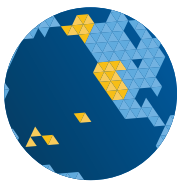
WICHE
Western Interstate Commission for Higher Education

SFY26

ARIZONA BALANCE OF STATE EVIDENCE-BASED PRACTICES FIDELITY PROJECT

QUALITY IMPROVEMENT REPORT

WITH ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM



ALASKA • ARIZONA • CALIFORNIA • COLORADO • HAWAI'I • IDAHO • MONTANA • NEVADA • NEW MEXICO • NORTH DAKOTA • OREGON • SOUTH DAKOTA • U.S. PACIFIC TERRITORIES AND FREELY ASSOCIATED STATES • UTAH • WASHINGTON • WYOMING

Table of Contents

INTRODUCTION

In the Summer of 2018, the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP) entered a contract with the Arizona Health Care Cost Containment System (AHCCCS) to expand quality assurance reviews to programs delivering Substance Abuse and Mental Health Administration (SAMHSA) Evidence-Based Programs (EBP) outside the already-serviced Central Geographic Service Area (GSA). AHCCCS designates three geographical service regions within the state: North, Central, and South GSAs and has entered into Regional Behavioral Health Agreements (RBHA) with Managed Care Organizations (MCO) that contract with behavioral health providers within the GSA to deliver services. One RBHA contractor oversees services delivered in the North and South GSAs. Program reviews were conducted during State Fiscal Year (SFY) 2019 and 2020. Due to budgetary constraints, reviews were halted until SFY2024. The Arizona SFY runs from July 1 through June 30 of the indicated fiscal year.

Project Implementation

For the SFY2026, the WICHE BHP conducted nineteen (19) fidelity reviews for the following EBPs:

- Assertive Community Treatment (ACT) - 10 reviews (5 North GSA, 4 South GSA, 1 Central GSA). Note: Horizon Health and Wellness is in Pinal County in the Central GSA. It is included here because this report encompasses all counties outside of Maricopa County.
- Consumer Operated Services (COS) – 2 reviews (2 North GSA)
- Supported Employment (SE) - 3 reviews (South GSA)
- Permanent Supportive Housing (PSH) - 4 reviews (1 North GSA, 3 South GSA)

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 continues to utilize all EBP materials originally developed for the project with few modifications, including fidelity scales, review interview guides, scoring protocols, fidelity report templates, and provider notification and preparation letters. The fidelity review process applies documentation from the SAMHSA EBP toolkits. The entire fidelity review process continues to follow the guidance from the SAMHSA toolkit protocols as follows:

- The team, two Fidelity Specialists (reviewers), 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 the 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. 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.
- 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 the COVID-19 public health emergency, the WICHE BHP team conducted reviews on site at the provider location, in SFY2020, the review process was adapted for the virtual environment. Virtual fidelity reviews continue to be utilized. Virtual/remote fidelity reviews require considerable coordination between providers and the WICHE BHP team. 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 process virtually 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, specifically the toolkit for the EBP of ACT, does not recognize telehealth as an acceptable mode of service delivery. However, since the program adaptations associated with the COVID-19 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 mental health nurse practitioners.

This report uses two different terms to refer to persons who are currently or who have 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 ACT, PSH, or SE 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

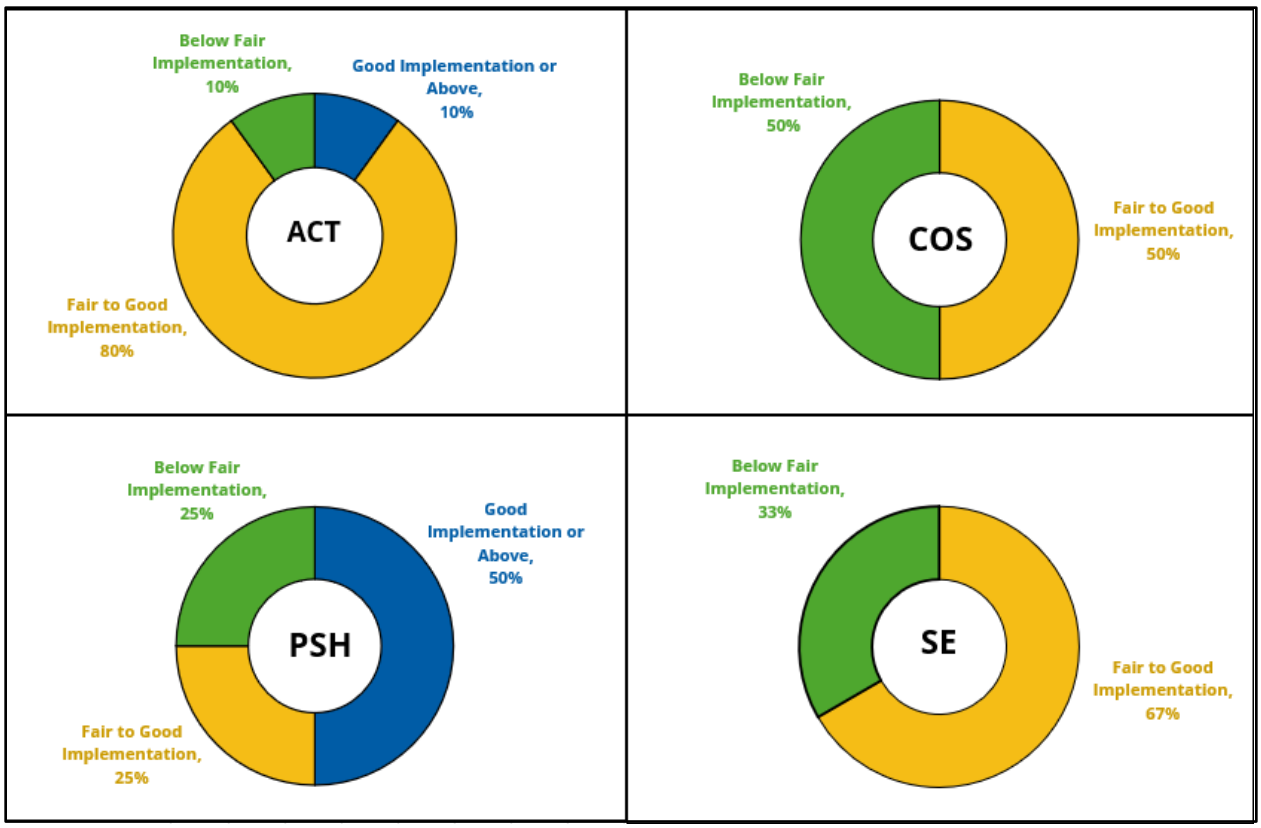
This report begins by briefly summarizing overall findings from fidelity reviews conducted for all EBPs in SFY2026. Next, this report details the fidelity review findings from SFY2026 for each of the EBPs evaluated during this review cycle. In addition, through consultation with AHCCCS, WICHE BHP developed recommendations for system-level actions that may improve members' experiences. The phrase "health plan" throughout the report refers to the RBHA and the term "provider" refers to the agency delivering the EBP.

SUMMARY OF FIDELITY REVIEW FINDINGS FOR SFY 2026

Each section below describes the findings from fidelity reviews conducted in SFY2026 for each EBP. Following the total item scores by provider, each section provides the average item score graphs, feedback themes from member interviews, and describes overall strengths and opportunities for improvement for each of the EBPs. A brief description of each scoring item, drawn from the SAMHSA toolkits, is provided in italics followed by a summarization of findings from reviews conducted during SFY2026. Opportunities for improvement that are common across programs help identify potential systemic issues and training/technical assistance opportunities, including areas in which clarity regarding EBP model fidelity may benefit multiple providers. Areas that are challenges for specific providers indicate opportunities for site-specific, fidelity-focused quality improvement interventions. Appendix A includes the average item scores for each provider for SFY2026.

EBP MODEL IMPLEMENTATION FOR SFY 2026

Below are the average scores across all providers reviewed for each EBP. Most providers met or exceeded minimum implementation requirements. Each EBP included one provider whose score fell below the "Fair Implementation" threshold.



ASSERTIVE COMMUNITY TREATMENT (ACT): SFY 2026 SUMMARY OF FIDELITY REVIEW FINDINGS

Brief Description of 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 a Serious Mental Illness (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. Members receiving ACT services are typically unsuccessful with traditional mental health services and require more frequent and intensive services which utilize a community-based approach. Often, members 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 applied by effective ACT teams.

