good Implementation," "Fair Implementation," "Below Fair Implementation." The average score for ACT Providers remained above "Fair Implementation" across the four years, with one year surpassing "Good Implementation." In the most recent review of COS, there was a drop in the average score, but overall, COS organizations reviewed remained within "Good Implementation" standards across all four years. PSH average scores stayed above "Good Implementation" for all four years. SE average scores were within the range of "Fair Implementation" for three of the four years and exceeded "Good Implementation" in one year.

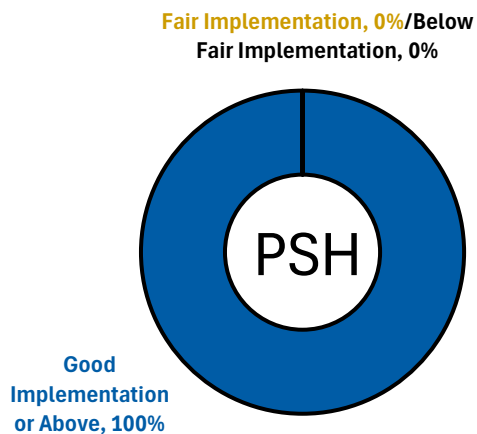
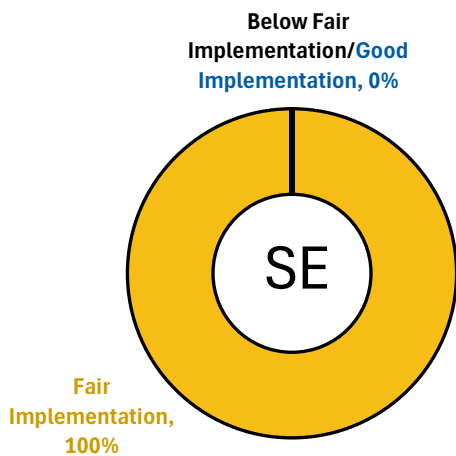
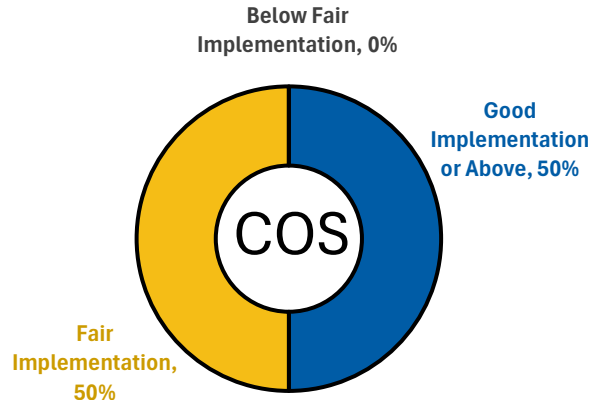
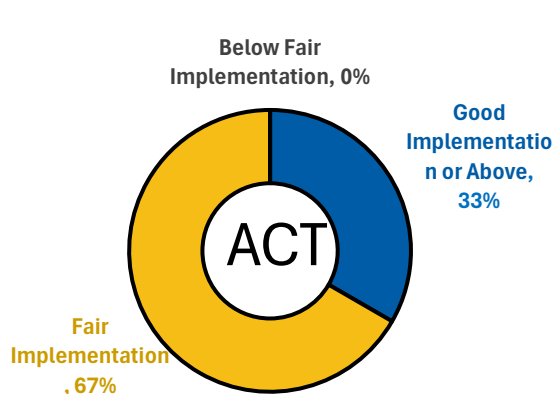




[Summary of Fidelity Review Findings for SFY 2025](#)

Each section below describes the findings from fidelity reviews conducted in Project Year 11 (SFY 2025) for each EBP, including average item score graphs, overall strengths, and opportunities for improvement. SAMHSA toolkits are referenced in *italics* to provide definitions for each scoring item, followed by a brief description of findings from reviews conducted during SFY25. Opportunities for improvement that are common across programs help identify potential systemic issues and training/technical assistance opportunities, including how to improve practices to be in greater alignment with the EBP model. Areas that are challenges for specific providers indicate opportunities for site-specific, fidelity-focused quality improvement interventions. Appendix A includes the overall score summary tables for Project Years 1-11. EBP Model Implementation for SFY 2025.

This section describes average results across all providers reviewed for each EBP. Thirty-three percent, or four ACT programs delivered the model in the “Good Implementation” range, while the remaining eight ACT programs met “Fair Implementation. One COS program scored in the “Good Implementation” range, and one met “Fair Implementation.” All three PSH programs scored in the “Good Implementation” range. All three SE programs scored in the “Fair Implementation” range.



[Assertive Community Treatment \(ACT\): SFY 2025 Summary of Fidelity Review Findings](#)

[Brief Description of Assertive Community Treatment \(ACT\)](#)

The EBP of ACT embraces a transdisciplinary approach to service delivery, meaning, team staff have diverse experience and knowledge in delivering services to individuals with an SMI designation. Individual staff share their expertise and knowledge with others on the ACT team while providing supportive services to members using an integrated treatment team model. Individuals receiving ACT services are typically unsuccessful with traditional mental health services and require more frequent and intensive services using a community-based approach. Often, individuals are diagnosed with both mental illness and substance use disorders (commonly referred to as co-

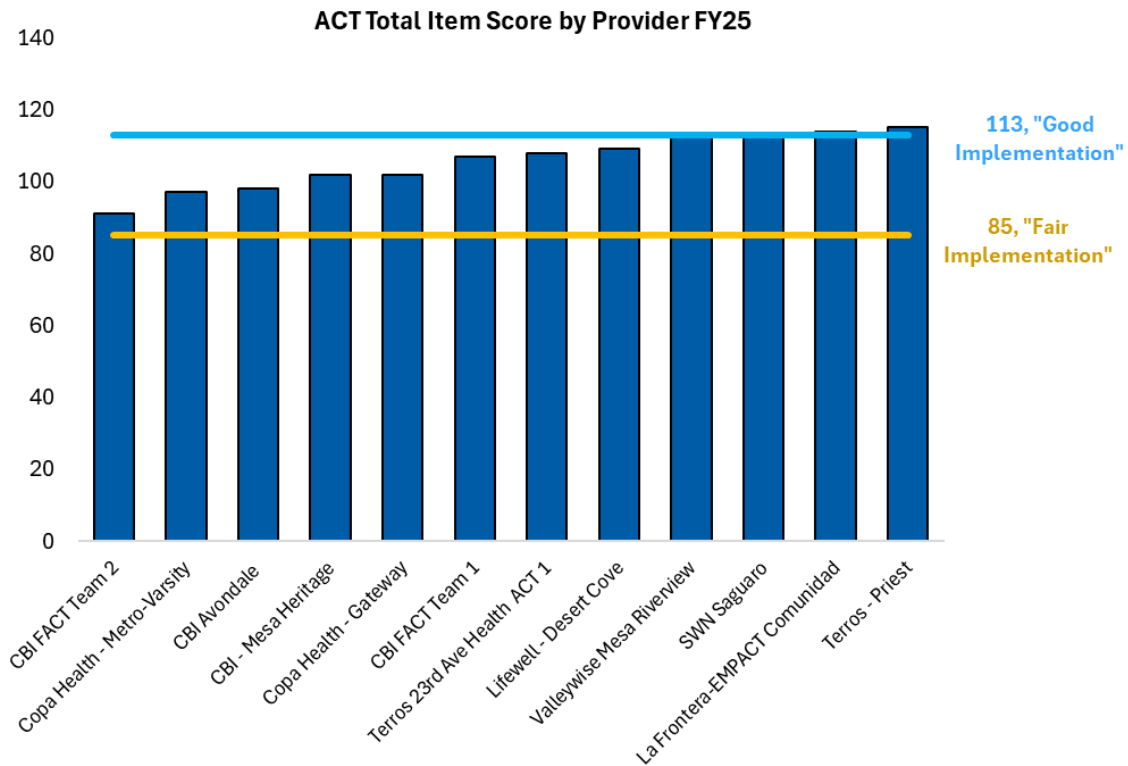
occurring disorders). Integrating treatment services for members with co-occurring disorders is an evidence-based approach utilized by effective ACT teams.

[ACT Fidelity Reviews Completed During SFY 2025 \(12\)](#)

- Community Bridges, Inc. Avondale
- Community Bridges, Inc. Forensic-ACT Team 1
- Community Bridges, Inc. Forensic-ACT Team 2
- Community Bridges, Inc. Mesa Heritage
- Copa Health Gateway
- Copa Health Metro Center Varsity Team
- La Frontera EMPACT Comunidad
- Lifewell Desert Cove
- Southwest Network Saguaro
- Terros 23rd Avenue Health Center ACT 1
- Terros Priest
- Valleywise Mesa Riverview

[ACT Total Item Scores by Provider](#)

