

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

Date: April 30, 2018

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Method

On March 19-21st, 2018 Georgia Harris and T.J. Eggsware completed a review of the Southwest Behavioral & Health Services Permanent Supportive Housing Program (PSH). This review is intended to provide specific feedback in the development of your agency's PSH services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

For over 40 years, Southwest Behavioral & Health Services (SB&H) has offered treatment and support services for Arizonans in need of physical, behavioral, and substance abuse treatment. In addition to counseling, case management, and psychiatric services/medication oversight, SB&H provides skills training, health and wellness, behavior coaching and various levels of residential treatment and housing services. The *Link: Integrated Home Support* program is the PSH arm in their community-based program. According to the program's description, the Link program exists "to provide behavioral health services, supports, and interventions that assist adults diagnosed with a serious mental illness with maintaining their permanent home in the community." Services are identified as voluntary and are customized to build upon individual strengths, while minimizing behavioral crises and hospitalization. Due to the nature of the referrals, most of which originate at external clinics, information gathered at the Terros Priest Drive clinic and La Frontera-EMPACT Comunidad clinic was included in the review, with a focus on co-served members.

The individuals served through the agency are referred to as "clients", but for the purpose of this report, the term "tenant" or "member" will be used.

During the site visit, reviewers participated in the following:

- Orientation and tour of the agency on March 20, 2018;
- Interview with the PSH Program Director, the Clinical Quality Management Supervisor, the BHP Team Lead and the Senior Team Lead;
- Interview with three direct staff/Community Behavioral Health Specialists (CBHS);
- Interviews with eight tenants who are participating in the PSH program.

- Interviews with two Housing Specialists and three Case Managers from the two partnering clinics.
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules.
- Review of ten randomly selected records.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the Permanent Supportive Housing (PSH) model using specific observational criteria. It is a 23-item scale that assesses the degree of fidelity to the PSH model along 7 dimensions: Choice of Housing; Functional Separation of Housing and Services; Decent, Safe and Affordable Housing; Housing Integration; Right of Tenants, Access of Housing; and Flexible, Voluntary Services. The PSH Fidelity Scale has 23 program-specific items. Most items are rated on a 4 point scale, ranging from 1 (meaning *not implemented*) to 4 (meaning *fully implemented*). Seven items (1.1a, 1.2a, 2.1a, 2.1b, 3.2a, 5.1b, and 6.1b) rate on a 4-point scale with 2.5 indicating partial implementation. Four items (1.1b, 5.1a, 7.1a, and 7.1b) allow only a score of 4 or 1, indicating that the dimension has either been implemented or not implemented.

The PSH Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The majority of Link tenants had a choice of unit based on data provided and staff reporting. Approximately 76% of all tenants live in integrated housing which may include apartments or trailer homes on the open market, or in a home ownership they own.
- Tenants, clinical and Link staff confirmed that tenants are able to modify their service plans annually or upon request. Link service plans examined by reviewers were up-to-date; some charts exhibited multiple revisions to service plans.
- Services provided by Link staff are highly flexible, can adapt to type, location, intensity and frequency, based on tenants' changing needs and/or preferences.

The following are some areas that will benefit from focused quality improvement:

- The agency should seek to clarify their eligibility requirements with their referral sources. Though the staff and agency policies communicate that all members with an SMI are eligible for Link services, multiple referral sources stated that the program will not serve members who do not have verifiable income or voucher/entitlement benefits.
- The Link program serves tenants who live in various types of housing. Though trained in HQS standards, the Link staff are only able to secure HQS inspections for those who have a Regional Behavioral Health Authority affiliated housing voucher. The Link program should explore any potential collaborative opportunities with other agencies/departments who may be able to provide this service to tenants.
- The agency was able to provide reviewers with 65% of tenant leases. Though a small number of members own their own homes and would not require a lease, others live in settings that may not provide tenants with their own leases (e.g. group homes, residential treatment, etc.) Continue to collect all available leases and work toward moving tenants into properties where they can take ownership of their own leases.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1				
Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 2.5	In general, the clinical referral sources provide tenants with housing options that are in line with their goals. The majority of clinical staff (CMs and HSs) that were interviewed agreed that tenants' preferences are paramount when exploring housing opportunities; this may include narrowing down options based on affordability, amenities, and proximity to frequented destinations (i.e., Behavioral Health clinic, workplace, etc.). Link staff did not report any prerequisites to performing housing searches; however, most clinical staff reported that SB&H will require members to have an income source or a voucher/subsidy from a housing program or administrator, in order for the Link staff to assist with the housing search.	<ul style="list-style-type: none"> Though the program does not appear to engage in clinically unwarranted segregation of members; it is perceived by the referral sources that members with financial constraints are ineligible for services with the Link program. If this is inaccurate, the program should seek to educate local referral sources on the parameters for program enrollment.
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units	1 or 4 4	The majority of tenants had a choice of unit based on data provided and staff report. Approximately 76% of all tenants live in integrated housing, which may include apartments or trailer homes on the open market, or in a home they own. The remaining tenants are housed in halfway houses, residential treatment, transitional living, or community living placements. In these settings, tenants' options and amenities are limited to those included with the available unit. Tenants reported that Link staff encourages them to select units located in the community of their choice, with amenities they would enjoy.	