ACT Fidelity Reviews Completed During SFY 2026

Central GSA:

- Horizon Health – Casa Grande

North GSA:

- The Guidance Center – Flagstaff

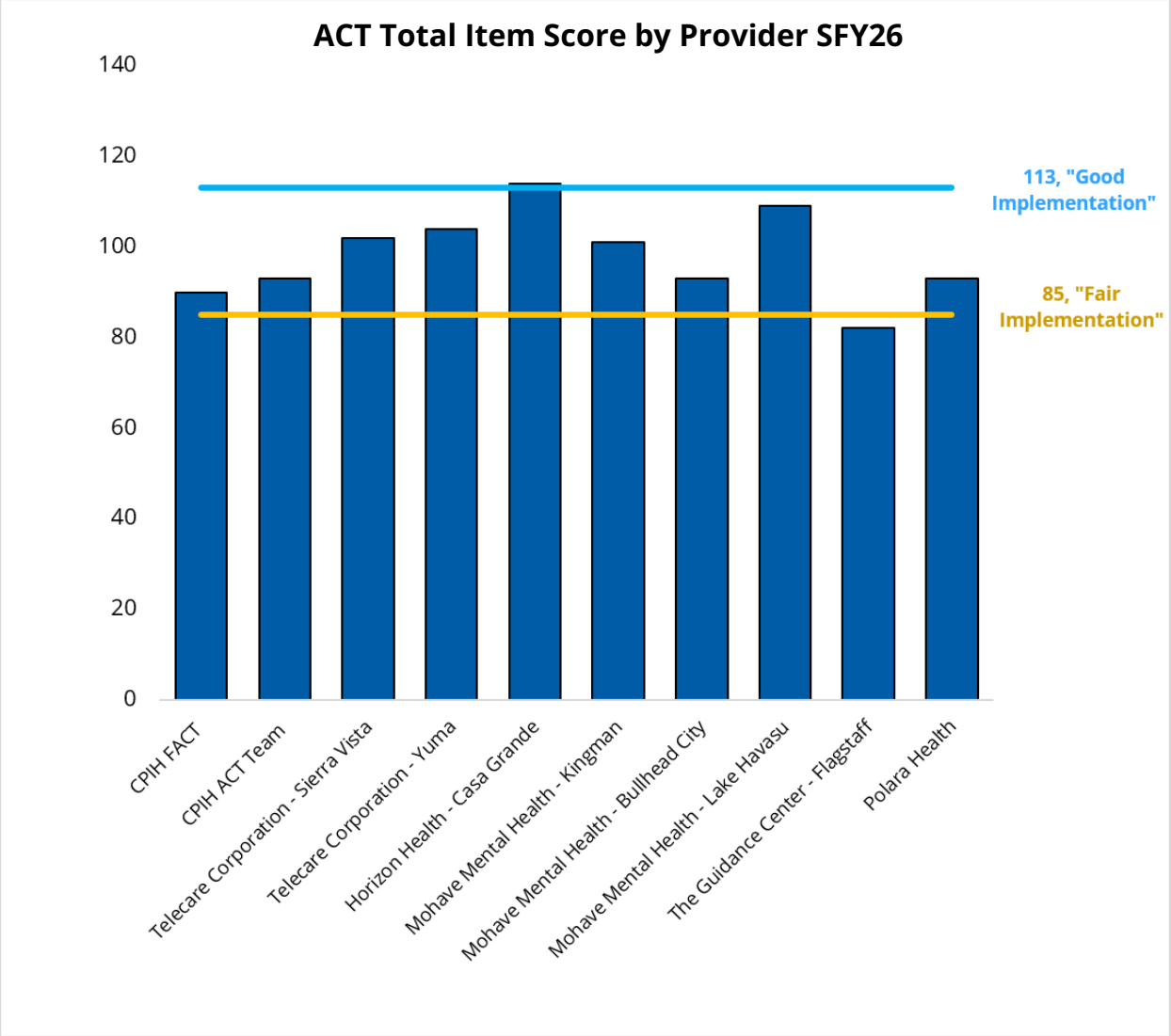
- Polara Health
- Mohave Mental Health Clinic – Lake Havasu
- Mohave Mental Health Clinic – Kingman
- Mohave Mental Health Clinic – Bullhead City

South GSA:

- Community Partners Integrated Healthcare ACT
- Community Partners Integrated Healthcare FACT
- Telecare - Sierra Vista
- Telecare – Yuma

ACT Total Item Scores by Provider

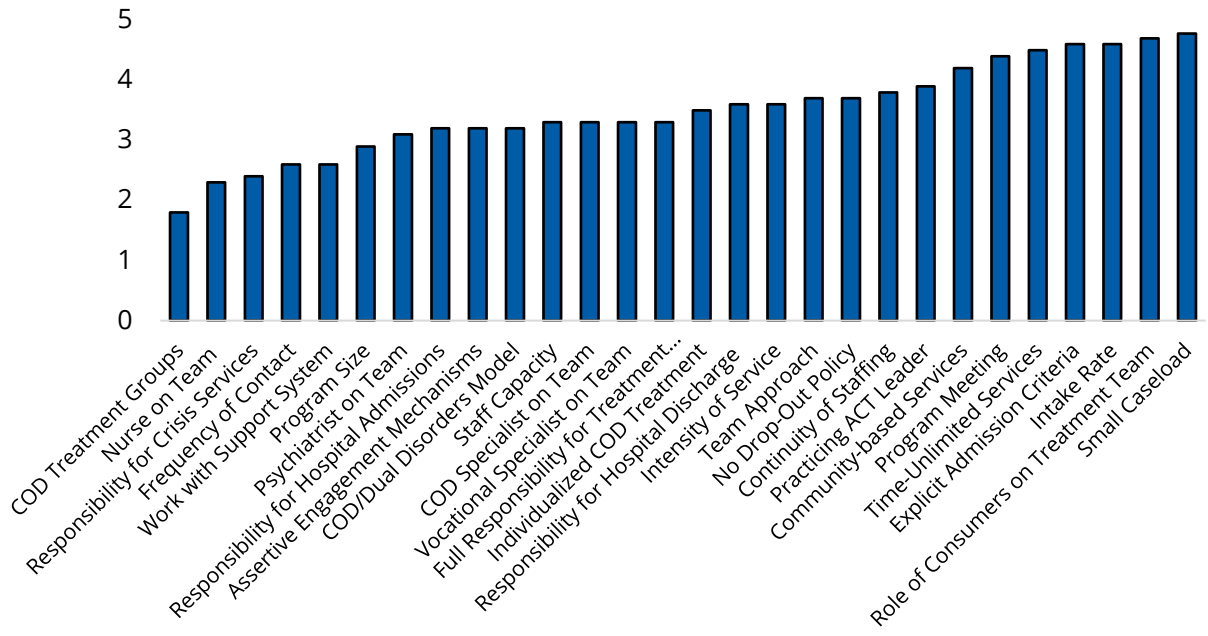
The graph below illustrates scores for each ACT program reviewed in SFY26. Programs can score up to 140 points on the fidelity scale. According to SAMHSA ACT scoring, "Good Implementation" is indicated when programs score 113 or above, "Fair Implementation" is indicated by scores of 85 or better, and "Below Fair Implementation" is indicated by scores that are 84 or below. One program scored in the "Good Implementation" score range, and eight of the nine other programs were successful at meeting the definition of "Fair Implementation", an increase from the previous end of year report.



ACT Average Item-Level Scores

The SAMHSA EBP Toolkit includes twenty-eight 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 charts below indicate the average rating of each ACT fidelity item across all providers reviewed.

ACT Average Item Scores Across 10 Providers SFY26



ACT Member Feedback Themes

Across anonymous member key informant interviews from ACT programs, member responses were qualitatively analyzed to provide the following common themes regarding desired changes to services or aspects of services members found valuable. The themes are broken into areas of success and opportunities for improvements regarding staffing, services, and other program aspects. Notable mentions include additional items members brought to the attention of reviewers that may not have appeared as frequently as other themes.

Positive Themes

- Many members reported being happy with services and wouldn't change the program.
- Lots of members expressed appreciation for staff and their team.
- Many members felt supported and appreciate the program's commitment to providing services.

Positive - Notable Mentions

- "Program does what they say they are going to do."
- When one staff is unavailable other staff step in to support a member.
- A member noted appreciation for the availability of 24/7 services and the team being there for them "night or day."

Quality Improvement Themes

- Members expressed a desire for higher frequency of services and support each week.
- Members reported wanting more community-based services including groups and life skills support (e.g., support with grocery shopping, health appointments, and exercising).
- Members reported teams being understaffed impacting services and communication.

Quality Improvement-Notable Mentions

- Member noted high turnover of peers on the team impacting services.
- Members requested additional assistance with housing and insurance.