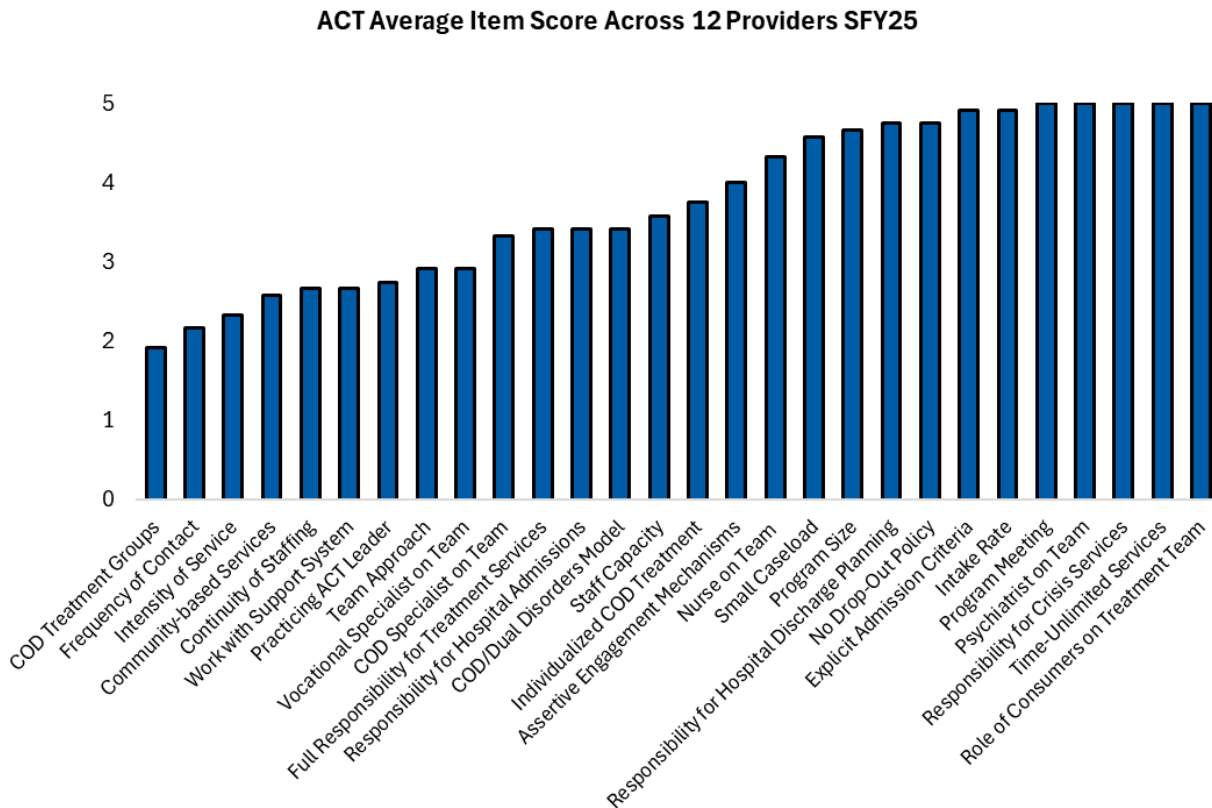
The graph below illustrates scores for each ACT team reviewed in SFY 2025. Providers can score up to 140 points on the fidelity scale and are provided recommendations to improve delivery of the model for each item that is scored down. According to SAMHSA ACT scoring, “Good Implementation” is indicated when programs score 113 or above, “Fair Implementation” is indicated by scores of 85 or better, and “Below Fair Implementation” is indicated by scores that are 84 or below.



- All providers in SFY25 achieved a score of 85 or better, indicated by the lower gold line in the graph above, which SAMHSA defines as “Fair Implementation” on the ACT fidelity rating scale.
- Four providers achieved “Good Implementation” as shown by the upper blue line in the graph. These providers were: Valleywise Mesa Riverview, Southwest Network Saguaro, La Frontera EMPACT Comunidad, and Terros Priest.
- Eight providers scored in the “Fair Implementation” range: CBI FACT 2, Copa Health Metro Varsity, Community Bridges, Inc. Avondale and Mesa Heritage, Copa Health Gateway, Community Bridges, Inc. FACT Team 1, Terros 23rd Avenue Health ACT 1, and Lifewell Desert Cove.

ACT Average Item-Level Scores

The SAMHSA EBP Toolkit includes twenty-eight (28) items in the fidelity review scale for ACT. Each item is rated on a 5-point scale ranging from 1 “Not implemented” to 5 “Fully implemented.” The graph below indicates the average rating of each ACT fidelity item across all providers reviewed.



ACT Areas of Success

ACT providers scored high on numerous fidelity items. The items listed below scored a perfect score, 5, across programs. These areas included:

- Program Meeting – Program meets frequently to plan and review services for each member. Daily team meetings allow ACT team staff to discuss members, solve problems, and plan treatment and rehabilitation efforts, ensuring all members receive optimal service.*
 - Teams held regular meetings to review services for each member, discuss concerns, and prioritize activities.
- Psychiatrist (Psychiatric Prescriber) on Team – For 100 member teams, at least 1 full-time psychiatrist is assigned to work with the program. The psychiatrist serves as medical director for the team. In addition to medication monitoring, the psychiatrist functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts. In Arizona, AHCCCS has made an accommodation for Psychiatric Nurse Practitioners to fill the role of the Psychiatric Prescriber.*

- Programs continued to excel at ensuring members have appropriately staffed psychiatric prescribers on ACT teams. Prescribers met with members every 30 days or less and regularly attended program meetings to provide valuable feedback and oversight on member care and staff activities.
- *Responsibility for Crisis Services – Program has 24-hour responsibility for covering psychiatric crises. An immediate response can help minimize distress when members are faced with a crisis. When the ACT team provides crisis intervention, continuity of care is maintained.*
 - Members experiencing distress after hours were able to access their ACT team for support, rather than needing to contact a crisis services provider.
- *Time-Unlimited Services – Program does not have arbitrary time limits for members admitted to the program but remains the point of contact for all members indefinitely, as needed. Members often regress when they are terminated from short-term programs. Time-unlimited services encourage the development of stable, ongoing therapeutic relationships.*
 - Programs retained members once they are enrolled in ACT services. Members were allowed to direct the length of time they participated in ACT services and were able to recover at their own pace without pressure to meet discharge deadlines set by the team or agency.
- *Role of Person(s) with Lived/Living Psychiatric Experience on Treatment Team - Peers are members of the team who provide direct services. Some research has concluded that including peers as team members on case management teams improves the practice culture, making it more attuned to peers' perspectives.*
 - Teams were well-staffed with individuals who had personal lived or living experience with a psychiatric condition, e.g., certified Peers. Peer staff provided valuable insights to the team regarding the experience of receiving psychiatric services. Peers also shared personal stories of recovery with members, when appropriate. Peers share similar responsibilities as their ACT team colleagues.

[ACT Opportunities for Improvement](#)

Specific items to target for improving program fidelity included *Co-occurring Disorders Treatment Groups, Continuity of Staffing, Community-based Services, Intensity of Contact, Frequency of Contact, and Work with Support System.*

- *Co-Occurring Disorders Treatment Groups – Program uses group modalities as a treatment strategy for people with substance-use disorders. Group treatment has been shown to positively influence recovery for members with co-occurring disorders.*
 - Considerations for improvement: Nine of the twelve programs were providing co-occurring disorders treatment groups as a treatment option to members. Few programs offered more than one treatment group option, and those programs experienced low member turnout. With support from the health plan, providers should evaluate and implement treatment groups that are reflective of members stage in the change process and/or recovery and wellness. Offer training related to the EBP of Integrated Treatment for Co-Occurring Disorders to ACT programs and consider making it an annual requirement.
- *Frequency of Contact - High number of face-to-face service contacts, as needed. ACT teams are highly invested in the members enrolled in the program and maintain frequent contact to provide ongoing, responsive support as needed. Frequent contacts are associated with improved member outcomes.*
 - Considerations for improvement: The health plan should assess barriers to programs providing a high frequency of contacts with members and develop an action plan to increase the frequency of meaningful contacts with members to align with the ACT model. Greater frequency of meaningful contacts with individuals who are unsuccessful with traditional behavioral health case management is a key ingredient in supporting their efforts to stabilize and work on their recovery. Low frequency of services could be directly related to the turnover of staff (see item *Continuity of Staffing*). Low staffing rates on teams can impact their ability to deliver services to the level required of members. Additionally, loss of personal connections when staff leave could result in feelings of disappointment and lack of trust in the behavioral health system and the treatment team itself. For the member, retelling their story each time a new staff person joins the team could be arduous and create barriers to connecting. A history of trauma may further impede their ability to connect with others. Programs should ensure that staff are provided training in using a trauma-informed approach with members.
- *Intensity of Service – High amount of face-to-face service time, as needed. To help members with serious symptoms maintain and improve their function within the community, high service intensity is often required.*

- Considerations for improvement: Low intensity of service could be directly related to turnover of knowledgeable and experienced staff (see item *Continuity of Staffing*). The health plan should encourage providers to apply a client-centered approach to support members based on their expressed needs. Training in motivational interviewing could support both program staff and members to identify pressing needs. Within individual teams, staff who are successful at using this client-centered approach could provide peer coaching to other team members who would benefit from further developing their skills in this area.
- *Community-Based Services - Program works to monitor status and develop skills in the community, rather than function as an office-based program. Contacts in natural settings (i.e., where consumers live, work, and interact with other people) are thought to be more effective than when they occur in hospital or office settings because skills may not transfer well to natural settings. Furthermore, more accurate assessments of members can occur in their community setting because the team member can directly observe rather than relying on self-report. Medication delivery, crisis intervention, and networking are more easily accomplished through home visits.*
 - Considerations for improvement: Fifty percent of programs scored a 1 or 2 for delivering services in the community. The health plan should consider surveying teams to identify barriers to delivering services in the community and provide targeted supports to overcome these challenges and increase community-based service delivery. Examples include providing support for travel, providing laptops, offering safety training, and reinforcing expectations for community-based service delivery during supervision and team meetings.
- *Continuity of Staffing - Program maintains the same staffing over time. Maintaining a consistent staff enhances team cohesion. Additionally, consistent staffing enhances the therapeutic relationships between members and providers.*
 - Considerations for improvement: A lack of continuity among ACT team staff can directly impact the team's ability to deliver services to the model. Staff turnover is associated with a loss of knowledge of the tenets of the ACT model, connections with members and their natural supports, and knowledge about member needs. Moreover, staff vacancies create additional burdens for remaining team members.

The health plan should provide ACT teams with regular opportunities for training on

the ACT model and require new staff to complete training. For example, the health plan could build into the program the expectation that ACT team staff complete eight (8) hours of annual training on the ACT model following the SAMHSA best practice toolkit. Additionally, individual programs should ensure that ACT team staff are regularly engaged in discussion and supervision related to the delivery of ACT services. Creating a workplace learning environment that is accessible and reliably addresses gaps in knowledge may contribute to more successful outcomes for members and build staff confidence in the model. The health plan should consider engaging executive leadership of agencies engaged in delivery of ACT services to learn about the ACT model and build confidence in the EBP.

