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FY 2019 (Year 5) Evidence Based Practices Fidelity Project

**Quality Improvement Report** 

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

July 2019

### **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 2018/19 Fidelity Review Schedule

The review schedule for Year 5 was developed in July 2018. With the reduction in the number of Maricopa County reviews from 41 to 21 and the addition of reviews in Northern and Southern Arizona, reviews this year continued until mid-June 2019. Reasonable efforts were made to conduct the reviews approximately 10 - 12 months after the previous review, to allow adequate time for performance improvement efforts to be implemented.

The provider census for FY 2019 includes a total of 21 reviews in Maricopa County:

• 12 ACT

• 4 SE

• 2 COS

• 3 PSH

Two ACT reviews and two PSH reviews were conducted in both Northern and Southern 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.

### **Provider Changes**

During FY 2018, several provider changes occurred. Those changes and resulting clinical team transitions are noted below:

- > 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.

Provider changes are noted below for FY 2019:

Community Bridges Inc. (CBI) ACT teams were all moved to a central location during a relocation and restructuring process.

### **Summary of Findings from the Fidelity Reviews**

The data that follow illustrate the findings from FY 2019 fidelity reviews conducted July 2018 through June of 2019. With the contract adjustments, the Year 5 reviews were conducted for providers who scored below 80% fidelity in Year 4. Year 6 reviews will look at providers who performed above 80% in Year 4. 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 5, historical and summary data are provided at the end of each FY 2019 table. The full data tables for FY 2015, FY 2016, FY 2017, and FY 2018 are included at the end of this report.

#### Assertive Community Treatment (ACT) Fidelity Reviews Completed and Findings

#### Reviews Completed July 2018 – June 2019

- ✓ Community Bridges Inc/99<sup>th</sup> Avenue ACT (CBI 99<sup>th</sup>); formerly Chicanos Por La Causa Maryvale (CPLC-Maryvale)
- ✓ Partners in Recovery (PIR) West Valley
- ✓ Southwest Network Osborn Adult Clinic (SWN Osborn)
- ✓ Partners in Recovery (PIR MV) Metro Varsity
- ✓ Terros 51st Avenue Recovery Center; (formerly Terros West McDowell (Terros W McD) and previously Choices)
- ✓ Lifewell Behavioral Wellness South Mountain
- ✓ Chicanos Por La Causa (CPLC) Centro Esperanza (previously People of Color Network)
- ✓ Southwest Network Saguaro (SWN Sag)
- ✓ Terros 23rd Avenue Recovery Center ACT 1(23<sup>rd</sup> Ave. ACT 1), (formerly Terros Townley and Choices – Townley Center)
- ✓ Community Bridges, Inc. (CBI) Forensic Team Two (CBI FACT #2) (previously People of Color Network)
- ✓ Community Bridges, Inc. (CBI) Forensic Team Three (CBI FACT #3)
- ✓ Terros 23rd Avenue Recovery Center (23<sup>rd</sup> Ave. ACT 2) Previously Terros Dunlap and Circle the City)

Note: To better identify areas for improvement for ACT, for the Year 5 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	CBI 99th	PIR West Valley	SWN Osborn	PIR Metro Varsity	Terros 51st Ave	Lifewell S Mtn	CPLC/ Centro Espera nza	SWN Saguaro	Terros 23 <sup>rd</sup> Ave Team 1	CBI/F- ACT # 2	CBI/FAC T # 3	Terros 23 <sup>rd</sup> 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 Substance Abuse	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
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
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 Year 3 Total Score	3.75 91	3.96 91	3.89 90	3.43 103	3.93 96	3.75 96	3.64 106	3.96 104	3.71 109	3.86 108	3.96 110	3.89 113
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

ACT	CBI 99th	PIR West Valley	SWN Osborn	PIR Metro Varsity	Terros 51st Ave	Lifewell S Mtn	CPLC/ Centro Espera nza	SWN Saguaro	Terros 23 <sup>rd</sup> Ave Team 1	CBI/F- ACT # 2	CBI/FAC T # 3	Terros 23 <sup>rd</sup> Ave Team 2
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

The overall fidelity ratings for the 12 ACT teams reviewed during Year 5 ranged from 64.3% to 85.8% with an average of 77.5% percent. The table below shows data from Years 1-5 <u>only</u> for the 12 ACT teams reviewed in Year 5.