ACT Areas of Success

North and South GSA providers scored high on a wide variety of ACT fidelity items. Programs continued to succeed in maintaining small caseload ratios (Small Caseloads). Low caseloads help ensure members receive timely, individualized support that can increase or decrease as their needs change over time. Low caseloads also help to reduce the risk of staff burnout, which is also supported by having staff on the team with lived psychiatric experience. Having certified Peers in the program helps model what recovery may look like to members, and Peers also provide programs with insight into the member experience of the mental health system.

Related to admissions and discharges to programs, progress was made in ensuring only members appropriate for services are admitted. All programs maintained clear and measurable admission criteria. An emphasis on serving individuals with serious mental illness who have been unsuccessful in benefiting from traditional services were prioritized and inappropriate referrals are screened out. Programs use a measured approach to admitting members, allowing program staff to adequately provide intensive and frequent services to meet their needs. Often, when members are referred to ACT teams, they may be more symptomatic, unhoused or at risk of losing housing, and may have little to no support in the community, relying heavily on the ACT team for support and services. Relatedly, members are retained by the program and allowed to recover at their own pace. Members determine when graduation is appropriate, rather than agency pre-determined timelines, and members are not pressured to meet discharge deadlines set by the team or agency.

Unique Success in the North GSA

The programs in the North had a high number of services delivered to members in their community. Teams focused on meeting members in their natural environment, rather than a clinical setting. Providing ACT supportive services (i.e., medication monitoring, skill building, etc.) was more successfully accomplished through meeting members in their home and communities.

Unique Success in the Central and South GSA

The programs in the South and the program in the Central GSA frequently meet to discuss members assigned, providing an opportunity for the team to assess needs and plan service delivery. Programs that meet frequently are better able to meet member needs. Reviewing all members assigned helps to keep all program staff current. One program met fidelity for this item by requiring the psychiatric prescriber attends a minimum of one meeting a week, staying for the duration of the meeting to get all updates, and to provide feedback to the team on potential impacts of medications on members and factors to consider related to member care.

ACT Opportunities for Improvement

Common themes across programs that would benefit from focused attention to improve the experience of members as they work on recovery include the following (starting with the item with the lowest score):

Co-Occurring Disorders Treatment Groups – *The 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 (mental health and substance use disorders).*

- Considerations for improvement: Four of the ten programs reviewed either had no co-occurring group for members to attend, or no members had attended in the 30 days prior to review. With support from the health plan, develop capacity to make available treatment groups which are exclusively for ACT team members. Provide training related to the EBP of Integrated Treatment for Co-Occurring Disorders to the ACT programs. Consider making annual training a requirement of all ACT staff.

Nurse on Team – *At least two (2) full-time nurses are assigned to work with a 100-member program. Nurses are a critical ingredient of successful ACT programs. The nurses function as full members of the team, which includes conducting home visits, treatment planning, and educating the team.*

- Considerations for improvement: Teams showed an increased ability to staff the registered nurse positions over the last year. Some teams continue to utilize agency staff not assigned to the ACT team, or Licensed Practical Nurses who do not meet the requirements for ACT programming. Further, the nurses utilized do not meet the requirement of attending the ACT program meeting twice a week, nor are they generalist staff, maintaining a primary focus on medical services, with little community-based service delivery. The program, with support from the health plan, should make available Registered Nursing care to ACT members who often have complicated medical conditions that require more frequent monitoring.

Responsibility for Crisis Services – *The program has 24-hour responsibility for covering psychiatric crises. An immediate response can help minimize distress when members face crises. When the ACT team provides crisis intervention, continuity of care is maintained.*

- Considerations for improvement: Two of the ten programs have the capacity to provide community-based after-hours crisis support to members. For other teams, as a first step, the health plan should provide guidance on how to develop team capacity for members to have direct access to ACT staff for after-hours phone support.

Frequency of Contact – *The team provides a high number of face-to-face service contacts, as needed. As the sole provider, ACT teams are highly invested in their members 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 evaluate barriers to teams providing frequent face-to-face contact with ACT members. Increased contact with members allows the team to provide continuity of care and the ability to regularly assess members at risk of declining health. Conversely, frequent contact provides opportunities for the team to assess and support the progress made by members.

Unique Area for Improvement in the North GSA

Program Size – The team is of sufficient size to consistently provide the necessary staffing and diversity coverage. It is critical to maintain adequate staff size and disciplinary background to provide comprehensive, individualized service to each client.

- Considerations for improvement: Although staff-to-member ratios remain high, programs lacked sufficient staff assigned to the team to allow for the flexibility and diversity necessary for a multidisciplinary approach. For the four teams without an assigned Registered Nurse, including that position on the team would impact the multidisciplinary scope of the team and make available access to medical assessment of comorbidities.

Unique Area for Improvement in the South GSA

Assertive Engagement – *The team consistently uses an array of techniques to engage difficult-to-treat clients. Members are not immediately discharged from the program due to failure to keep appointments. Retention of members is a high priority for ACT teams.*

- Considerations for improvement: Ensure programs have an ACT specific protocol or policy to follow when members are not in contact with the team at the frequency intended. Members on ACT teams are not typically successful engaging in traditional behavioral health services, and may require persistent and caring attempts to engage in services. A client-centered approach to service provision may positively impact engagement.

ACT Overall Recommendations

The WICHE BHP recommends the following to strengthen the program fidelity of ACT throughout the provider community.

- The health plan should continue efforts to expand the understanding of the model. Provide regular training and technical assistance to program and executive leadership to sustain and build upon identified areas of progress. Turnover at all levels impacts retention of lessons learned.
- Some programs made significant gains through frequent and regular engagement from the health plan. The health plan should continue to provide opportunities for targeted training and technical assistance to increase model implementation for providers that score in the "Fair Implementation".
    - Support cross-provider collaborative work sessions. Bringing together programs in a learning community space where learning and sharing experiences of the facilitators and barriers to the delivery of the model in rural Arizona could provide opportunities for sharing resources that support the work of the teams, success stories, best practices, and creative problem-solving for complex cases.
- Continue efforts to support the behavioral health workforce by providing technical assistance and support in the delivery of ACT. Staff turnover impacts both members and staff. The health plan should encourage programs to engage in national resources specifically focused on providing support in the service model of ACT.

CONSUMER OPERATED SERVICES (COS): SFY 2026 SUMMARY OF FIDELITY REVIEW FINDINGS

Brief Description of 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 all providers.

COS Fidelity Reviews Completed During SFY 2026

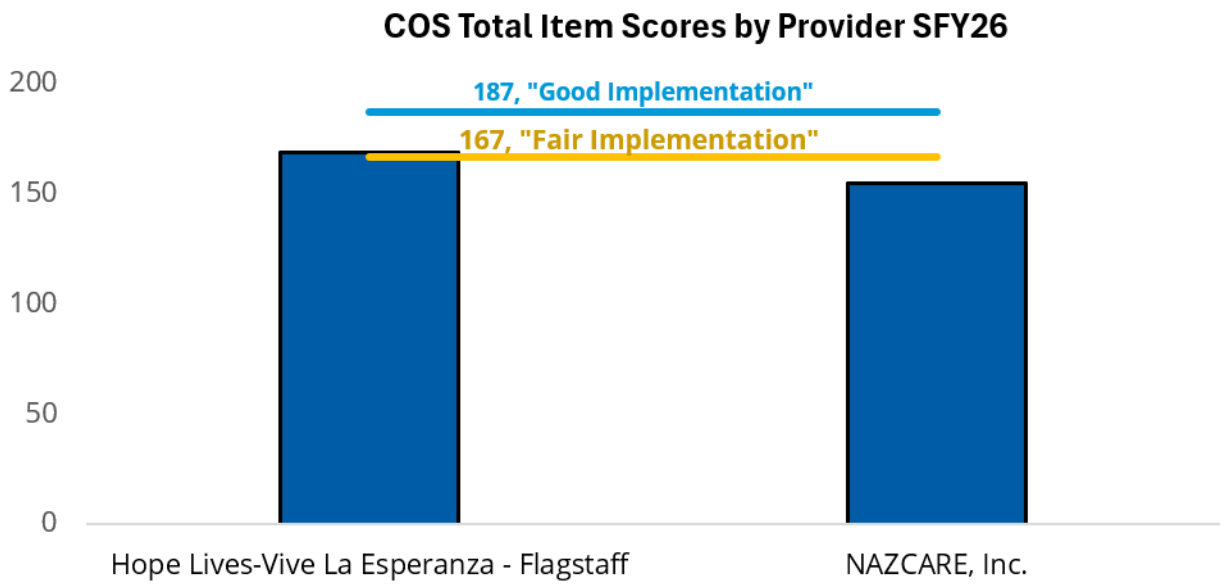
North GSA:

- Hope Lives-Viva la Esperanza
- NAZCARE

This is the second year that COS programs participated in the fidelity review process for the North GSA. No COS programs in the South GSA were scheduled for this review period.