Lastly, it is recommended that the health plan survey ACT teams to identify barriers and offer targeted supports to improve staff recruitment and retention. During fidelity reviews, ACT staff reported a lack of training on the ACT model, a lack of tools and resources to deliver ACT services (e.g. laptop computers, access to reliable vehicles), and low compensation and benefits.

- *Work with Support Systems - Program provides support and skills for members' informal support network (i.e., people not paid to support member, such as family, landlord, shelter staff, employers, or other key person). Developing and maintaining community support further enhances members' integration and functioning.*
 - Considerations for improvement: Natural supports often provide important insights about members' needs and strengthen the member's supportive network. However, like the members served by the team, they may have a history of disenchantment with the behavioral health system. Thus, engagement with natural supports is negatively impacted by staff turnover (see item *Continuity of Staffing*). Individual teams should prioritize the development of relationships with and support of members' natural supports in order to improve the ongoing provision and continuity of services. Additionally, programs should ensure that they have systems in place for tracking natural support contacts.

[ACT Overall Recommendations:](#)

The WICHE BHP recommends the following to strengthen overall program fidelity to the ACT model:

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

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

- Establish cross-provider collaborative work sessions. The health plan should develop a system for providers to collaborate, consult, share information, and exchange knowledge to improve understanding and delivery of the ACT model. This would allow providers to share program successes, strategies, and best practices as well as request peer consultation regarding challenges they face in delivering ACT services. For example, providers who score high on the *Continuity of Staffing* item could share practices that promote staff recruitment and retention.
- Provide opportunities for targeted training and technical assistance for providers that score in the “Fair Implementation” range or lower for model implementation. Technical assistance could include shadowing a more successful ACT team to learn best practices, including provider leadership styles that champion the delivery of the EBP.

[Consumer Operated Services \(COS\): SFY 2025 Summary of Fidelity Review Findings](#)

[Brief Description of Consumer Operated Services \(COS\)](#)

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

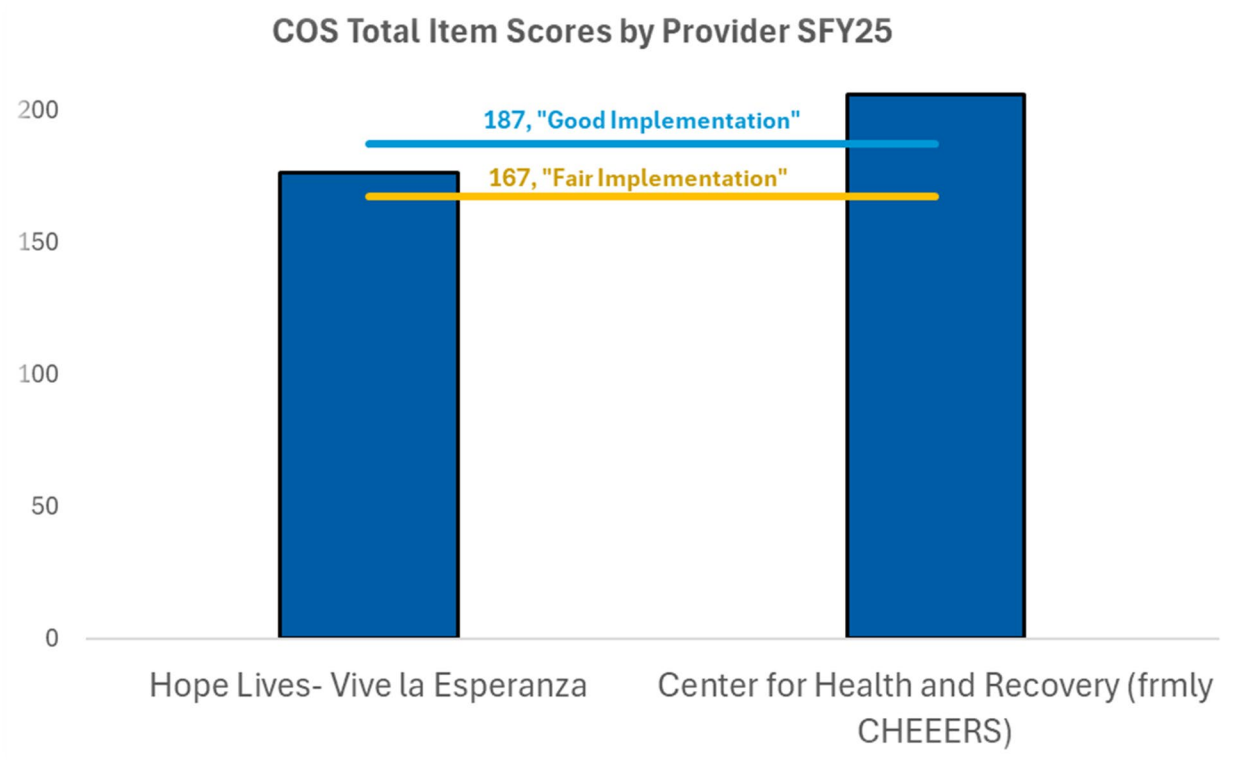
[COS Fidelity Reviews Completed During SFY 2025 \(2\)](#)

- Center for Health and Recovery (formerly CHEEERS)
- Hope Lives- Vive la Esperanza

[COS Total Item Scores by Provider](#)

The graph below illustrates scores for both COS teams reviewed in SFY 2025. Providers can score up to 208 points on the COS fidelity scale and are provided recommendations to improve practices to move closer to fidelity of the model for each item that is scored down. SAMHSA COS scoring is

divided into three categories: "Good Implementation" is indicated when a program scores 187 points or above, "Fair Implementation" is met when a program scores 167 but less than 187, and "Below Fair Implementation" when scoring 166 and below.

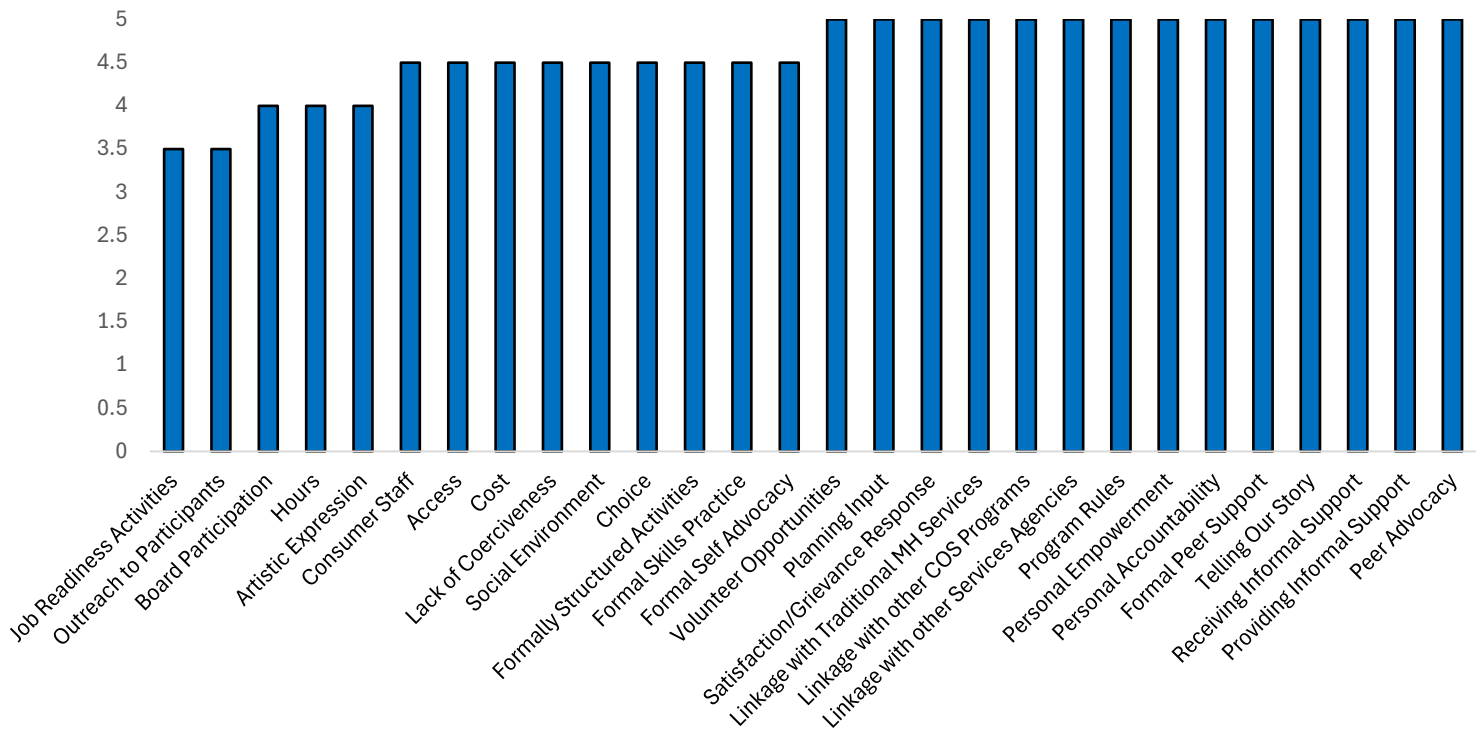


- The Hope Lives-Vive la Esperanza program exceeded the "Fair Implementation" rating of 167, indicated by the lower gold line in the graph.
- The Center for Health and Recovery exceeded the "Good Implementation" rating of 187, shown by the upper blue line in the graph.