ACT Fidelity Scores	Year 1*	Year 2**	Year 3	Year 4	Year 5
Lowest Rating	64.3%	66.4%	64.3%	68.6%	64.3%
Highest Rating	80%	82.1%	80.7%	79.3%	85.8% <sup>§</sup>
Overall Average	76.5%	74.6%	72.5%	76.3%	77.5%

\*8 of the 12 providers operated in Year 1.

\*\*10 of the 12 providers operated in Year 2.

<sup>§</sup>This represents a 7.3% increase in the highest fidelity score between Year 1 and Year 5.

The below table shows data from <u>all</u> ACT teams reviewed in Years 1-4. It is important to note once again that the 12 ACT teams reviewed in Year 5 were those that scored 80% or below in Year 4. As such, conclusions should not be drawn about the ACT teams in Maricopa County based solely on Year 5 data.

ACT Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5 <sup>°</sup>
Lowest Rating	57.9%	64.3%	64.3%	68.6%	64.3%*
Highest Rating	81.4%	83.6%	91.4%	90.0%	85.8%
Overall Average	74.8%	75.1%	76.9%	80.6%	77.5%**

<sup>†</sup> Only providers with fidelity scores 80% or below were reviewed in Year 5.

#### The fidelity team noted the following successes:

- Most ACT teams are adequately staffed, usually including one or more individuals with lived experience of psychiatric recovery. Members often confirm that staff with lived experience of recovery shares personal recovery stories, and the experiences of those staff are relatable.
- Most ACT teams meet four to five days a week to discuss service delivery to all members.
- Interviewees often report that Psychiatrists and Nurses provide community-based services and are accessible.
- Many teams maintain low admission and few member's drop-out of ACT.
- Interviewed members were often aware of specialty roles on the team. 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 included a brief description
  of each position on the team, including how each staff can help the member, and/or
  hours each staff is available.
- Based on team meetings, and documentation, it appears ACT staff work to coordinate treatment with physical healthcare providers.
- Some providers include outcome data in agency materials.

#### Assertive community treatment quality improvement opportunities:

- Many ACT teams should increase the frequency and intensity of face-to-face member engagement. Emphasize 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.
- Offer staff introductory and refresher training on strategies to work with members in identifying supports and how staff can involve those supports. Engage informal/natural supports in member treatment. Staff may be able to draw from their training to give informal supports tips on how to reinforce healthy recovery behaviors or utilize recovery language when they interact with members.
- Several teams lack a comprehensive understanding of co-occurring disorders and treatment. Offer staff introductory and refresher training on an integrated approach to substance use treatment. Include review of stage-wise treatment, specific associated interventions, recovery language, strategies to engage members in individual and/or group treatment, and how to develop treatment plans based on the member's perspective and incorporating co-occurring treatment language. Increase engagement of members in individualized substance use treatment. On-going in-depth training is highly recommended to ensure that members with co-occurring disorders receive the best possible treatment.
- Providers should examine reasons for turnover. Consider seeking input from current ACT staff on what retention efforts the agencies can implement.

#### Consumer Operated Services (COS) Fidelity Reviews Completed and Findings

#### <u>Reviews completed July 2018 – June 2019</u>

- Center for Health Empowerment, Education, Employment and Recovery Services (CHEEERS)
- ✓ Vive La Esperanza Hope Lives (Hope Lives)

Note: To better identify areas for improvement for COS, for the Year 5 report, items receiving a 3 are highlighted.

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
Helper's Principle	1-4	4	4
Personal Empowerment	1-5	5	5
Personal Accountability	1-5	5	5

### **Consumer Operated Services**

Group Empowerment	1-4	4	4
Choice	1-5	5	5
Recovery	1-4	4	4
Spiritual Growth	1-4	3	4

cos	Likert Scale	CHEEERS	Hope Lives
Peer Support			
Formal Peer Support	1-5	5	5
Informal Peer Support	1-4	4	4
Telling Our Story	1-5	5	5
Artistic Expression	1-5	5	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
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

The overall fidelity ratings for the *two* COS programs reviewed during Year 5 ranged from 94.7% to 97.6% with an average of 96.2% percent. The below table represents data from Year 1 to Year 5 for <u>only</u> the two COS programs reviewed in Year 5.