1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists	1 – 4 4	The majority of Link program tenants can wait for their unit of choice without restriction or risk of program discharge. The Link program is designed to assist members who are in search of housing, as well as those who are in need of in-home, independent living support. Tenants who are in need of independent living skills are directly referred to the program. The vast majority of program participants are in the process of a housing search, and many of them have acquired a RBHA housing voucher for rental assistance. Clinic staff reported they are not aware of the tenants' status on voucher/subsidy waitlists between the time they submit the application and the time the voucher is issued. Members who receive a housing voucher are given 30 days to find a housing unit, and two extensions can be arranged if more time is needed. There was no evidence members are removed from waitlists if they elect to wait for the unit of their choice.	<ul style="list-style-type: none"> • While waiting for a RBHA voucher/subsidy, clinical teams and PSH providers would benefit from a RBHA housing feedback mechanism; many clinical and provider staff report difficulty in keeping members engaged and hopeful during the voucher waiting period, mostly because there is no real-time estimate on their wait time for a voucher.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 2.5	In many housing situations, tenants are able to choose the composition of their household. Approximately 88% of all program tenants live in settings where they control the composition of their household; in most cases, the additional tenant(s) are only subject to the leasing requirements, as outlined by the property manager. However, the clinical staff interviewed provided a more nuanced description of the situation. Clinical HSs and CMs stated that some of the housing voucher administrators request written clinical team approval prior to adding additional tenants to the housing subsidy. In some instances, the clinical team members have tried to resist this request by advocating for the tenant(s)' right to choose, but the voucher administrators	<ul style="list-style-type: none"> • If possible, the RBHA should consider providing the clinics and PSH provider(s) with clarification on their role in additional tenant approvals. • Both the clinic and Link program staff should continue to advocate for tenants to have full control over the composition of their household.

			will not approve the additional tenant without it.	
Dimension 2				
Functional Separation of Housing and Services				
2.1 Functional Separation				
2.1.a	Extent to which housing management providers do not have any authority or formal role in providing social services	1, 2.5, or 4 4	The vast majority of tenants (about 88%) reside in properties that do not grant property managers a role in providing social services. Staff and tenants reported that housing management providers in those settings do not have any authority or formal role in providing social services to tenants. Staff stated that communication with landlords and property management is limited to providing support to members who are advocating for landlord(s) to keep their unit(s) in good repair. Less than 12% of all tenants live in transitional settings which may have some overlapping functions; an even smaller percentage of tenants live in treatment settings and are required to participate in programming to maintain housing.	<ul style="list-style-type: none"> Continue with every effort to relocate tenants from residences where social services are required, into homes where social services remain separate from housing.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	The Link program and Link staff have no direct role in housing management functions. Staff and members reported that the Link program does not collect rent, and does not enforce lease requirements, initiate evictions, or any other property management functions. Approximately 8% of all program tenants reside in a Community Living property that is managed by SB&H; however, staff reports that they resist any solicitation from the housing management department to perform any lease enforcement.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the	1 – 4 4	The Link program does not maintain offices at any apartment complexes or any housing sites, but about 12% of members are in settings where social service staff may have office space. Link staff provide community-based services that may include services conducted at the tenant's	