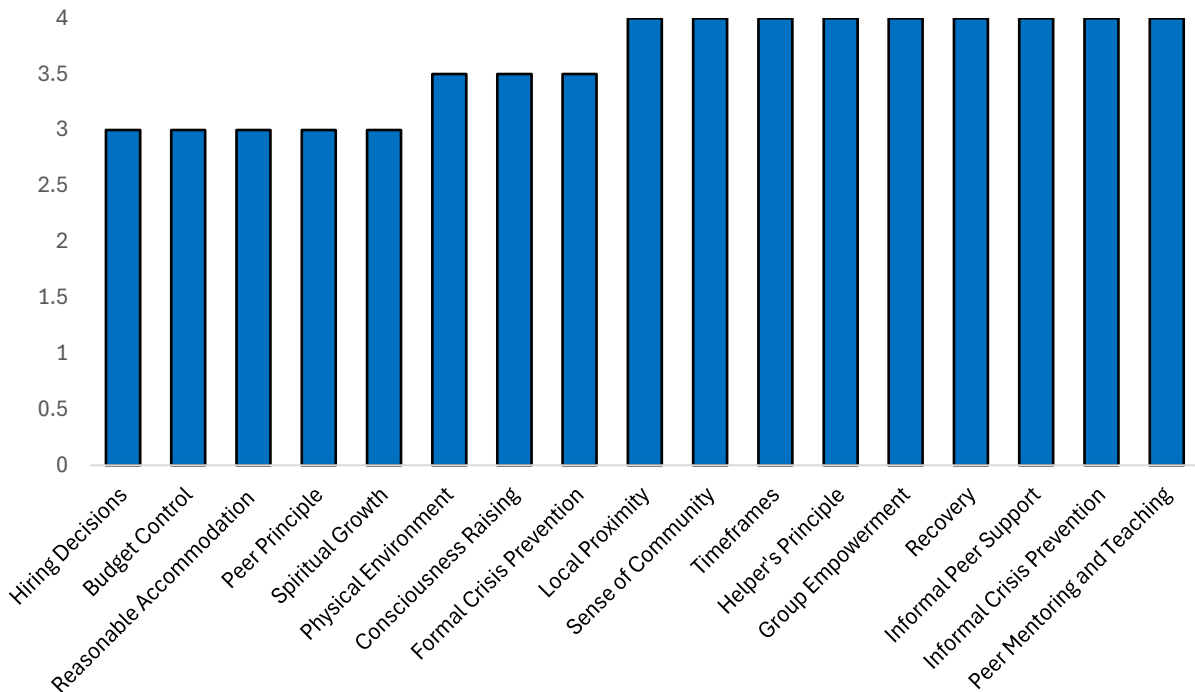
[COS Average Item-Level Scores](#)

The COS Fidelity Review Scale rates each fidelity item on a 1-4 or 1-5-point scale, with 1 indicating "Not implemented" and 4 or 5 (depending on the item) indicating "Fully implemented." The two graphs below illustrate the average scores across providers for each of the 45 COS fidelity items. The first graph reflects items that are rated on a 1-5 scale. The second graph shows items that are rated on a 1-4 scale.

COS Average Item Score Across 2 Providers SFY25 (Part 1)



COS Average Item Score Across 2 Providers SFY25 (Part 2)



[COS Areas of Success](#)

Both providers received the highest scores possible on 23 of 45 COS fidelity items, which included: *Volunteer Opportunities, Planning Input, Satisfaction/Grievance Response, Linkage with Traditional Mental Health Services, Linkage with other COS Programs, Linkage with other Services Agencies, Local Proximity, Program Rules, Sense of Community, Timeframes, Helper's Principle, Personal Empowerment, Personal Accountability, Group Empowerment, Recovery, Formal Peer Support, Informal Peer Support, Telling Our Story, Informal Crisis Prevention, Peer Mentoring and Teaching, Receiving Informal Support, Providing Informal Support, and Peer Advocacy.* General impressions regarding provider successes included:

- *Planning Input - The consumer-operated program is responsive to the needs and preferences of its consumers. Inviting, promoting, and preserving participant voice is a core principle of consumer-operated services. While a board of directors holds the ultimate legal responsibility for a consumer-operated organization, it is critical that participants be actively involved in shaping the program, its policies, and its operations. This active involvement is fundamental to the culture of a consumer-operated service and sets the tone for all aspects of the organization.*
 - Consumers were provided numerous opportunities to meet individual needs and contribute to shaping programming, which included one-to-one meetings with staff, suggestion boxes, satisfaction surveys, participating on the Board of Directors, or attending regularly scheduled membership meetings.
- *Group and Personal Empowerment - Belonging to an organized group that is recognized by the larger community contributes to the empowerment of participants. Consumers take an active role in the governance and decision-making processes within the consumer-operated service. There is a feeling of membership in the group, which offers a great opportunity to contribute not only to internal program activities and on program specific policies and issues, but also to contribute through community activities, networking, and other relationships external to the program.*
 - Consumers were provided with opportunities to participate in planning and programming decisions, which build a sense of connection to their community. They also had opportunities to share personal experiences from involvement with the programs with external agencies, which helped to build consumers' confidence and provided opportunities to collaborate and contribute to their community.

[COS Opportunities for Improvement](#)

Two items to target for improving program fidelity across both programs include:

- *Outreach to Participants – The consumer-operated program makes concerted efforts to keep members informed of current activities and opportunities within and outside the program. All participants are informed by the program through multiple channels, e.g., Internet, newsletters, conferences. Advocacy content is regular and strong.*
 - Considerations for improvement: Individual programs should provide consumers with current information about programming, e.g., monthly schedule, daily classes offered, etc. and referral processes. Some consumers regularly seek current information about classes and activities offered through the program via COS program websites. The health plan should consider providing technical assistance and support to providers to develop user friendly online access to program details and activities. To support consistent application of best practices related to engaging consumers experiencing a serious mental illness, system partners, including health plans, COS Providers, and AHCCCS, could consider developing an outreach and engagement protocol for consumer-operated programs.

- *Job Readiness Activities – Opportunities are available to acquire skills that are directly relevant (e.g., resume writing) or indirectly relevant (e.g., public speaking) to employment. Most participants (75-100%) are involved in job-readiness activities that could lead to some kind of employment. Employment or volunteer activities within consumer-operated services sometimes launch participants into new competitive employment opportunities.*
 - Consideration for improvement: One program had limited availability of activities that potentially could improve consumers' job-related skills. The health plan should provide training to COS programs with the intention to develop this component of effective COS programs.

- *Board Participation – Consumers (persons with lived/living psychiatric experience) constitute the majority (at least 51%) of the board or group that decides policies and procedures. An organization scores higher on the fidelity scale when a majority of board members are mental health consumers/survivors. The highest score under the criterion "Board Participation" is achieved for organizations in which at least 90 percent of the board members are persons with lived/living psychiatric experience. To achieve the highest score, all of the board's officers must be self-identified as persons with lived/living psychiatric experience. The purpose of these requirements in the scale is to help organizations stay close to the key principles of member control and peer support. Ultimate control of consumer-operated services must be in the hands of consumer/survivors who are representative of the program participants. Many organizations*

encourage current or former consumers to become board members.

- Consideration for improvement: COS programs should develop targeted recruitment strategies to identify potential board members with lived/living psychiatric experience.

[Permanent Supportive Housing \(PSH\): SFY 2025 Summary of Findings](#)

[Brief Description of Permanent Supportive Housing \(PSH\)](#)

In the EBP of PSH, members at the highest risk for housing instability, e.g. unhoused or at risk of losing housing, are provided support and rental subsidies (as needed and available) to find and maintain safe affordable housing. PSH programs assist members to find housing in their communities to further support community integration. PSH programs provide services to help the members maintain affordable and safe housing through teaching skills required such as budgeting, meal planning, and how to perform household tasks like regular cleaning. PSH programs provide skill development, support, and advocacy alongside members when issues arise with landlords.

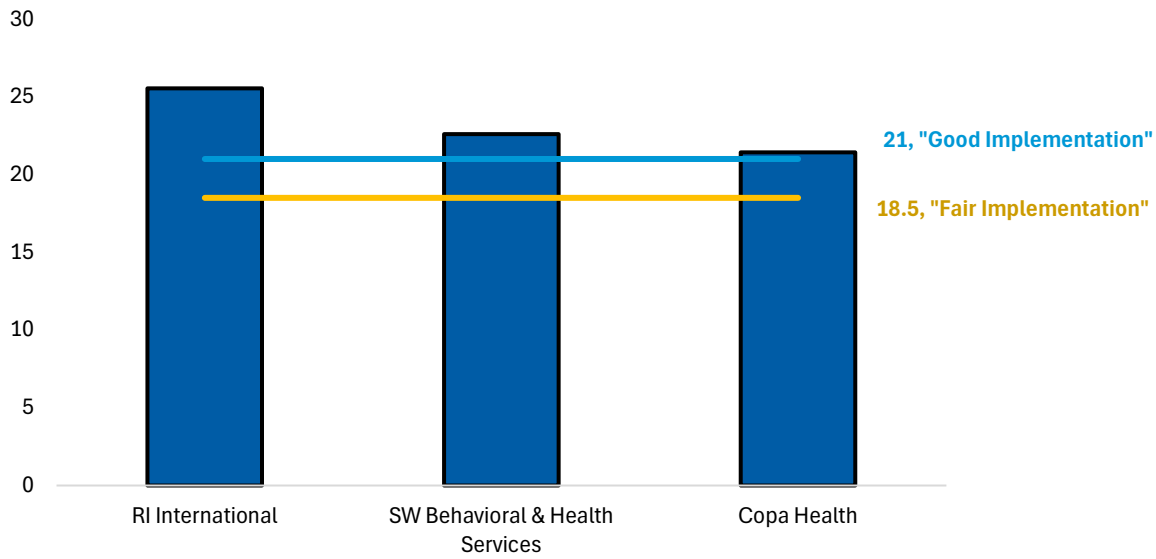
[PSH Fidelity Reviews Completed During SFY 2025 \(3\)](#)

- RI International
- Southwest Behavioral and Health Services
- Copa Health

[PSH Total Item Scores by Provider](#)

The graph below illustrates scores for each PSH team reviewed in SFY 2025. The upper blue horizontal line indicates the total item score (21) for “Good Implementation” to the PSH model. All providers in SFY24 achieved “Good Implementation” to the model. The lower gold line indicates a “Fair Implementation” score (18.5). The highest possible score is 28.