COS Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5
Lowest Rating	89.9%	89.4%	92.3%	91.3%	94.7%
Highest Rating	89.9%	98.1%	98.1%	98.6%	97.6%
Overall Average	89.9%	93.8%	95.2%	94.9%	96.2%*

\*This represents a 7% increase in average scores from Year 1 to Year 5, indicating improvement over time for the two programs reviewed.

The below table shows data from <u>all</u> COS programs reviewed in Years 1-4. It is important to note that only two COS programs were reviewed in Year 5. As such, conclusions should not be drawn about the COS programs in Maricopa County based solely on Year 5 data.

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

\*Two teams were reviewed in Year 5

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 2018 – June 2019

- ✓ Focus Employment Services (Focus)
- ✓ Lifewell Behavioral Wellness Supported Employment (Lifewell)
- ✓ Wedco Employment Center (WEDCO)
- ✓ Recovery Empowerment Network (REN)
- $\checkmark$

Note: To better identify areas for improvement for SE, for the Year 5 report, items receiving a 3 are highlighted in yellow, 2s are highlighted in orange, and 1s are highlighted in red.

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

### Supported Employment

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

The overall fidelity ratings for the four SE programs reviewed during Year 5 ranged from 80% to 92% with an average of 84% percent. The below table represents data from Year 1 to Year 5 for <u>only</u> the four SE programs reviewed in Year 5.

SE Fidelity Scores	Year 1*	Year 2*	Year 3	Year 4	Year 5
Lowest Rating	62.6%	81.3%	61.3%	73.3%	80%
Highest Rating	77.3%	73.3%	81.3%	84%	92%
Overall Average	71.9%	78.6%	72.6%	79%	84%**

\*REN was not a reviewed provider in Years 1 and 2.

\*\*This represents a 17% increase in average scores between Year 1 and Year 5, showing improvement over time.

The below table shows data from <u>all</u> SE programs reviewed in Years 1-4. It is important to note that only four SE programs were reviewed in Year 5. As such, conclusions should not be drawn about the SE programs in Maricopa County based solely on Year 5 data.

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

\* This provider was not a contracted provider following Year 1.

\*\*4 SE providers were reviewed in Year 5.

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 five 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:

- There is usually evidence that SE and/or clinic staff engage members in benefit planning discussions. There is often evidence in member records that members are introduced to Disability Benefits 101 (DB101).
- Some SE staff conduct community-based job development activities and do not rely primarily on online job searches.
- There appears to be improvement in assisting members with rapid search for employment by facilitating face-to-face contact with potential employers.
- It appears SE staff often assist members pursue employment based on member preferences. Employer contacts are usually based on job choices identified by the member.

#### 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 support 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.
- To align services to the SAMHSA EBP, 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

#### <u>Reviews completed July 2018 – June 2019</u>

- ✓ PSA Behavioral Health Agency (PSA)
- ✓ Arizona Health Care Contract Management Services, Inc. (AHCCMS)
- ✓ Southwest Behavioral & Health Services (SBHS) [previously Southwest Behavioral Health (SBH)]

Note: To better identify areas for improvement for PSH, for the Year 5 report, items receiving a 3 are highlighted in yellow, scores below 3 are highlighted in orange.

# Permanent Supportive Housing

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
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

PSH		PSA	AHCCMS	SBHS
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
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	<b>13.9</b>
Highest Possible Score		28 <b>43.9</b>	28 46.7	28 <b>49.6</b>
Percentage Score		43.9	40.7	49.0

The overall fidelity ratings for the three PSH programs reviewed during Year 5 ranged from 74.3% to 80.1% with an average of 77.1% percent. The below table represents data from Year 1 to Year 5 for <u>only</u> the three PSH programs reviewed in Year 5.

PSH Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5
Lowest Rating	43.9%	65.5%	72.1%	74.6%	74.3%
Highest Rating	49.6%	73%	77.9%	79.4%	80.1%
Overall Average	46.7%	72.2%	75.8%	76.8%	77.1%*

\*This represents a 65% increase from Year 1 to Year 5.