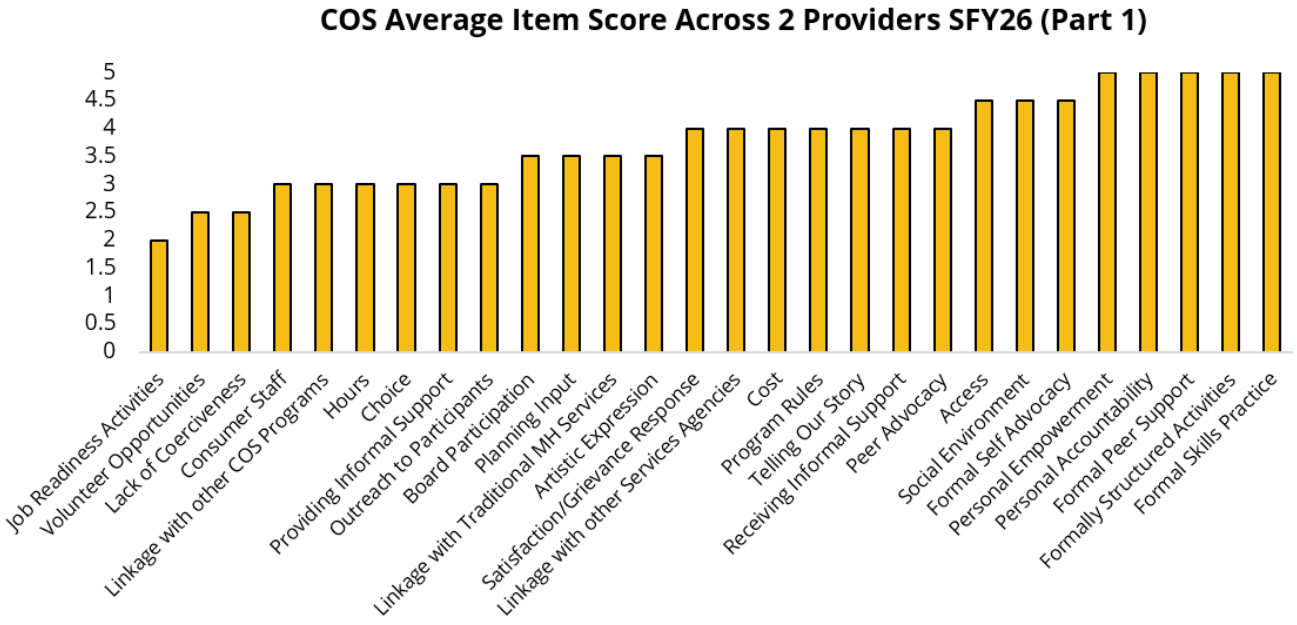
COS Total Item Scores by Provider

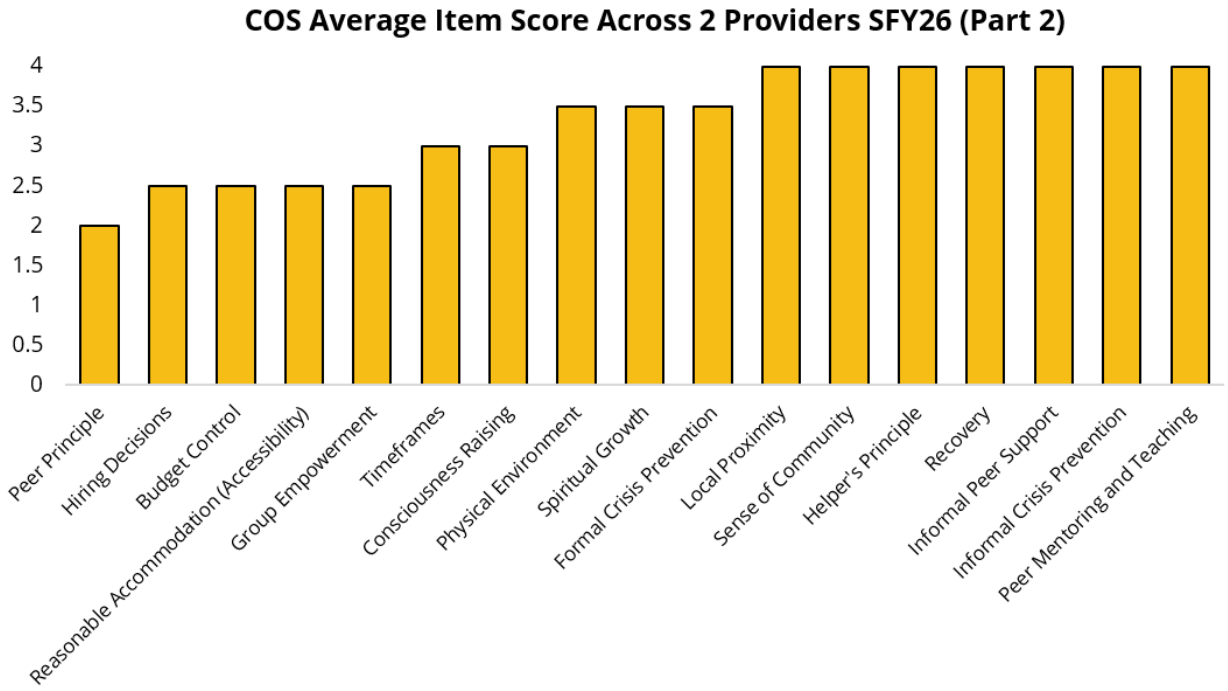
The graph below illustrates scores for both COS teams reviewed in SFY 2026. Providers can score up to 208 points on the COS fidelity review scale and are provided recommendations to improve practices to move closer to fidelity of the model for each item that is scored down. SAMHSA COS scoring is divided into three categories: “Good Implementation” is indicated when a program scores 187 points of above, “Fair Implementation” is met when a program scores 167 but less than 187, and “Below Fair Implementation” when scoring 166 and below.



COS Average Item-Level Scores

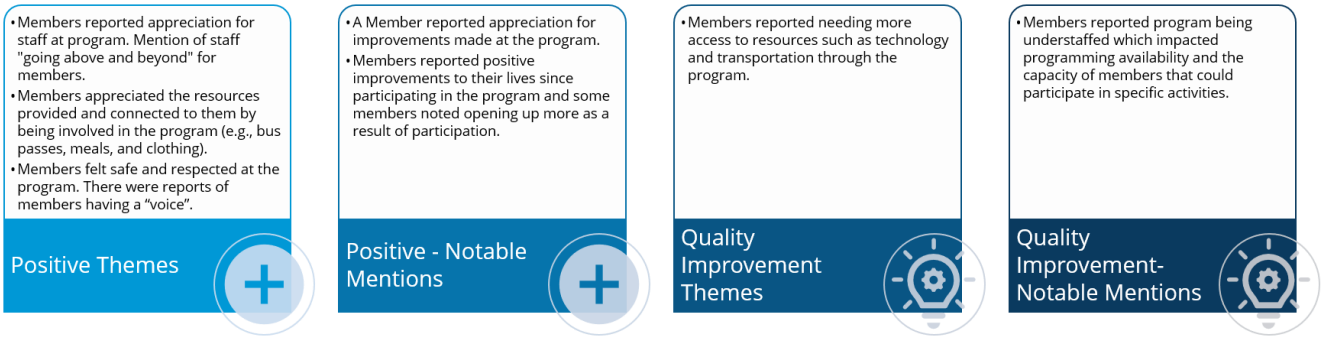
The COS Fidelity Review Scale rates each fidelity item on a 1-4 or 1-5-point scale, with 1 indicating "Not implemented" and 4 or 5 (depending on the item) indicating "Fully implemented." The two graphs below illustrate the average scores across providers for each of the 45 COS fidelity items. The first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

Across anonymous member key informant interviews from COS programs, member responses were qualitatively analyzed to provide the following common themes regarding desired changes to services or aspects of services members found valuable. The themes are broken into areas of success and opportunities for quality improvements regarding staffing, services, and other program aspects. Notable mentions include additional items members brought to the attention of reviewers that may not have appeared as frequently as other themes.



COS Areas of Success

The COS programs earned the highest measure of successful implementation of the model across 12 fidelity items out of the 45 possible, which included: Formal Peer Support, Formal Skills Practice, Formally Structured Activities, Helper's Principle, Informal Crisis Prevention, Informal Peer Support, Local Proximity, Peer Mentoring and Teaching, Personal Accountability,

Personal Empowerment, Recovery, and Sense of Community. General impressions regarding provider successes included:

The members of COS programs are provided opportunities to engage in formal and informal peer support, a core component of a program run by peers. Formal delivery of support would include classes or a section of a class that provides structured peer support. Informal support would include when members of the program experience opportunities to engage with others as a valued resource for support as they work on recovery in their individually defined terms. Programs encourage members to develop community within and outside the program in which they can rely and empower each other on their journey.