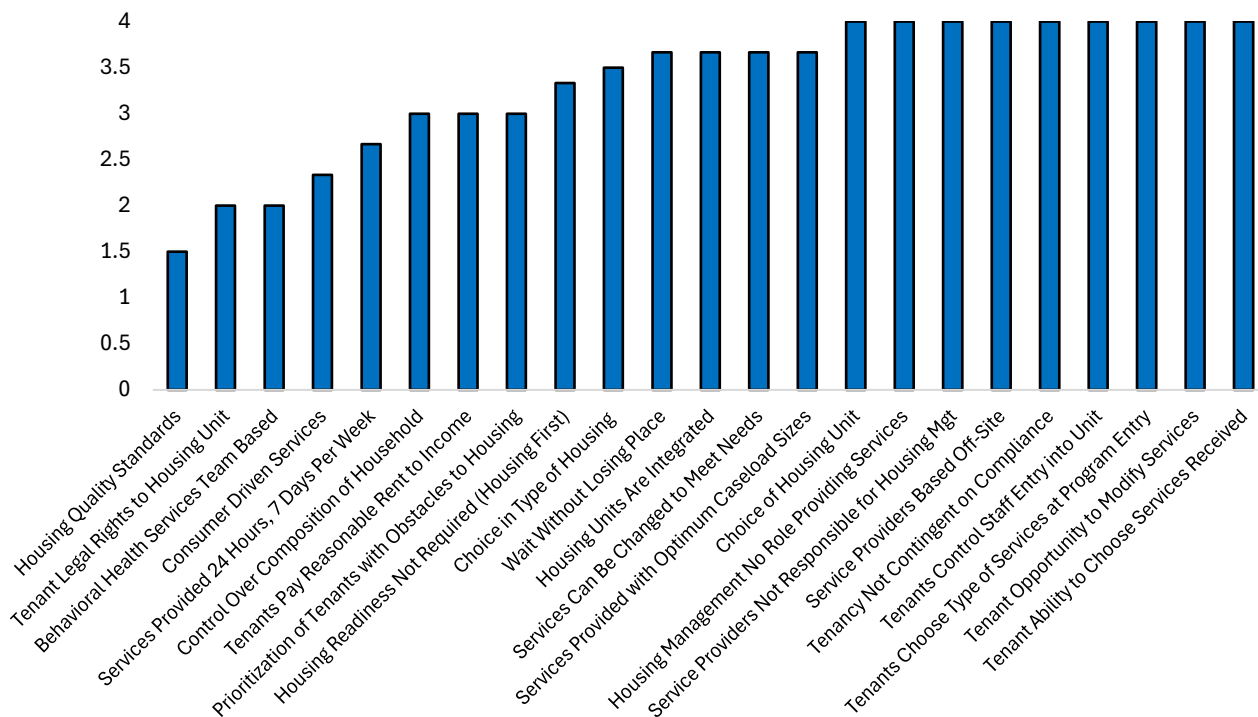
PSH Total Item Score by Provider SFY25



PSH Average Item-Level Scores

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

PSH Average Item Score Across 3 Providers SFY25



PSH Areas of Success

There were several items that all three programs scored the highest possible score. The highest scoring PSH items shared by providers included:

- *Choice of Housing Unit – This item measures the extent to which tenants can choose a specific housing unit from available options within the housing type (e.g., multiple available apartments in a building or scattered-site program). Evaluates whether programs offer real, individualized choice beyond just the type of housing—ensuring tenants have a say in which specific unit they will live in.*
 - Providers found units in complexes that allowed members to choose their unit. Members were not segregated to specific areas within housing or apartment complexes.
- *Housing Management Providers Do Not Have Any Authority or Formal Role in Providing Social Services - Measures the extent to which a functional separation exists between housing management and services staff.*
 - Property management remained in their role and did not provide or engage in any social service delivery.
- *Service Providers Do Not Have Any Responsibility for Housing Management Functions - This item measures the degree to which service staff are separate from housing management responsibilities—such as rent collection, enforcing lease terms, or initiating evictions.*
 - Social services staff remained in their role and did not crossover into housing or property management roles.
- *Service Providers Based Off-Site - This item measures the degree to which social and clinical service providers operate off-site, thereby maintaining the functional and perceived separation between housing and services.*
 - Outpatient integrated behavioral health clinics and PSH providers were located in offices separate from where members resided, retaining a separation between housing and behavioral health services and allowing for greater privacy. Members could opt in to engage in services and supports provided in their homes.
- *Tenancy is Not Contingent on Compliance with Program Provisions – This item measures whether tenants' housing is independent of mandatory program or treatment participation—a core*

element of the Housing First model. This item evaluates whether the program decouples housing from services, protecting tenants from coercion and aligning with PSH principles of voluntary services, tenant autonomy, and civil rights protections. Participation in services is voluntary, and tenants cannot be evicted for rejecting services. Although PHS is designed for people who need support services, accepting these services is not a condition of housing.

- PSH providers did not require special rules for members to participate in the program. Members could maintain tenancy even when they declined services from the PSH provider or an integrated behavioral health program clinic.
- *Tenants Control Staff Entry into Unit - This item measures the degree to which tenants have control over their personal living space, specifically whether service staff must request permission to enter or can enter uninvited. This item supports the core PSH principle that housing should be permanent, independent, and respectful of tenant rights. Maintaining privacy and control over one's home is central to ensuring tenants feel safe, respected, and empowered in their living environment.*
 - PSH programs respected tenants' occupancy rights and did not retain keys to individual residences. PSH staff entered member units only when invited by the member. Programs followed engagement policies when members were unreachable, which could include welfare checks.
- *Tenants Choose the Type of Services They Want at Program Entry – This item measures whether tenants are the primary decision-makers in developing their service plans upon entering the program—i.e., whether services reflect individual needs and preferences rather than being staff-directed. This item reflects the PSH principle of voluntary, person-centered services. Tenants should drive their own recovery goals and service selections, reinforcing autonomy, empowerment, and genuine engagement in care.*
 - Integrated behavioral health program clinics ensured members were informed about the services available to them when enrolling at the clinic. This allowed members to select from a variety of services rather than being assigned to pre-assigned or mandated service options.
- *Tenants Have the Opportunity to Modify Services Selection – This item measures whether tenants are given ongoing opportunities to adjust or change their service selections after program entry—reflecting evolving needs, goals, and preferences. This item emphasizes the importance of flexible,*

responsive service delivery. Supporting tenants' ability to adjust services promotes continued engagement, personal growth, and a recovery-oriented environment.

- After enrolling with integrated behavioral health program clinics, members could adjust service plans based on changes in their needs and preferences. Providers recognized that members' needs change and provided regular review of service plans to adjust services provided.
- *Tenant Ability to Choose Services Received - This item measures whether tenants can select from a broad array of services, including the option to decline services entirely—a key aspect of voluntary participation in PSH. This item supports the principle that services should be voluntary, flexible, and tenant directed. Allowing tenants to choose or refuse services respects autonomy and promotes long-term engagement and recovery.*
 - PSH providers regularly reassessed and provided ongoing evaluation of member needs. Providers assisted members in locating resources within their communities to support goal attainment and that supported housing retention.

[PSH Opportunities for Improvement](#)

The lowest scoring items for SFY 2025 were the same as those for the programs reviewed the prior year. Areas to target to improve program fidelity include:

- *Housing Meets Housing and Urban Development's (HUD) Housing Quality Standards (HQS) – This item assesses whether the housing units occupied by tenants comply with local health and safety standards, such as structural soundness, plumbing, heat, electricity, pest control, and overall habitability. Safe, decent housing is a fundamental principle of PSH. Living in substandard housing undermines tenants' physical and behavioral health, and PSH programs are responsible for ensuring housing quality and compliance with applicable regulations. HUD sets Housing Quality Standards for use by public health authorities. Permanent Supportive Housing should meet these standards.*
 - Considerations for improvement: System partners, including the housing administrator, outpatient behavioral health provider clinic, rental subsidy/housing voucher administrator, and PSH Providers should improve systems for collaboration and information sharing related to completed safety inspections. Members benefit from collaboration between service providers, which also supports maintaining safe housing. When safety issues are identified, concerns can be more readily addressed.

- *Tenants Have Legal Rights to the Housing Unit – This item measures whether tenants have full legal rights of tenancy according to local landlord-tenant laws, similar to any other renter in the community. Tenants have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities.*
 - Considerations for improvement: System partners, including the housing administrator, outpatient behavioral health provider clinic, rental subsidy/housing voucher administrator, and PSH Providers should evaluate methods of obtaining tenants' leases and prioritize cross-sharing leases when available. PSH program staff should educate members on the value of PSH staff attending lease signings. PSH programs should also develop and utilize tracking systems to notify staff and tenants when leases are about to expire to prompt discussion of housing options. Ideally, PSH staff attend lease renewal appointments. In cases in which members reside with family or friends and do not have a lease, it is recommended that providers encourage the use of a lease agreement to protect tenants' rights.

- *Services Are Member Driven – This item measures the degree of member influence over the design, delivery, and evaluation of services—whether tenants help shape how services are structured and provided. This item reflects the PSH philosophy that tenants should be partners—not just recipients—in their care. Member-driven services promote empowerment, relevance, and engagement in recovery.*
 - Considerations for improvement: Providers offered few opportunities for members to provide feedback on the implementation of the PSH program. The health plan should work with programs to develop strategies for seeking feedback from program participants about PSH service implementation and implement action plans based on member feedback. Participants with longevity in the program may provide especially valuable insights.

- *Behavioral Health Services Are Team Based – This item measures whether behavioral health services (including psychiatric, case management, and supportive services) are provided by a coordinated team, rather than isolated individual providers. Team-based service delivery ensures comprehensive, coordinated, and continuous care, which is especially critical for tenants with complex needs. It aligns with PSH's goal of flexible, tenant-centered, and integrated support.*
 - Considerations for improvement: PSH programs and outpatient behavioral health provider clinics should improve communication and coordination of member care.