The below table shows data from <u>all</u> PSH programs reviewed in Years 1-4. It is important to note that only three PSH programs were reviewed in Year 5. As such, conclusions should not be drawn about the PSH programs in Maricopa County based solely on Year 5 data.

PSH Fidelity Scores	Year 1	Year 2	Year 3	Year 4	Year 5**
Lowest Rating	43.2%*	52.4%	44.5%	74.6%	74.3%**
Highest Rating	74.1%	88.9%	92.4%	91.9%	80.1%
Overall Average	54.0%	67.7%	72.6%	81.3%	77.1%

\* This provider was not reviewed after Year 1.

\*\*3 PSH reviews conducted in Year 5

#### The fidelity team has noted the following:

- PSH staff usually assist members in selecting housing units that align with their preferences
- Most PSH members live in settings where separation exists between housing management and PSH services.
- Many PSH members reside in integrated settings in the community where the tenant fully controls access their residence.

#### **Permanent Supportive Housing Quality Improvement Opportunities**

- Clinic staff should ensure members who voice an independent living goal are supported to pursue that option. The focus of assessment should be on supporting tenancy. Offer introductory and refresher trainings to educate referral sources on *Housing First* principles. Not all clinic staff are familiar with the term or approach and training is lost with turnover. Avoid intermingling training on PSH with other residential treatment programs unless highlighting the benefits of PSH in comparison. Frequently orienting clinic staff on members having choice in housing may empower them to more faithfully align their services to the PSH model. Steering members from independent living should be discouraged, whether it occurs at referring clinics, PSH agencies, or by system partners. PSH is intended for members with the most significant housing challenges.
- Staff at clinics, PSH providers, and system stakeholders should continue their efforts to increase independent housing options, promoting the benefits of PSH services by developing relationships with landlords and housing providers. Continue to cultivate relationships with landlords and representatives of subsidy programs and market the benefits of PSH in successful tenancy. Consider posting outcome data related to PSH on agency websites.
- System partners should empower tenants to have full control over the composition of their households. PSH, clinic and voucher administrative staff can partner to talk with tenants about the pros and cons of having someone join their living situation. This type of interaction can support member choice if no outside approval is required. Educate tenants on the process, and potential benefits and consequences, of adding others to their leases.
- Support members who are not affiliated with voucher programs to live in safe, affordable housing where they have rights of tenancy. Many 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). Many PSH programs in the Central Region serve members who live in various types of housing. 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.

# Year 1 (FY 2015) Fidelity Review Findings

ACT	Choices Enclave	SWN Osborn	Choices South Central	PIR West Valley	SWN Hamp- ton	PCN Centro Esper- anza	PIR Metro Varsity	PIR Metro Omega	SWN San Tan	Choices WM	SWN BV	Choices Townley	PCN Comun -idad	PCN Comun –idad [FACT]	PCN CC
Human Resources							1-5 L	ikert Sca	ale						
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 L	ikert Sca	ale						
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

# Assertive Community Treatment Year 1 – FY 2015

ACT	Choices Enclave	SWN Osborn	Choices South Central	PIR West Valley	SWN Hamp- ton	PCN Centro Esper- anza	PIR Metro Varsity	PIR Metro Omega	SWN San Tan	Choices WM	SWN BV	Choices Townley	PCN Comun - idad	PCN Comun –idad (FACT)	PCN CC
Nature of Services							1-5	Likert Sca	ale						
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

COS	Likert Scale	CHEEERS	REN	STAR Central	STAR East	STAR West	Vive la Esp.
Structure				Central	Last	vvest	L3p.
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

# **Consumer Operated Services Year 1 – FY 2015**

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

PSH	Scale	PSA	AHC- CMS	Terro s	PCN	RI	Help Heart s	AZ Ment or	Life- well	SB H	PIR	Mar c	MH W	Ch o - ice s	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	1.8 8	1.8 8	1.6 3
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	2.6 7	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

