Dear Regional Behavioral Health Authority (RBHA) and Behavioral Health Provider representatives:

In May 2012, the State of Arizona, the Arizona Department of Health Services (ADHS) and the Plaintiff through counsel, in the Arnold vs. Sarn matter signed an Agreement outlining service delivery obligations for adults with Serious Mental Illness (SMI) in Maricopa County covering the period of July 1, 2012 through June 30, 2014. As set forth in the Agreement, ADHS is officially adopting the following four evidence-based practice models endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and reflective of national standards of care:

- Assertive Community Treatment (ACT) [link]
- Supported Employment [link]
- Permanent Supportive housing [link]
- Consumer-Operated Services [link]

ADHS is adopting these practice models because they resonate with our core commitment to a system of care rooted in hope and an unwavering belief in recovery.

Each of the links above offers additional detail for each model, including (a) building the program, (b) training program staff, and (c) evaluating fidelity to the program. Brochures and a Power Point presentation are also available.

These four SAMHSA evidence-based practice models will be incorporated into the next Maricopa County (Geographic Service Area (GSA) 6) contract and formal monitoring of fidelity to each will begin in 2014. Although it has not yet been determined if these practice models will be incorporated into the remaining GSA contracts in the future, ADHS strongly encourages all RBHAs and providers offering any of the above services to conduct self-assessments using the SAMHSA fidelity tools in order to establish baseline fidelity scores and to drive ongoing improvement in our system of care.

1 The Agreement can be accessed at: [link]
As a point of clarification, ADHS has adopted SAMHSA’s definition of Consumer-Operated Services, also called peer-run programs, and fidelity will only be formally monitored for those programs meeting this definition. Consumer-Operated Services programs incorporate the following foundational concepts:

- Independent: the agency is administratively controlled and operated by behavioral health consumers;
- Autonomous: Decisions about governance, fiscal, personnel, policy, and operational issues are made by the program;
- Accountable: Responsibility for decisions rests with the program;
- Consumer-Controlled: The governance board is at least 51% behavioral health consumers; and
- Peer Workers: Staff and management are individuals who have received behavioral health services.

ADHS has identified the following internal subject matter experts to assist RBHAs and providers as they plan for and implement their self-assessments. Please let them know if you have any questions or need any assistance:

Assertive Community Treatment:
- Don Erickson (Donald.erickson@azdhs.gov)
- Nitika Singh (Nitika.singh@azdhs.gov)

Supported Employment:
- Adam Robson (Adam.robson@azdhs.gov)

Permanent Supportive Housing:
- Adam Robson (Adam.robson@azdhs.gov)

Consumer-Operated Services:
- Kathy Bashor (Kathy.bashor@azdhs.gov)
- Chaz Longwell (Charles.longwell@azdhs.gov)

While ADHS will be working closely with Magellan in GSA 6 to facilitate the self-assessments and to ascertain the baseline fidelity scores, ADHS would like to track findings statewide as well to assist with comparison purposes and to target overall system improvements. Thank you for your cooperation and commitment to continuous quality improvement.

Sincerely,

Laura K. Nelson, MD
Deputy Director

Cc: Will Humble
    Cory Nelson
    Anne Ronan
    Greg Honig