Members benefit when treatment providers are informed about their progress and challenges. The health plan should train service providers on integrated treatment principles, including these principles into new employee orientation, which may improve member care.

- *Services Are Provided 24 Hours, 7 Days Per Week – This item measures whether tenants have access to services at all times, including nights and weekends, to meet urgent or ongoing needs. True Permanent Supportive Housing includes round-the-clock support to respond to crises, prevent housing loss, and promote stability—especially for individuals with complex needs. Limited availability can result in missed opportunities to intervene or support recovery.*
 - Considerations for improvement: One of the three programs reviewed offered after-hours support to members participating in the program. PSH programs should increase the availability of PSH staff to provide access to services 24 hours, 7 days a week. PSH staff who have relationships with members provide more effective crisis support than external community providers. Consider having staff available by phone, at a minimum, as a step toward meeting members' needs. The health plan should support PSH programs in their efforts to expand staff coverage for additional service hours.

[Supported Employment \(SE\): SFY 2025 Summary of Fidelity Review Findings](#)

[Brief Description of Supported Employment \(SE\)](#)

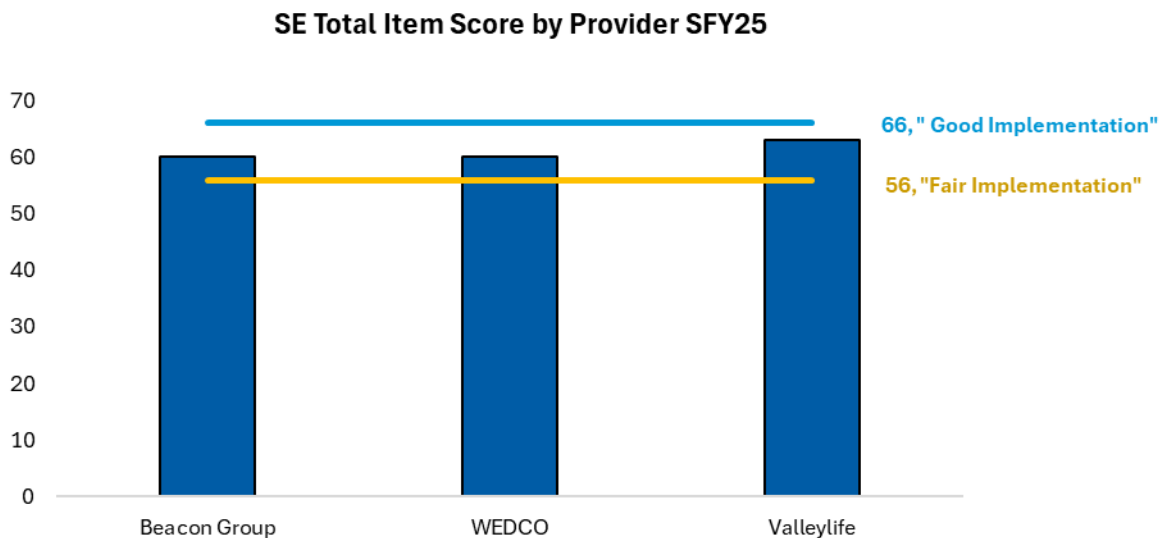
In the EBP of SE, members expressing a desire to work are encouraged by service providers to explore options. Members are best supported by receiving immediate/rapid/timely referrals to SE programs. SE programs help members to apply for positions that the member has expressed interest in within 30 days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

[SE Fidelity Reviews Completed During SFY 2025 \(3\)](#)

- Beacon Group
- WEDCO
- VALLEYLIFE

[SE Total Item Scores by Provider](#)

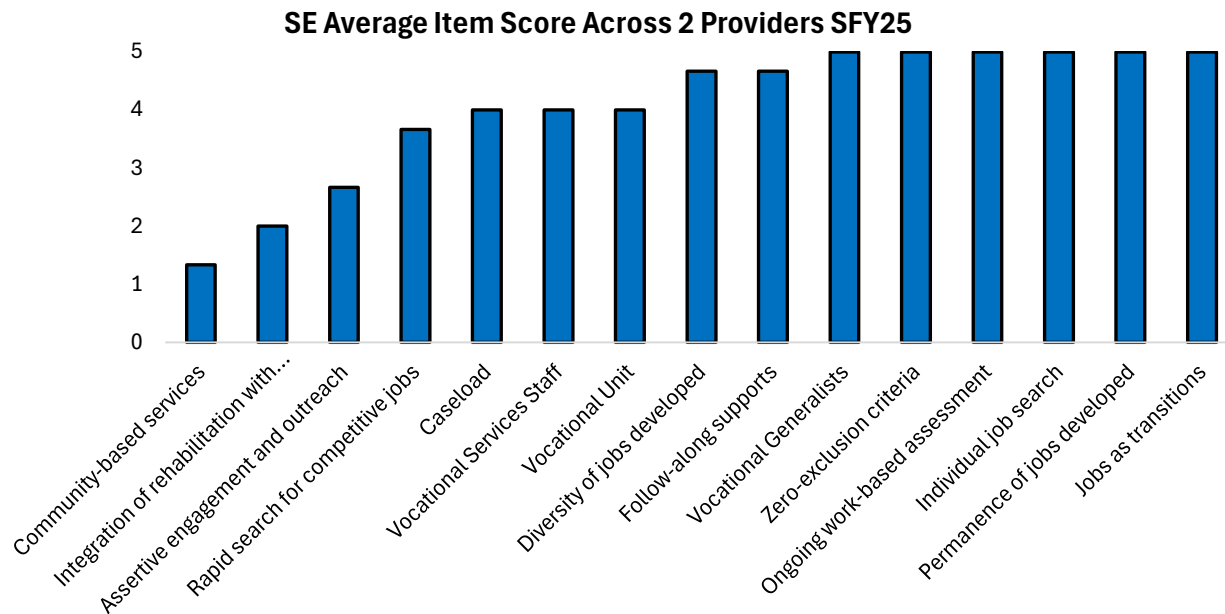
The graph below illustrates scores for each SE team reviewed in SFY 2025. Providers can score up to 75 points on the SE fidelity scale and are provided recommendations to improve practices for each item which is scored down. SAMHSA scoring is divided into three categories: "Good Implementation" is indicated by a score of 66 or above, "Fair Implementation" is met when a programs scores 56 but less than 66, and "Below Fair Implementation" when scoring 55 and below.



- All providers in SFY25 achieved a score of 56 or better, indicated by the lower gold line in the graph above, which SAMHSA defines as "Fair Implementation" on the SE fidelity rating scale.

SE Average Item-Level Scores

Each item on the SE Fidelity Review Scale is rated on a 5-point scale ranging from 1 “Not implemented” to 5 “Fully implemented.” The graph below lists each item beneath the average score.



SE Areas of Success

The highest scoring fidelity items across SE programs included:

- *Vocational Generalists - Each employment specialist carries out all phases of vocational service including engagement (intake), assessment, job development, job placement, job coaching, and follow-along supports. The rationale behind this model is to build a strong, consistent relationship between the Employment Specialist and the member, which enhances trust, continuity, and individualized support throughout the employment journey. By avoiding handoffs between multiple staff (e.g., separate job developers and job coaches), the vocational generalist can: Respond more quickly to member needs and preferences; Maintain a clear understanding of job goals and barriers; Provide consistent, personalized guidance and motivation. This role also reinforces integration with clinical services, as the vocational generalist regularly communicates with the treatment team, helping align employment efforts with recovery goals.*
 - Programs were focused on engaging with members and supporting them throughout their employment journey. Program Employment Specialists did not have competing responsibilities outside of the program.

- *Zero-Exclusion – No eligibility requirements such as job readiness, lack of substance (ab)use, no history of violent behavior, minimal intellectual functioning, and mild symptoms. All members who want to participate in SE are eligible—no one is excluded. Members who are interested in work are not prevented from participating in SE, regardless of their psychiatric diagnosis, symptoms, work history or other problems, including substance abuse and cognitive impairment. The core philosophy of SE is that all members can work at competitive jobs in the community without prior training, and no one should be excluded from this opportunity.*
 - Staff at integrated behavioral health program clinics adhered to the principle of zero-exclusion. Moreover, referrals to SE programs were made as soon as possible after members expressed an interest in employment. Intake appointments with the programs were promptly scheduled, moving on the member's motivation to find employment.
- *Ongoing Work-Based Assessment – Vocational assessment is an ongoing process based on work experiences in competitive jobs in the community. Minimal testing may occur but not as a prerequisite to the job search. Aims at problem-solving using environmental assessments and considering reasonable accommodations.*
 - Staff performed continuous assessments to evaluate members' needs, goals, and progress. Employment Specialists used various documentation tools to monitor this progress, including vocational profiles, job start and end forms, and other tools, such as call logs that track jobs applied for and employer outreach by SE staff.
- *Individual Job Search – Employer contacts are based on members' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, how they affect a good job and setting match) rather than the job market (that is, what jobs are readily available). The job search is conducted at a pace that is comfortable for members and is not slowed down by any programming prerequisites. Individuals with serious mental illnesses differ from one another in terms of the types of work they prefer, the nature of the support they want, and the decision about whether to disclose their mental illness to employers or coworkers. SE programs respect these individual preferences and tailor their vocational services accordingly.*
 - Programs assisted members in finding jobs that aligned with their employment preferences. Members determined the intensity of support they desired from the SE program. Support services were tailored to meet the individual needs of members.
- *Permanence of Jobs created – Employment specialists provide competitive job options that have*

permanent status rather than temporary or time-limited status. Competitive jobs are part-time or full-time jobs that exist in the open labor market and pay at least a minimum wage jobs that anyone could have regardless of their disability status. Competitive jobs are not jobs that are set aside for people with disabilities. The wage should not be less than the wage (and level of benefits) paid for the same work performed by people who do not have a mental illness.