# Permanent Supportive Housing Year 1 - FY 2015

PSH	Scale	PSA	AHC- CMS	Terros	PCN	RI	Help Hearts	AZ Mentor	Life- well	SBH	PIR	Marc	MH W	Cho- ices	SWN	CF SS
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	CF SS
Flexible, Voluntary Services																
Extent to which tenants choose																
the type of services they want at	1,4	1	1	1	1	4	1	1	1	4	1	4	1	1	1	1
program entry																
Extent to which tenants have																
the opportunity to modify	1,4	4	4	4	4	4	1	1	4	4	1	4	1	4	1	4
services selection																
Extent to which tenants are able																
to choose the services they	1-4	2	3	2	3	3	1	2	3	3	2	3	2	3	3	3
receive																
Extent to which services can be																
changed to meet the tenants	1-4	2	3	2	3	4	2	2	4	3	3	3	2	3	3	4
changing needs and preferences																
Extent to which services are	1-4	2	2	2	2	3	1	1	2	2	2	2	1	2	2	3
consumer driven																
Extent to which services are																
provided with optimum	1-4	4	4	4	4	3	4	4	4	4	4	3	1	3	4	4
caseload sizes																
Behavioral health services are	1-4	2	2	2	2	2	2	2	2	2	3	2	2	4	2	3
team based																
Extent to which services are		-	-									-				
provided 24 hours, 7 days per	1-4	3	2	4	4	4	4	4	4	4	4	2	1	4	4	4
week																
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 II South Centr al	PIR West Valle y	CBI FAC T	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Ham p-ton	CPL C Centr o Esper - anza	SWN San Tan	SWN Sag- uaro	SWN BV	La FC	Terros Townle y	CBI Com. FAC T	PIR [M- ACT]	La FCC	Cir. The City
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	Terro s En- clave	SWN Osbor n	Lifewe II South Centr al	PIR West Valle y	CBI FAC T	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Ham p-ton	PCN Centr o Esper - anza	SWN San Tan	SWN Sag- uaro	SWN BV	La FC	Terros Townle y	CBI Com. 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	4.1 1	4.1 8	4.0 7	3.5 7	4.1	3.5 4	3.5 0	3.6 1	3.3 2	3.9 2	3.2 1	3.96	4.0 7	4.0 4	3.6 8	3.5 4
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	3.4 6	3.68	4	3.8 9	NA	4	3.9 6	3.5	4.0 7	3.2 1	3.9 3	NA	3.4 6	4.0 7	3.89	3.9 6	NA	2.8 9	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

SE 1-5 Likert Scale	Marc CR	Focus	Lifewel I	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					1	2
treatment	3	3	3	3		
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

## Supported Employment Year 2 – FY 2016

# 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	Ter- ros ACT	MA RC	ннw
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

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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	Ter- ros ACT	MA RC	ннw
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
<b>Rights of Tenancy</b>																		
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	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	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	Ter- ros ACT	MA RC	ннพ
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	Ter- ros ACT	MA RC	ннw
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	67.1	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	Terro s En- clave	SWN Os- born	CPLC Mary- vale	Lifewel I South Central	PIR West Valle y	CBI FACT	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Mesa HC	CPLC Centr o Esper- anza	SWN San Tan	SWN Sag- uaro	SWN BV	La FC	CBI Avon dale	Terro s Town- ley	CBI FACT #2	PIR [M- ACT]	LaF Madi- son	La FCC	CBI FACT #3	Terros Dunla p
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 Sca	le																						
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	Terro s En- clave	SWN Osbor n	CPLC Mary- vale	Lifewel I South Central	PIR West Valle y	CBI FACT	Terro s W McD	PIR Metro Varsit y	PIR Metro Omeg a	SWN Mesa HC	CPLC Centr o Esper- anza	SWN San Tan	SWN Sag- uaro	SWN BV	La FC	CBI Avon dale	Terro s Town- ley	CBI FACT #2	PIR [M- ACT]	LaF Madi- son	La FCC	CBI FACT #3	Terros Dunla p
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	3.2 5	3.43	3.2 9	4.1 4	3.43	3.68	4.0	3.7 9	3.79	4.1 1	3.7 1	3.9 3	4.2 5	4.0 4	3.89	3.8 6	4.5 7	3.8 9	4.0 4	3.9 3	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	4.1 1	4.1 8	4.07	3.57	4.1	3.5 4	3.50	3.6 1	3.3 2	3.9 2	3.2 1	NA	3.96	4.0 7	4.0 4	NA	3.6 8	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	3.8 9	NA	4	3.96	3.5	4.0 7	3.21	3.9 3	NA	3.4 6	4.0 7	NA	3.89	3.9 6	NA	NA	2.8 9	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	CPL C ACT	Life- well	La F ACT	RI	PIR ACT	СВІ	CBI ACT	SBH S	Life- well ACT	SW N ACT	Terro s ACT	MAR C
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		3.2 5	2.5	3.7 5	2.1 3	4	3.6 3	3.7 5	3.6 3	3.6 3	3.2 5	1.6 3	2.5	2.5	3.2 5
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	3.6 7	4	3.5	3.5	3.6 7	4	2.8 3	3.1 7	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	CPL C ACT	Life- well	La F ACT	RI	PIR ACT	СВІ	CBI ACT	SBH S	Life- well ACT	SW N ACT	Terro s ACT	MAR C
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	1.7 5	4	2.5	4	1.7 5	2.5	1.7 5	2.5	1	1.7 5	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		3.1 7	2.83	2.8 3	2.8 3	3.1 7	3.5	3.5	3.5	3.1 7	3.1 7	2.5	2.8 3	2.83	3.17