COS Opportunities for Improvement

Some areas programs could focus to improve the experience of members include the following:

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. Employment or volunteer activities within consumer-operated services help to launch participants into competitive employment opportunities.*

- Considerations for improvement: COS programs are in a unique position to provide members with the opportunity to engage in activities that may help prepare them for employment. Provide members with a variety of volunteer opportunities which can be built upon for further opportunities, such as employment, or volunteering outside the program. Include membership in the conversation when determining these activities as they learn about their limits and possibilities in their personal recovery journey through engagement with the program.

Peer Principle – *Relationships are based on shared experiences and values. Participants and staff characterize relationships as mutual/reciprocal.*

- Considerations for improvement: Provide members with an environment where staff regularly share their personal stories of involvement with the mental health system, allowing members the opportunity to recognize that peer relationship. The health plan could provide technical assistance and training covering the proven benefits of disclosure among peers, how to appropriately disclose, and how staff modeling helps to break stigma around mental health. Some programs may have individuals attending that do not identify with a mental health diagnosis and recognize other involvement, e.g., justice or substance use, as a less stigmatizing issue suggesting the "othering" of membership engaged in psychiatric care.

Volunteer Activities – *Volunteer opportunities for consumer-operated program consumers may include board and leadership positions, unpaid jobs, and paid staff positions. Volunteering helps organizations with immediate needs and builds a culture of mutual support and empowerment by involving people in operations. It is a way for participants to use existing skills, explore new roles, and develop new skills that may be applicable as employees in many businesses or service organizations.*

- Considerations for improvement: Engage membership in discussions on how programs can improve the availability of volunteer opportunities. Activities could include filling a designated "member" seat on the board of directors, participating in a member advisory committee to the board of directors, co-facilitating a class or activity at the center, or participating in a regularly scheduled group volunteer activity in the community.

Lack of Coerciveness - *The consumer-operated service provides a non-coercive, safe space. There are no threats of commitment, clinical diagnoses, or unwanted treatments forced on consumers except in cases where suicide or physical danger to other participants is imminent. Behaviors are tolerated as long as they are not harmful to others.*

- Considerations for improvement: Programs continue to struggle to provide a program that is without ties or consequences to other entities or programs to some members. Some members are required to attend programming under treatment court rulings. Eliminating program staff responsibility for reporting adherence would provide a safer setting for members. Other members are obliged to attend programming to retain agency operated transitional housing. Members should be able to attend programs without negatively impacting housing, probationary freedoms, or jail time.

COS Overall Recommendations

Programs would benefit from clarification from the health plan related to the definition of "peer" specific to this EBP. In recent years, the understanding of behavioral health has been defined to encompass individuals with mental health conditions and individuals with substance use conditions. Appropriately, credentialling programs for peers embrace both populations. However, this EBP was developed around the definition of "peer" as being a person that has survived the mental health system and is currently living with, or has lived with a psychiatric condition. Clarification among system partners will improve members with more opportunities to engage with COS programs, and have more control in the planning and development of such programs.

PERMANENT SUPPORTIVE HOUSING (PSH): SFY 2026 SUMMARY OF FIDELITY REVIEW FINDINGS

Brief Description of 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 wraparound 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 wraparound services to help 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 2026

North GSA:

- ChangePoint Integrated Health

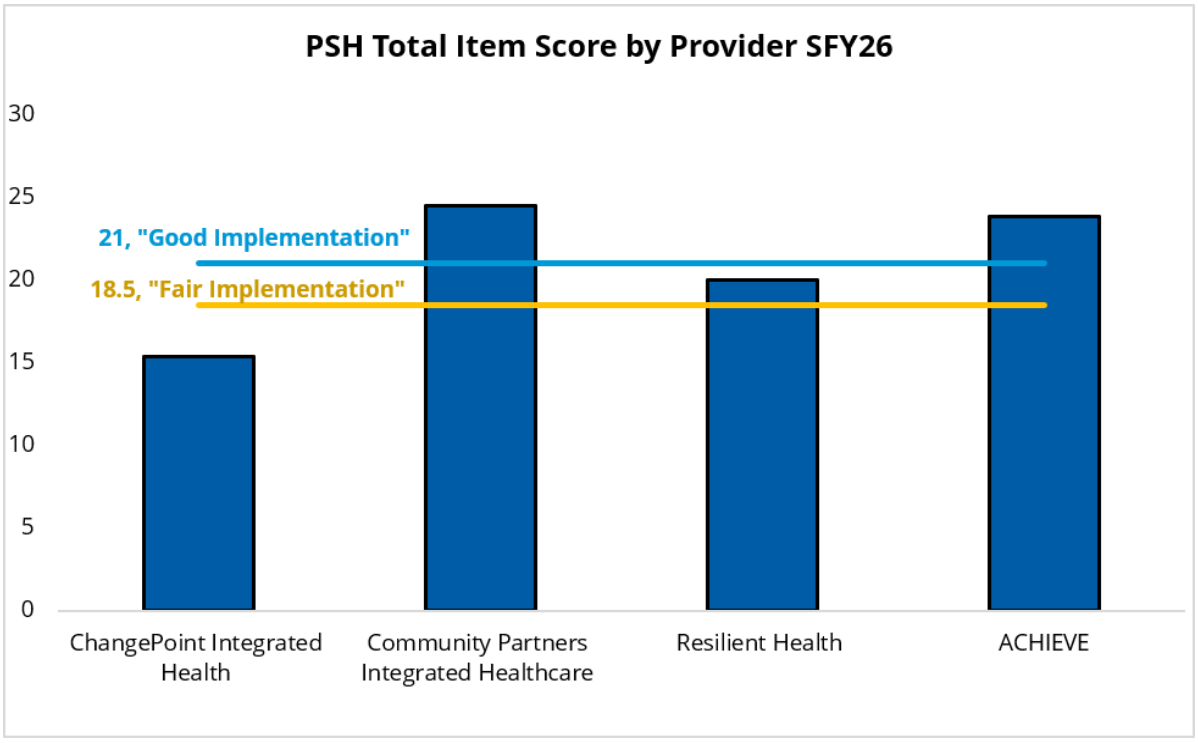
South GSA:

- ACHIEVE
- Community Partners Integrated Health
- Resilient Health

This was the first year that Resilient Health was engaged in the fidelity review process for this region of the state.

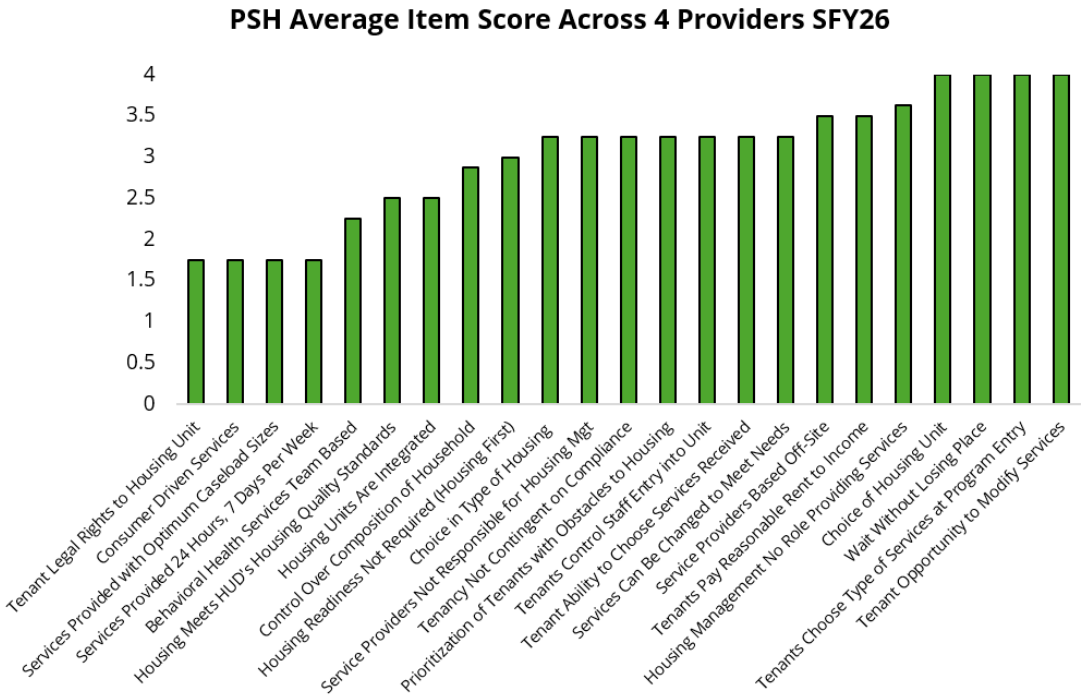
PSH Total Item Scores by Provider

The graph below illustrates scores for each PSH team reviewed in SFY 2026. The upper blue horizontal line indicates the total item score (21) for "Good Implementation" to the PSH model. All providers in SFY26 achieved "Good Implementation" to the model. The lower gold line indicates a "Fair Implementation" score (18.5). The highest possible score is 28.