- Members obtained positions that were competitive and permanent. Programs valued member placement in jobs that existed in the open labor market, paid minimum wage, and supported community integration, all of which reduce stigma.
- *Jobs as Transitions – All jobs are viewed as positive experiences on the path of vocational growth and development. Employment specialists help members end jobs when appropriate and then find new jobs. Every job is a learning opportunity that builds skills, confidence, and clarity about interests and preferences. Instead of returning to pre-employment or readiness-based programs (e.g., WAT), SE staff support the member through the transition—reflecting, re-strategizing, and actively pursuing new employment. Viewing jobs as transitions supports a growth mindset, helps reduce stigma, and keeps the member engaged in competitive employment goals.*
 - Programs viewed jobs as experiences in which members could learn new skills and gain insights. When jobs ended, regardless of the reason, members were supported in finding new jobs.

[SE Opportunities for Improvement](#)

Areas to target to improve program fidelity included:

- *Integration of Rehabilitation Services with Behavioral Health Treatment – Employment specialists are part of the behavioral health treatment teams with shared decision-making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members. SE services are most effective in an environment where employment specialists are part of a clinical treatment team that communicates frequently and meets weekly. (Shared decision making) Close coordination of SE services with other behavioral health rehabilitation and treatment ensures that everyone involved (not just employment specialists) provides services that support members' vocational goals.*
 - Considerations for improvement: The behavioral health system structure did not support an integrated treatment team approach when SE providers and outpatient integrated behavioral health clinics were separate contractors of member services.

To improve coordination of member care among treatment providers operating within this structure, it is crucial for service providers to regularly communicate with each other and provide updates on members' progress and any challenges faced. The health plan should work with SE providers to identify and share existing best practices for supporting coordination of member care between providers.

- *Community-Based Services – Vocational services such as engagement, job finding, and follow-along supports are provided in community settings. Employment specialists spend most of their scheduled work hour in the community developing jobs and providing support to members and employers.*
 - Considerations for improvement: The health plan should support SE programs to deliver services in the community, where jobs are located, according to the SE model.
- *Assertive Engagement and Outreach – Assertive engagement and outreach (telephone, mail, community visits) are conducted as needed. Employment specialists make multiple contacts with members as part of initial engagement and at least monthly on a time-unlimited basis when members stop attending vocational services. Some members struggle with symptoms that persist over time, so their optimal treatment and rehabilitation require a long-term commitment. For this reason, despite their vocational success, members who receive SE services are never terminated unless they directly request it.*
 - Considerations for improvement: It is recommended that the health plan gather feedback from SE programs to determine factors that impede assertive engagement with members, such as conducting home visits, work site visits, and reaching out to members' natural supports, etc. Develop targeted trainings and supports to increase assertive engagement practices. The health plan should support improvement of coordination between SE providers and members' outpatient behavioral health care provider clinics to improve outreach to disengaged members.

Appendix A: Year 1-11 Summary Fidelity Review Findings¹

Assertive Community Treatment (ACT)

Assertive Community Treatment	Community Bridges, Inc. Avondale	Community Bridges, Inc. Mesa Heritage	Community Bridges, Inc. Forensic ACT 1	Community Bridges, Inc. Forensic ACT 2	Copa Health Gateway	Copa Health Metro Varsity	Lifewell Behavioral Wellness Desert Cove	La Frontera-EMPACT Comunidad	Southwest Network – Saguaro	Terros Priest	Terros 23rd Avenue Recovery Center ACT 1	Valleywise Health Mesa Riverview
Year 11 (FY 24-25)												
Total Score	98	102	107	91	102	97	109	114	113	115	108	113
Percent Compliance	70.00%	72.86%	76.43%	65.00%	72.86%	69.29%	77.86%	81.43%	80.71%	82.14%	77.14%	80.71%
Average Item Score	3.50	3.64	3.82	3.25	3.64	3.46	3.89	4.07	4.04	4.11	3.86	4.04
Year 10 (FY 23-24)												
Total Score				92					110			
Percent Compliance				65.71%					78.57%			
Average Item Score				3.29					3.93			
Year 9 (FY 22-23)												
Total Score	86	94	99		109	105	93			110	115	117
Percent Compliance	61.4%	67.1%	70.7%		77.9%	75.0%	66.4%			78.6%	82.1%	83.6%
Average Item Score	3.07	3.36	3.54		3.89	3.75	3.32			3.93	4.11	4.18
Year 8 (FY 21-22)												
Total Score	105	98	108		105		110	116		101		104
Percent Compliance	75.0%	70.0%	77.1%		75.0%		78.6%	82.9%		72.1%		74.3%
Average Item Score	3.75	3.50	3.86		3.75		3.93	4.14		3.61		3.71
Year 7 (FY 20-21)												
Total Score				113		105			116		111	
Percent Compliance				80.7%		75.0%			82.9%		79.3%	
Average Item Score				4.04		3.75			4.14		3.96	
Year 6 (FY 19-20)												
Total Score	106	103	119				112	121		105		120
Percent Compliance	75.7%	73.6%	85.0%				80.0%	86.4%		75.0%		85.7%
Average Item Score	3.79	3.68	4.25				4.00	4.32		3.75		4.29
Year 5 (FY 18-19)												
Total Score				114	90	105			110		106	
Percent Compliance				81.4%	64.3%	75.0%			78.6%		75.7%	
Average Item Score				4.10	3.20	3.75			3.90		3.80	
Year 4 (FY 17-18)												
Total Score	118	110	121	108	102	96	119	120	111	121	104	114
Percent Compliance	84.3%	78.6%	86.4%	77.1%	72.9%	68.6%	85.0%	85.7%	79.3%	86.4%	74.3%	81.4%
Average Item Score	4.21	3.93	4.32	3.86	3.64	3.43	4.25	4.29	3.96	4.32	3.71	4.07
Year 3 (FY 16-17)												
Total Score	113	106	116	108	106	103	110	119	104	117	109	
Percent Compliance	80.7%	75.7%	82.9%	77.1%	75.7%	73.6%	78.6%	85.0%	74.3%	83.6%	77.9%	
Average Item Score	4.03	3.79	4.14	3.86	3.79	3.68	3.93	4.25	3.71	4.18	3.89	
Year 2 (FY 15-16)												
Total Score		99	117	114	98	100	110	90	93	101	111	
Percent Compliance		70.7%	83.6%	81.4%	70.0%	71.4%	78.6%	64.3%	66.4%	72.1%	79.3%	
Average Item Score		3.54	4.18	4.07	3.50	3.57	3.92	3.21	3.32	3.60	3.96	
Year 1 (FY 14-15)												
Total Score		114		111	90	111	97	114		97	109	
Percent Compliance		81.4%		79.3%	64.3%	79.3%	69.3%	81.4%		69.3%	77.9%	
Average Item Score		4.07		3.96	3.21	3.96	3.46	4.07		3.46	3.89	

¹ Blank cells denote years program not reviewed.

Assertive Community Treatment	Community Bridges, Inc. 99th Avenue	Community Bridges, Inc. Forensic ACT 3	Copa Health Metro Omega	Copa Health West Valley	Copa Health Medical ACT	Lifewell Behavioral Wellness South Mountain	La Frontera- EMPACT Capitol Center	La Frontera- EMPACT Tempe	Southwest Network – Northern Star	Southwest Network – San Tan	Terros 51st Avenue Recovery Center	Terros 23rd Avenue Recovery Center ACT 2
Year 11 (FY 24-25) Total Score												
Percent Compliance												
Average Item Score												
Year 10 (FY 23-24) Total Score	95			110	126	103	112	110	121	128	124	131
Percent Compliance	67.86%			78.57%	90.00%	73.57%	79.29%	78.57%	86.43%	91.43%	88.57%	93.57%
Average Item Score	3.39			3.93	4.5	3.68	4	3.93	4.32	4.57	4.43	4.68
Year 9 (FY 22-23) Total Score	103	84	111	102		97						
Percent Compliance	73.6%	60.0%	79.3%	72.9%		69.3%						
Average Item Score	3.68	3.00	3.96	3.64		3.46						
Year 8 (FY 21-22) Total Score			106		119					116		
Percent Compliance			75.7%		85.0%					82.9%		
Average Item Score			3.79		4.25					4.14		
Year 7 (FY 20-21) Total Score	111	93		110		102	115	114	118		111	120
Percent Compliance	79.3%	66.4%		78.6%		72.9%	82.1%	81.4%	84.3%		79.3%	85.7%
Average Item Score	3.96	3.32		3.93		3.64	4.11	4.07	4.21		3.96	4.29
Year 6 (FY 19-20) Total Score			113		119					119		
Percent Compliance			80.7%		85.0%					85.0%		
Average Item Score			4.04		4.25					4.25		
Year 5 (FY 18-19) Total Score	114	110		120		104			118		105	106
Percent Compliance	81.4%	78.6%		85.7%		74.3%			84.3%		75.0%	75.7%
Average Item Score	4.07	3.90		4.29		3.70			4.21		3.75	3.80
Year 4 (FY 17-18) Total Score	105	111	122	111	125	105	115	115	109	126	110	109
Percent Compliance	75.0%	79.3%	87.1%	79.3%	89.3%	75.0%	82.1%	82.1%	77.9%	90.0%	78.6%	77.9%
Average Item Score	3.75	3.96	4.36	3.96	4.46	3.75	4.11	4.11	3.89	4.50	3.93	3.89
Year 3 (FY 16-17) Total Score	91	110	112	92	128	96	113	109	90	115	96	113
Percent Compliance	65.0%	78.6%	80.0%	65.7%	91.4%	68.6%	80.7%	77.9%	64.3%	82.1%	68.6%	80.7%
Average Item Score	3.25	3.93	4.00	3.29	4.57	3.43	4.04	3.89	3.21	4.11	3.43	4.03
Year 2 (FY 15-16) Total Score			115	115	113	104	103		97	101	114	99
Percent Compliance			82.1%	82.1%	80.7%	74.3%	73.6%		69.3%	72.1%	81.4%	70.7%
Average Item Score			4.10	4.11	4.04	3.71	3.68		3.46	3.61	4.07	3.54
Year 1 (FY 14-15) Total Score			98	109		112	81		103	110	112	
Percent Compliance			70.0%	77.9%		80.0%	57.9%		73.6%	78.6%	80.0%	
Average Item Score			3.50	3.89		4.00	2.89		3.68	3.93	4.00	