PSH Scale		PSA	AHC- CMS	CPLC ACT	Life- well	La F ACT	RI	PIR ACT	СВІ	CBI ACT	SBHS	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	СВІ	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	67.1	49.6	49.6	56.4	52.9	52.9	68.6

## Year 4 (FY 2018) Fidelity Review Findings

### CP LC CB Ter SW SW СВ 23<sup>r</sup> Assertive СВ PIR PI R [M-AC T] I FA CT On LaF Te MI СВ N Sa I FA CT #3 SW N I FA CT #2 Met N Me Terros Lifewell SWN PIR Sa ntro We st Val Community En-South МО mp e M/ Osborn Esp RP clave Central sa dal uar Treatment sity anz Human Resources: 5 Point Likert Scale Small Caseload Team Approach Program Meeting Practicing ACT Leader Continuity of Staffing Staff Capacity Psychiatrist on Team Nurse on Team Substance Abuse Specialist on Team Vocational Specialist on Team Program Size **Organizational Boundaries: 5 Point Likert Scale Explicit Admission Criteria** Intake Rate Full Responsibility for **Treatment Services** Responsibility for Crisis Services Responsibility for Hospital Admissions Responsibility for Hospital

**Discharge Planning** 

Time-unlimited Services

5 4

4 5

4 4 4

### Assertive Community Treatment Year 4 – FY 2018

5 5

ACT	Terros En-clave	SWN Osborn	MI HS M/ R	CB I 99t h	PI R We st Val ley	CB I FA CT On e	PIR Met ro Var sity	Ter ros 51s t Av e.	Lifewell South Central	PIR MO	SW N Me sa HC	CP LC Ce ntro Esp er- anz a	SW N Sa n Ta n	SW N Sa g- uar o	SW N RP	La FC	CB I Av on dal e	23r d Av e. AC T1	CB I FA CT #2	PI R [M- AC T]	LaF Te mp e	La FC C	CB I FA CT #3	23r d Av e. AC T2
Nature of Services: 5 Point	Likert Sc	ale																						
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	11 5	10 5	11 1	12 1	96	11 0	105	12 2	11 0	10 2	12 6	11 1	11 9	12 0	11 8	10 4	10 8	12 5	11 5	11 5	11 1	10 9
Total Possible	140	140	14	14	14	14	14	14	140	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Percentage			0 82	0 <b>75</b>	0 <b>79</b>	0 <b>86</b>	0 68	0 <b>78</b>		0 <b>87.</b>	0 <b>78</b>	0 72	0 <b>90</b>	0 <b>79</b>	0 85	0 <b>85</b>	0 84	0 74	0 77	0 <b>89</b>	0 82	0 82	0 <b>79</b>	0 77
reicentage	86.4	77.9	.1	.0	.3	.4	.6	.6	75.0	1	.6	.9	.0	.3	.0	.7	.3	.3	.1	.3	.1	.1	.3	.9
Average	4.32	3.89	4.	3.	3.	4.	3.	3.	3.76	4.3	3.	3.	4.	3.	4.	4.	4.	3.	3.	4.	4.	4.	3.	3.
			07 N	75	96	32 11	43 10	<b>93</b>		6 11	93 10	64 10	5 11	96 10	25 11	29 11	21 11	71 10	86 10	46	11 10	11 11	96 11	89 11
Year 3 Total Score	117	90	Α	91	91	6	3	50	96	2	6	6	5	4	0	9	3	9	8	8	9	3	0	3
Total Possible	140	140	14 0	14 0	14 0	14 0	14 0	14 0	140	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0
Percentage	83.6	64.3	N A	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	N A	3. 25	3. 29	4. 14	3. 68	3. 43	3.43	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