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 graph shows the average score for each item.



PSH Member Feedback Themes

Across anonymous member key informant interviews from PSH programs, member responses were qualitatively analyzed to provide the following common themes regarding desired changes to services or aspects of services members found valuable. The themes are broken into areas of success and opportunities for improvements regarding staffing, services, and other program aspects. Notable mentions include additional items members brought to the attention of reviewers that may not have appeared as frequently as other themes.

PSH Areas of Success

Programs continue to support tenants in the ability to choose the unit at each property versus being assigned to a particular set-aside unit or building on the property. Members have the same options as other residents to choose their preferred unit when multiple units are available.

Some members are on affordable housing waitlists for several years. For members enrolled in the Arizona Housing Program that have been notified of being at the top of the waitlist for a housing choice voucher, they can wait to find the unit of their preference and will not lose their place in line or go to the bottom when a unit is rejected. Members are supported in choosing the unit that best meets their needs.

Lastly, there are two factors considered at the outpatient behavioral health provider level which impact members choosing the services in which they engage in. These items are not influenced by the PSH provider, but correlate to outpatient behavioral health providers supporting a person-centered approach to treatment planning and service provision. When members first enroll in mental health services at the clinic level, they choose the services they would like to participate in, rather than being told which services will be written into treatment plans. Additionally, members are encouraged to be active participants in treatment planning and can modify goals listed on service plans as needed or after significant events like a psychiatric hospitalization.

Unique Success in the North GSA

The program in the North GSA actively evaluates and proactively plans for members that may require more intensive housing support services. The program regularly reviews members on their waitlist, monitoring for service prioritization. Further, outpatient behavioral health providers refer members with housing needs to the appropriate staff who then complete an assessment of need and based on that result, will refer to and assist the member in applying for community resources to access safe and affordable housing.

Unique Success in the South GSA

In addition to not requiring tenants to participate in behavioral health services to maintain housing, programs in this region have clearly developed roles and responsibilities for housing management staff and clinical service delivery staff. Landlords and service providers stay within their expertise, helping to maintain clarity for who members should turn in when in need of support.

PSH Opportunities for Improvement

To improve member experience and move PSH programs closer to implementing the model to fidelity, focus on the following:

Services Are Member Driven – *Members influence the design, delivery, and evaluation of services—tenants help shape how services are structured and provided, and the program embraces the 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: Members have little opportunity to provide structured feedback to how the program should be implemented. Primarily, programs rely on members to verbally inform PSH staff. Instead, programs should develop formal policies, with input from tenants, on how it should regularly gather information from the recipients on the how the service should look. Incorporate a variety of formats for member feedback that can guide the design, delivery and evaluation of the program, e.g., tenant forums, anonymous suggestion box, online survey, etc.

Services Are Provided with Optimum Caseload Sizes – *Caseload sizes do not exceed 15 members for PSH staff.*

- Considerations for improvement: Some programs assign both members designated with having a serious mental illness and other special caseloads to PSH staff. Caseloads spanned from 23 – 100+ individuals. The health plan should assist programs in developing plans to reduce the caseload size for housing staff, including streamlining caseloads to only serve members which the EBP was designed. Decreased caseload sizes help to ensure the program delivers the EBP as intended, providing flexible and responsive support to members in obtaining and retaining housing.

Services Provided 24 Hours, 7 Days Per Week – *This item measures whether tenants have access to services, including nights and weekends, to meet urgent or ongoing needs. True PSH includes around-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: The health plan should assist programs in developing capacity to expand service hour availability to members. PSH programs are uniquely positioned to support members when requiring support in maintaining housing. Members of PSH programs may arrive to the program with little practice with the necessary skills or experience to manage a household. Programs should be staffed with the capacity to provide after-hours support to members when retention of safe and affordable housing may be at risk.

Tenants Have Legal Rights to the Housing Unit – *Tenants have full legal rights of tenancy according to local landlord-tenant laws, like any other renter in the community, with the same rights and responsibilities.*

- Considerations for improvement: Programs should support tenants to retain legal rights to housing. Assisting tenants to engage in lease agreements that provide full rights protects members and their housing. Program staff should sit side by side members as they engage in lease signing, available to provide clarification as needed and to advocate for members with landlords. Further, this provides staff with the opportunity to retain a copy of the lease which should be used as a resource with the tenant to support retention of safe and secure housing.

PSH Overall Recommendations

The WICHE BHP recommends the following to strengthen program fidelity of PSH throughout the North and South GSA provider community.

- Continue efforts taken and progress made to improve alignment with the delivery of the PSH model across the network of providers. Outpatient behavioral health clinics are uniquely positioned to inform, educate, and refer members expressing a desire for housing about the availability of PSH as well as programs that subsidize affordable housing. The health plan and PSH providers should share fidelity criteria with outpatient behavioral health clinics to enlist support to improving access to housing for members.

SUPPORTED EMPLOYMENT (SE): SFY 2026 SUMMARY OF FIDELITY REVIEW FINDINGS

Brief Description of 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 timely referrals to SE programs. SE programs help members to apply for positions the member has expressed interest in within 30 days of their intake with the SE Provider. SE staff utilize a team approach and work alongside the member in the community interacting with employers as they explore 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 and address barriers to success.

SE Fidelity Reviews Completed During SFY 2026

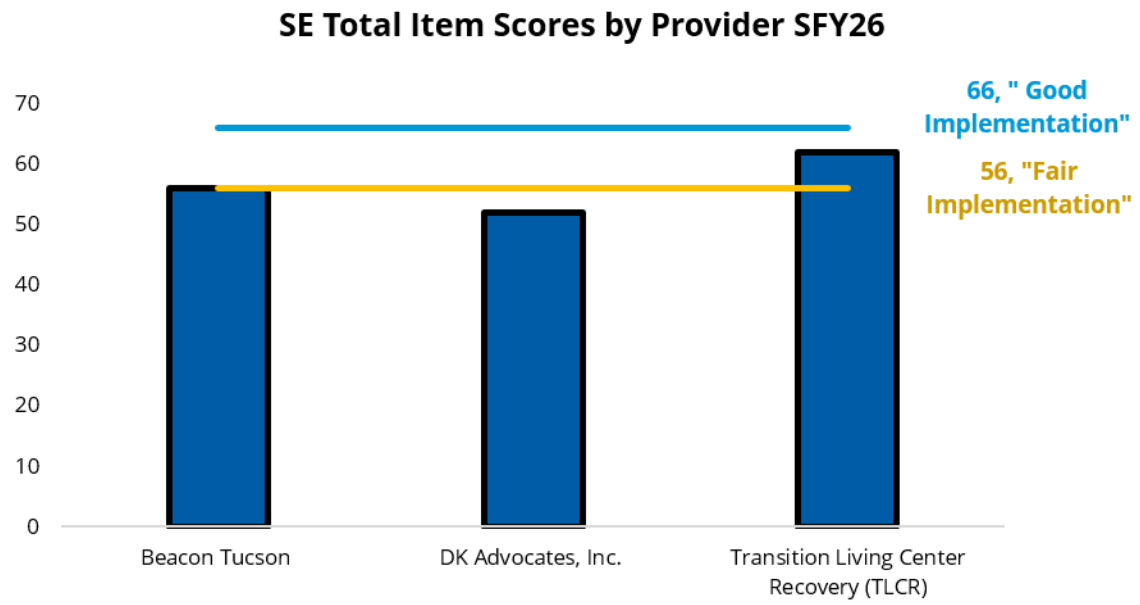
South GSA:

- Beacon Group
- DK Advocates, Incorporated
- Transitional Living Center Recovery (TLCR)

This is the third year fidelity reviews were conducted in the South GSA. During SFY 2026, there were no SE programs identified in the North GSA to be included in the fidelity review process.