Consumer Operated Services (COS)

Consumer Operated Services	Hope Lives	CHR	REN	Star-Central	Star-East	Star-West	Star-All Sites
Year 11 (FY24-25)	176	206					
Percent Compliance	84.62%	99.04%					
Year 10 (FY 23-24) Total Score			206				204
Percent Compliance			99.04%				98.08%
Year 9 (FY 22-23) Total Score	187	206					
Percent Compliance	89.9%	99.0%					
Year 8 (FY 21-22) Total Score			206				201
Percent Compliance			99.0%				96.6%
Year 7 (FY 20-21) Total Score	198	204					204
Percent Compliance	95.2%	98.1%					98.1%
Year 6 (FY 19-20) Total Score			205				
Percent Compliance			98.6%				
Year 5 (FY 18-19) Total Score	197	203					
Percent Compliance	94.7%	97.6%					
Year 4 (FY 17-18) Total Score	190	205	201				200
Percent Compliance	91.3%	98.6%	96.6%				96.2%
Year 3 (FY 16-17) Total Score	192	204	198	194	194	196	
Percent Compliance	92.3%	98.1%	95.2%	93.3%	93.3%	94.2%	
Year 2 (FY 15-16) Total Score	186	204	198	177	197	188	
Percent Compliance	89.4%	98.1%	95.2%	85.1%	94.7%	90.4%	
Year 1 (FY 14-15) Total Score	187	187	199	166	179	166	
Percent Compliance	89.9%	89.9%	95.7%	79.8%	86.1%	79.8%	

Permanent Supportive Housing (PSH)

Permanent Supportive Housing	Copa	RI Int.	Southwest Behavioral & Health Services	AHCCMS	AZ Mentor	CBI	CBI-ACT	CFSS	Choices	CPLC-ACT	Help Hearts	Horizon Health and Wellness	La Fon-ACT	Lifewell	Lifewell-ACT	Marc	PCN	PIR	PIR-ACT	Resilient Health	SWN	SWN-ACT	Terros	Terros-ACT
Year 11 (FY 24-25)	21.42	25.54	22.60																					
Percent Compliance	76.50%	91.21%	80.71%																					
Year 10 (FY 23-24)																								
Total Score	20.50			24.92		22.50																		
Percent Compliance	73.2%			89.0%		80.4%																		
Year 9 (FY 22-23)																								
Total Score			23.05																	22.67				
Percent Compliance			82.3%																	81.0%				
Year 8 (FY 21-22)																								
Total Score	22.13	26.05				22.93																		
Percent Compliance	79.0%	93.0%				81.9%																		
Year 7 (FY 20-21)																								
Total Score	23.01		22.05	23.08																20.68				
Percent Compliance	82.2%		78.8%	82.4%																73.9%				
Year 6 (FY 19-20)																								
Total Score		27.13				23.67																		
Percent Compliance		96.9%				84.5%																		
Year 5 (FY 18-19)																								
Total Score			22.05	22.42																20.80				
Percent Compliance			78.8%	80.1%																74.3%				
Year 4 (FY 17-18)																								
Total Score		25.75	22.25	21.42		23.30										22.50				20.88				
Percent Compliance		92.0%	79.5%	76.5%		83.2%										80.4%				74.6%				
Year 3 (FY 16-17)																								
Total Score		25.88	21.80	20.21		22.26	20.22			19.71			21.84	20.46	12.46	22.80			19.38	21.67		16.00		18.00
Percent Compliance		92.4%	77.9%	72.2%		79.5%	72.2%			70.4%			78.0%	73.1%	44.5%	81.4%			69.2%	77.4%		57.1%		64.3%
Year 2 (FY 15-16)																								
Total Score		24.88	21.80	18.38		23.75	20.72	16.88		16.35		16.43	16.34	20.09	16.96	20.24			19.30	20.45			14.67	17.32
Percent Compliance		88.9%	77.9%	65.6%		84.8%	74.0%	60.3%		58.4%		58.7%	58.4%	71.8%	60.6%	72.3%			68.9%	73.0%			52.4%	61.9%
Year 1 (FY 14-15)																								
Total Score		22.74	13.88	13.07	12.51			13.30	15.80		13.88	14.01		18.80		19.20	15.10	15.97		12.30	14.80		13.67	
Percent Compliance		81.2%	49.6%	46.7%	44.7%			47.5%	56.4%		49.6%	50.0%		67.1%		68.6%	53.9%	57.0%		43.9%	52.9%		48.8%	

Supported Employment (SE)

Supported Employment	Beacon	ValleyLife	Wedco	Copa (Marc)	DK Advocates	Focus	Lifewell	REN
Year 11 (FY 24-25) Total Score	60	63	60					
Percent Compliance	80.00%	84.00%	80.00%					
Average Item Score	4.00	4.20	4.00					
Year 10 (FY 23-24) Total Score				69		65	65	
Percent Compliance				92.00%		86.67%	86.67%	
Average Item Score				4.6		4.33	4.6	
Year 9 (FY 22-23) Total Score			60					59
Percent Compliance			80.0%					78.7%
Average Item Score			4.00					3.93
Year 8 (FY 21-22) Total Score	63	69		63				
Percent Compliance	84.0%	92.0%		84.0%				
Average Item Score	4.20	4.60		4.20				
Year 7 (FY 20-21) Total Score			61			67	62	53
Percent Compliance			81.3%			89.3%	82.7%	70.7%
Average Item Score			4.07			4.47	4.13	3.53
Year 6 (FY 19-20) Total Score	62	71		68				
Year 5 (FY 18-19) Total Score			60			69	60	63
Percent Compliance			80.0%			92.0%	80.0%	84.0%
Year 4 (FY 17-18) Total Score	63	66	63	67		59	60	55
Percent Compliance	84.0%	88.0%	84.0%	89.3%		78.7%	80.0%	73.3%
Year 3 (FY 16-17) Total Score	68	63	63	66		61	50	46
Percent Compliance	90.7%	84.0%	84.0%	88.0%		81.3%	66.7%	61.3%
Year 2 (FY 15-16) Total Score	60	65	61	63		55	61	
Percent Compliance	80.0%	86.7%	81.3%	84.0%		73.3%	81.3%	
Year 1 (FY 14-15) Total Score	51	51	47	41	38	58	57	
Percent Compliance	68.0%	68.0%	62.7%	54.7%	50.7%	77.3%	76.0%	

Appendix B: Year 1-11 Provider Name Changes

Current Provider Name (ACT)	Previous Program Name
Terros Health Priest Recovery Center	<ul style="list-style-type: none"> Terros - Enclave Choices - Enclave
Community Bridges Inc. Mesa Heritage	<ul style="list-style-type: none"> Southwest Network - Mesa Heritage Clinic Southwest Network - Hampton Clinic
Copa Health Gateway	<ul style="list-style-type: none"> Chicanos Por La Causa - Centro Esperanza People of Color Network
Copa Health Metro Omega	<ul style="list-style-type: none"> Partners in Recovery - Metro Center Omega
Lifewell Behavioral Wellness Desert Cove	<ul style="list-style-type: none"> Lifewell Behavioral Wellness - Royal Palms Southwest Network - Royal Palms
Valleywise Health Mesa Riverview	<ul style="list-style-type: none"> Maricopa Integrated Health System - Mesa Riverview
Lifewell Behavioral Wellness South Mountain	<ul style="list-style-type: none"> Lifewell Behavioral Wellness
Copa Health West Valley	<ul style="list-style-type: none"> Partners in Recovery - West Valley Adult Clinic
Copa Health Metro Varsity	<ul style="list-style-type: none"> Partners in Recovery - Metro Varsity
Terros Health 23rd Avenue Recovery Center ACT 1	<ul style="list-style-type: none"> Terros - Townley Choices Network - Townley Center
Community Bridges Inc. 99th Avenue	<ul style="list-style-type: none"> Chicanos Por La Causa - Maryvale
La Frontera-EMPACT Comunidad	<ul style="list-style-type: none"> People of Color Network - Comunidad
Copa Health Medical ACT	<ul style="list-style-type: none"> Copa Health - Indian School Medical ACT Partners in Recovery - West Indian School Medical Specialty ACT
Southwest Network Northern Star	<ul style="list-style-type: none"> Southwest Network - Osborn Adult Clinic
Terros Health 51st Avenue Recovery Center	<ul style="list-style-type: none"> Terros - West McDowell Choices Network - West McDowell
Community Bridges, Inc. Forensic ACT 2	<ul style="list-style-type: none"> People of Color Network - Comunidad Forensic ACT
La Frontera-EMPACT Capitol Center	<ul style="list-style-type: none"> People of Color Network - Capitol Center
Terros 23rd Avenue Recovery Center ACT 2	<ul style="list-style-type: none"> Terros - Dunlap Circle the City
La Frontera-EMPACT Tempe	<ul style="list-style-type: none"> La Frontera-EMPACT - Madison
Current Provider Name (PSH)	Previous Program Name
Resilient Health	<ul style="list-style-type: none"> People/ Service/ Action
Copa Health	<ul style="list-style-type: none"> MARC Center & PIR merger
Horizon Health and Wellness	<ul style="list-style-type: none"> Mountain Health and Wellness
Current Provider Name (COS)	Previous Program Name
Center for Health and Recovery	<ul style="list-style-type: none"> Center for Health Empowerment Education Employment Recovery Services
Current Provider Name (SE)	
Terros Health	<ul style="list-style-type: none"> Lifewell Behavioral Wellness