ACT	Terros En-clave	SWN Osborn	MI HS M/ R	CB I 99t h	PI R We st Val ley	CB I FA CT On e	PIR Met ro Var sity	Ter ros 51s t Av e.	Lifewell South Central	PIR MO	SW N Me sa HC	CP LC Ce ntro Esp er- anz a	SW N Sa n Ta n	SW N Sa g- uar o	SW N RP	La FC	CB I Av on dal e	23r d Av e. AC T1	CB I FA CT #2	PI R [M- AC T]	LaF Te mp e	La FC C	CB I FA CT #3	23r d Av e. AC T2
Year 2 Total Score	101	97	N A	N A	11 5	11 7	10 0	11 4	104	11 5	99	98	10 1	93	11 1	90	N A	11 1	11 4	11 3	NA	10 3	N A	99
Total Possible	140	140	14 0	14 0	14 0	14 0	14 0	14 0	140	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0
Percentage	72.1	69.3	N A	N A	82 .1	83 .6	71 .4	81 .4	74.3	82. 1	70 .7	70	72 .1	66 .4	79 .3	64 .3	N A	79 .3	81 .4	80 .7	NA	73 .6	N A	70 .7
Average	3.6	3.46	N A	N A	4. 11	4. 18	3. 57	4. 07	3.71	4.1	3. 54	3. 50	3. 61	3. 32	3. 92	3. 21	N A	3. 96	4. 07	4. 04	NA	3. 68	N A	3. 54
Year 1 Total Score	97	103	N A	N A	10 9	N A	11 1	11 2	112	98	11 4	90	11 0	N A	97	11 4	N A	10 9	11 1	N A	NA	81	N A	N A
Total Possible	140	140	14 0	14 0	14 0	14 0	14 0	14 0	140	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0
Percentage	69.3	73.6	N A	N A	77 .9	N A	79 .3	80	80	70	81 .4	64 .3	80	N A	69 .3	81 .4	N A	77 .9	79 .3	N A	NA	57 .9	N A	N A
Average	3.46	3.68	N A	N A	3. 89	N A	3. 96	4	4	3.5	4. 07	3. 21	3. 93	N A	3. 46	4. 07	N A	3. 89	3. 96	N A	NA	2. 89	N A	N A

## **Consumer Operated Services Year 4 – FY 2018**

cos	Likert Scale	CHEEERS	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	CHEEERS	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	CHEEERS	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		192
Total Possible	208	208	208		208
Percentage Score		98.1	95.2	93.6	92.3
Year 2 Total Score		204	193		186
Total Possible	208	208	208		208
Percentage Score		98.1	92.8	90.1	89.4
Year 1 Total Score		187	199		187
Total Possible	208	208	208		208
Percentage Score		89.9	95.7	81.9	89.9

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	
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

## Supported Employment Year 4 – FY 2018

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

PSH	Scale	PSA	AHC- CMS	RI	CBI	SBH S	MAR C
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		3.2 5	3.25	4	3.2 5	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	3.2 5	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							
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	3.2 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	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

## Permanent Supportive Housing Year 4 – FY 2018

PSH		PSA	AHC- CMS	RI	СВІ	SBHS	MARC
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
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	67.1	49.6	68.6