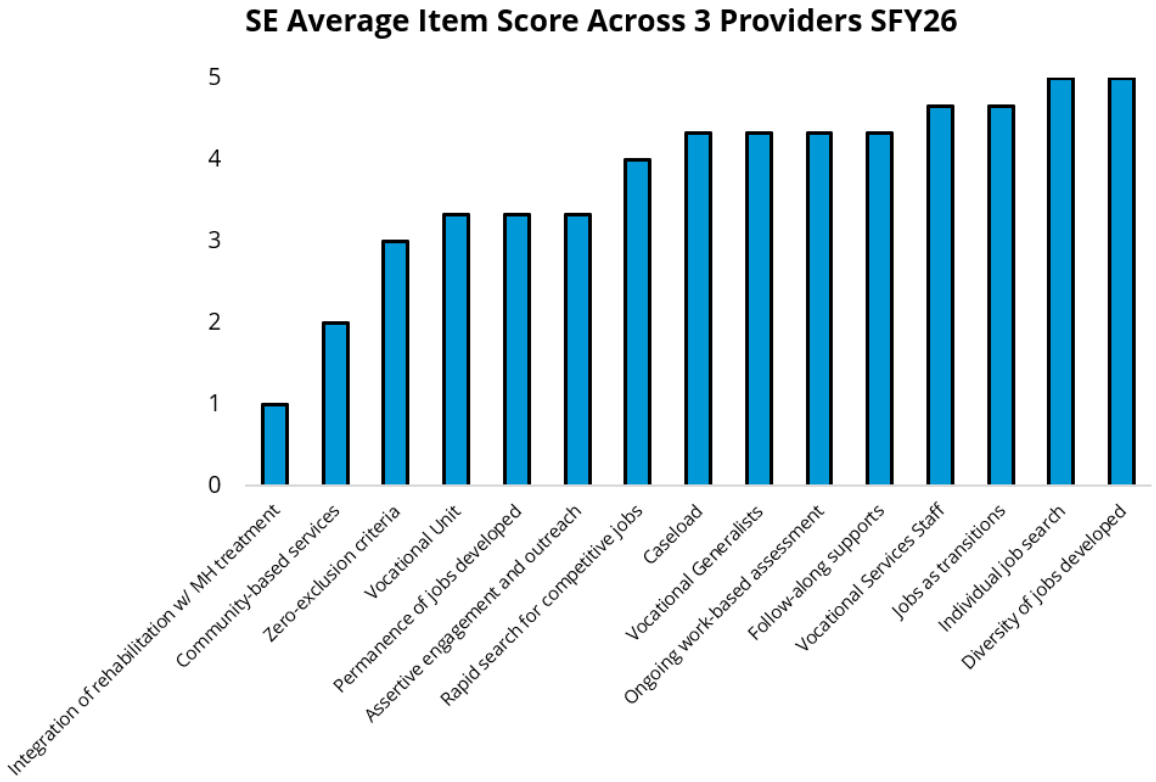
SE Total Item Scores by Provider

The graph below illustrates scores for each SE team reviewed in SFY26. Two programs successfully met the definition of "Fair Implementation" on the SE fidelity rating scale.



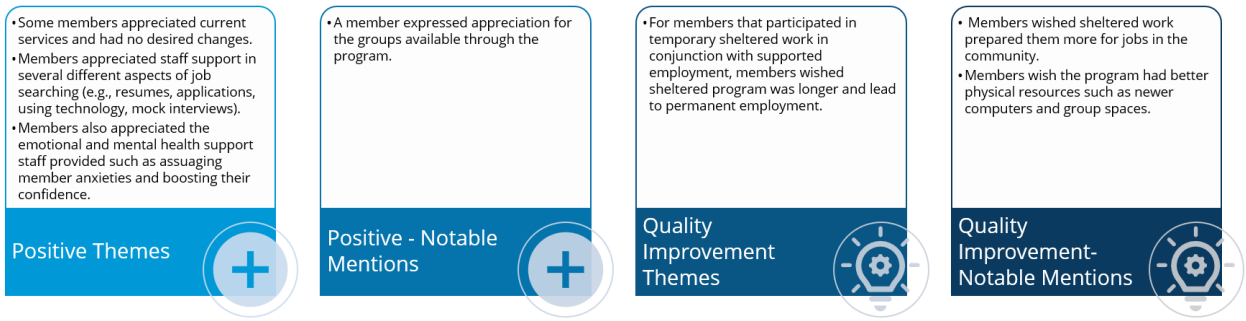
SE Average Item-Level Scores

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 for the programs reviewed.



SE Member Feedback Themes

Across anonymous member key informant interviews from SE programs, member responses were qualitatively analyzed to provide the following common themes regarding desired changes to services or aspects of services members found valuable. The themes are broken into areas of success and opportunities for improvements regarding staffing, services, and other program aspects. Notable mentions include additional items members brought to the attention of reviewers that may not have appeared as frequently as other themes.



SE Areas of Success

Providers were successful at assisting members to meet in-person with employers soon after expressing interest in work. When members are met with rapid assistance in engaging with potential employers while they are still motivated to work, members are more likely to succeed in finding employment. Members were provided side-by-side support by program staff as they sought employment. Additionally, when members gained employment, programs provided ongoing support, such as assisting with on-boarding paperwork, communicating their needs to employers, and handling workplace conflict.

SE Opportunities for Improvement

Average scores across providers are low for four SE fidelity items. Key areas to target to improve program fidelity include:

Integration of Services with Mental Health Treatment – *Employment specialists are active* participants *of the mental health treatment team. They attend regular team meetings, communicate frequently with other team members, and participate in decisions about member care. SE services work best when employment specialists are fully integrated with the treatment team and collaborate regularly. This coordination helps ensure that all team members support members in achieving their employment goals.*

- Considerations for improvement: SE providers have little contact with the outpatient behavioral health treatment clinics, affecting members experiencing services from a coordinated treatment team. The health plan should work with SE providers and outpatient behavioral health clinics to improve coordination of member care such that shared members are discussed weekly, at a minimum. Both the SE providers and outpatient behavioral health clinics should be invited to provide solutions to integrating member care.

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 hours in the community developing jobs and providing support to members and employers.*

- Considerations for improvement: Program staff spent less than 40% of their time in the community, indicating that most of the service delivery occurs in office settings rather than in the community, where jobs are located. Programs should prioritize supporting members finding jobs in the community by engaging them in locations where members are interested in finding work. The health plan should provide clarity to programs where there may be a disconnect from the expectation of the community aspect of the EBP.

SE Overall Recommendations

The WICHE BHP recommends the following to strengthen program fidelity of SE throughout the North and South GSA provider community.

- Health plans should provide targeted technical assistance to support providers in achieving and sustaining fidelity to the SE model. This support may include ongoing training, coaching, and fidelity-focused learning opportunities. The health plan is encouraged to establish cross-provider *communities of practice* or collaborative work groups that facilitate the sharing of lessons learned, implementation strategies, and best practices. Identifying and engaging provider champions, both within and outside the region, can further strengthen model implementation through peer consultation, mentorship, and the dissemination of successful approaches to SE service delivery.

OVERALL EBP IMPLEMENTATION RECOMMENDATION

Health plans should provide targeted technical assistance to support providers in achieving and sustaining fidelity to each of the EBP models reviewed within this report. This support may include ongoing training, coaching, and fidelity-focused learning opportunities. Health plans are encouraged to establish cross-provider communities of practice or collaborative workgroups that facilitate the sharing of lessons learned, implementation strategies, and best practices. Identifying and engaging provider champions, both within and outside the region, can further strengthen model implementation through peer consultation, mentorship, and the dissemination of successful approaches service delivery. Further, by bringing EBP program staff together in a community of practice, programs may experience improved workforce retention as staff benefit from increased peer support, problem-solving, professional development opportunities, and validation of expertise in a specialty practice.

Appendix A: SFY26 Fidelity Review Findings

Assertive Community Treatment (ACT)

	South GSA					North GSA						Central GSA	
Assertive Community Treatment	Community Partners Integrated Healthcare FACT (frmly Tm 1)	Community Partners Integrated Healthcare ACT Team (fmrly Tm 2)	Telecare Corporation - Sierra Vista	Telecare Corporation - Yuma	**SFY26 Southern Providers Average**	Mohave Mental Health - Kingman	Mohave Mental Health - Bullhead City	Mohave Mental Health - Lake Havasu	The Guidance Center - Flagstaff	Polara Health	**SFY26 Northern Providers Average**	Horizon Health - Casa Grande	**SFY26 All Providers Average**
Small Caseload	5	5	5	5	5	5	5	4	5	4	4.60	5	4.80
Team Approach	3	4	3	3	3.25	3	5	5	4	2	3.80	5	3.70
Program Meeting	4	4	5	5	4.5	3	5	5	3	5	4.20	5	4.40
Practicing ACT Leader	3	4	4	3	3.5	5	5	5	1	5	4.20	4	3.90
Continuity of Staffing	3	4	5	5	4.25	4	2	5	2	4	3.40	4	3.80
Staff Capacity	4	4	5	2	3.75	3	2	4	2	3	2.80	4	3.30
Psychiatrist on Team	3	4	3	2	3	2	4	2	3	5	3.20	3	3.10
Nurse on Team	1	3	1	4	2.25	1	1	1	5	1	1.80	5	2.30
Co-occurring Specialist on Team	1	3	5	5	3.5	5	3	4	1	4	3.40	2	3.30
Vocational Specialist on Team	4	3	5	4	4	4	5	4	1	1	3.00	2	3.30
Program Size	3	3	3	3	3	3	2	2	3	3	2.60	4	2.90
Explicit Admission Criteria	4	3	5	5	4.25	5	5	5	5	4	4.80	5	4.60
Intake Rate	5	5	5	5	5	5	4	5	5	2	4.20	5	4.60
Full Responsibility for Treatment Services	3	3	4	3	3.25	4	4	4	1	3	3.20	4	3.30
Responsibility for Crisis Services	3	3	2	2	2.5	1	1	1	1	5	1.80	5	2.40
Responsibility for Hospital Admissions	4	4	2	3	3.25	3	2	4	4	2	3.00	4	3.20
Responsibility for Hospital Discharge Planning	5	1	3	4	3.25	4	2	5	3	4	3.60	5	3.60
Time-unlimited Services	5	4	4	4	4.25	4	5	5	5	4	4.60	5	4.50
Community-based Services	4	4	4	4	4	5	3	4	5	5	4.40	4	4.20
No Drop-out Policy	4	4	5	4	4.25	3	3	3	4	3	3.20	4	3.70
Assertive Engagement Mechanisms	2	2	3	4	2.75	5	3	5	3	2	3.60	3	3.20
Intensity of Service	2	3	3	5	3.25	4	4	5	2	4	3.80	4	3.60
Frequency of Contact	2	2	2	3	2.25	3	3	4	2	2	2.80	3	2.60
Work with Support System	4	1	1	1	1.75	2	4	4	3	2	3.00	4	2.60
Individualized Co-Occurring Disorder Treatment	1	4	4	4	3.25	5	4	4	1	4	3.60	4	3.50
Co-occurring Disorders Treatment Groups	1	1	2	3	1.75	2	1	2	1	2	1.60	3	1.80
Co-occurring Disorders/ Dual Disorders Model	2	3	4	4	3.25	3	2	4	3	3	3.00	4	3.20
Role of Consumers on Treatment Team	5	5	5	5	5	5	4	4	4	5	4.40	5	4.70
SFY26 Total Score	90	93	102	104	97.25	101	93	109	82	93	95.6	114	98.10
Percent Compliance	64.3%	66.4%	72.9%	74.3%	69%	72.1%	66.4%	77.9%	58.6%	66.4%	68.3%	81.4%	70.1%
Average Item Score	3.21	3.32	3.64	3.71	3.47	3.61	3.32	3.89	2.93	3.32	3.41	4.07	3.50

Consumer Operated Service Programs (COSP)

		North GSA		
Consumer Operated Services	Score range	Hope Lives-Vive La Esperanza - Flagstaff	NAZCARE, Inc.	**SFY26 All Providers Average**
Board Participation	1-5	4	3	3.5
Consumer Staff	1-5	4	2	3
Hiring Decisions	1-4	3	2	2.5
Budget Control	1-4	3	2	2.5
Volunteer Opportunities	1-5	3	2	2.5
Planning Input	1-5	3	4	3.5
Satisfaction/Grievance Response	1-5	4	4	4
Linkage with Traditional MH Services	1-5	5	2	3.5
Linkage with other COS Programs	1-5	1	5	3
Linkage with other Services Agencies	1-5	5	3	4
Local Proximity	1-4	4	4	4
Access	1-5	4	5	4.5
Hours	1-5	4	2	3
Cost	1-5	4	4	4
Reasonable Accommodation (Accessibility)	1-4	3	2	2.5
Lack of Coerciveness	1-5	2	3	2.5
Program Rules	1-5	4	4	4
Physical Environment	1-4	3	4	3.5
Social Environment	1-5	5	4	4.5
Sense of Community	1-4	4	4	4
Timeframes	1-4	4	2	3
Peer Principle	1-4	2	2	2
Helper's Principle	1-4	4	4	4
Personal Empowerment	1-5	5	5	5
Personal Accountability	1-5	5	5	5
Group Empowerment	1-4	3	2	2.5
Choice	1-5	4	2	3
Recovery	1-4	4	4	4
Spiritual Growth	1-4	3	4	3.5
Formal Peer Support	1-5	5	5	5
Informal Peer Support	1-4	4	4	4
Telling Our Story	1-5	4	4	4
Artistic Expression	1-5	3	4	3.5
Consciousness Raising	1-4	3	3	3
Formal Crisis Prevention	1-4	4	3	3.5
Informal Crisis Prevention	1-4	4	4	4
Peer Mentoring and Teaching	1-4	4	4	4
Formally Structured Activities	1-5	5	5	5
Receiving Informal Support	1-5	5	3	4
Providing Informal Support	1-5	4	2	3
Formal Skills Practice	1-5	5	5	5
Job Readiness Activities	1-5	2	2	2
Formal Self Advocacy	1-5	4	5	4.5
Peer Advocacy	1-5	5	3	4
Outreach to Participants	1-5	2	4	3
SFY26 Total Score		169	155	162
Percent Compliance		81.3%	74.5%	78%

Permanent Supportive Housing (PSH)

	South GSA			North GSA	
Permanent Supportive Housing	Community Partners Integrated Healthcare	Resilient Health	ACHIEVE	ChangePoint Integrated Health	**SFY26 All Providers Average**
Choice in Type of Housing	4	2.5	2.5	4	3.25
Choice of Housing Unit	4	4	4	4	4.00
Wait Without Losing Place	4	4	4	4	4.00
Control Over Composition of Household	4	2.5	4	1	2.88
Housing Management No Role Providing Services	4	4	4	2.5	3.63
Service Providers Not Responsible for Housing Mgt	4	4	4	1	3.25
Service Providers Based Off-Site	4	3	4	3	3.50
Tenants Pay Reasonable Rent to Income	4	2	4	4	3.50
Housing Meets HUD's Housing Quality Standards	2.5	1	4	2.5	2.50
Housing Units Are Integrated	4	3	2	1	2.50
Tenant Legal Rights to Housing Unit	1	1	4	1	1.75
Tenancy Not Contingent on Compliance	4	4	4	1	3.25
Housing Readiness Not Required (Housing First)	4	4	3	1	3.00
Prioritization of Tenants with Obstacles to Housing	4	2.5	2.5	4	3.25
Tenants Control Staff Entry into Unit	4	3	4	2	3.25
Tenants Choose Type of Services at Program Entry	4	4	4	4	4.00
Tenant Opportunity to Modify Services	4	4	4	4	4.00
Tenant Ability to Choose Services Received	4	3	4	2	3.25
Services Can Be Changed to Meet Needs	4	3	3	3	3.25
Consumer Driven Services	2	2	2	1	1.75
Services Provided with Optimum Caseload Sizes	1	3	2	1	1.75
Behavioral Health Services Team Based	2	2	2	3	2.25
Services Provided 24 Hours, 7 Days Per Week	1	2	3	1	1.75
SFY26 Total Score	24.5	19.97	23.8	15.38	20.91
Percentage Compliance	87.5%	71.3%	85.0%	54.9%	74.7%

Supported Employment (SE)

	South GSA			
Supported Employment	Beacon Tucson	DK Advocates, Inc.	Transition Living Center Recovery	SFY26 Average Item Score
Caseload	4	4	5	4.33
Vocational Services Staff	4	5	5	4.67
Vocational Generalists	5	4	4	4.33
Integration of rehabilitation with MH treatment	1	1	1	1.00
Vocational Unit	4	3	3	3.33
Zero-exclusion criteria	3	2	4	3.00
Ongoing work-based assessment	5	3	5	4.33
Rapid search for competitive jobs	3	4	5	4.00
Individual job search	5	5	5	5.00
Diversity of jobs developed	5	5	5	5.00
Permanence of jobs developed	3	3	4	3.33
Jobs as transitions	5	5	4	4.67
Follow-along supports	4	4	5	4.33
Community-based services	2	2	2	2.00
Assertive engagement and outreach	3	2	5	3.33
SFY26 Total Score	56	52	62	56.67
Percentage Compliance	74.67%	69.33%	82.67%	75.56%
Average	3.73	3.47	4.13	3.78