	housing units)		residence when appropriate to their stated needs. Records reviewed also indicated that SB&H's services are often provided in the community.	
Dimension 3				
Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 3	Based on data provided, tenant housing costs range from 0-30% of income for those tenants who receive a housing subsidy, which includes approximately 76% of the housed members. However, about 14% of housed members pay 50% or more of income toward housing. Staff report that these are often members who do not have subsidies and choose units that exceed the 30% threshold because of the neighborhood and/or amenities they desire	<ul style="list-style-type: none"> For members who pay more than 30% of income toward housing costs, continue to explore tenant housing preferences in an effort to locate more affordable housing.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	HQS inspections were provided for approximately 41% of the housed tenants. All of the HQS inspections provided received a passing grade. Nearly 8% of the tenants live in HUD housing. Staff reported that all tenants with a housing voucher receive a completed HQS inspection. Per training records, the Link staff received HQS training in January 2018. Though staff are trained in HQS standards they do not perform inspections for member units; they provide direction to tenants on what to look for when considering a new residence.	<ul style="list-style-type: none"> Track and obtain updated inspections as they are completed. It may be beneficial to rely on qualified inspectors already employed at the agency, or to contract with an outside agency, to perform HQS inspections for tenants in residences not affiliated with RBHA contracted housing providers.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	Based on the data provided, the majority of the Link tenants live in fully-integrated settings in the community. The Link staff, clinical staff and tenants interviewed report most members are in	<ul style="list-style-type: none"> Continue all efforts to educate and transition tenants into housing that is fully integrated into their communities of choice.

			integrated housing. Based on data provided, about 80% of tenants are in integrated housing. Approximately 12% live in residential treatment or Community Living Placement (CLP) properties. An additional 8% of SB&H tenants reside in small apartment complex and multi-family HUD properties where it is likely other tenants are individuals with disabilities.	
Dimension 5				
Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have legal rights to the housing unit	1 or 4 1	Reviewers were provided with 65% of all tenant leases. All of the leases provided had standard rental agreements that appeared compliant with local landlord/tenant law. Link staff report attendance at lease signings; using the opportunity to obtain a copy of the lease for the tenant(s)' file. Approximately 16% of tenants live in settings where they may not have legal rights to the housing unit; this may include living with family, half-way houses and group homes.	<ul style="list-style-type: none"> The agency should continue to obtain tenancy documentation, including leases, addenda to leases, or residency agreements for all members. Track when tenant leases will end, expire, or terminate so that PSH service staff can proactively support tenants on the process of renewing a lease.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 4	The majority of Link tenants are free from any addendum(s) and/or contingencies to tenancy beyond the requirements associated with standard lease agreements. None of the leases and/or tenant files inspected showed any evidence of documentation that restricts the members' rights of tenancy. Tenants also denied the presentation and/or enforcement of any rules (aside from those outlined in their leases) by their landlord(s) or the agency. The small amount of members who live in treatment-based settings may be subject to program rules to continue their stays.	<ul style="list-style-type: none"> See recommendation in 4.1.a, Extent to which housing units are integrated
Dimension 6				
Access to Housing				
6.1 Access				

6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1 – 4 4	Link staff report that the vast majority of their referrals come from behavioral health clinics throughout the RBHA system. Clinical staff and Link staff stated that tenants do not have to demonstrate housing readiness to gain access to housing units. The HSs interviewed discussed their approach to housing with reviewers, often stating their commitment to helping tenants find the home of their choice that fulfils their preferences and is within their budget. Tenants reported that they were not required to demonstrate readiness prior to participating in the housing search and/or before applying to available housing programs through their clinical teams or with the Link program.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	The Link staff and clinical staff report that homelessness is not a requirement for the Link program because members are free to use their services solely to develop independent living skills. However, every member in need of a RBHA voucher is evaluated using the Vulnerability Index-Decision Assistance Tool (VI-SPDAT). Each applicant must be homeless and receive a score of eight or higher to qualify for a scattered site housing voucher. Also, clinical staff from both clinics reported that the Link program will not assist members who lack an established source of income/housing benefits with their housing search.	<ul style="list-style-type: none"> • While system constraints may not allow full alignment with EBP criteria for this item, clinic and SB&H staff should have a common understanding of the RBHA eligibility criteria for scattered-site vouchers, as well as that of other subsidy voucher/housing programs. System partners should continue to provide education in this area to clinics and PSH programs. • If the clinical reporting is incorrect, the PSH program should provide them with updated information on the program admission requirements.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	Data provided by the agency showed that most tenants live in units where they control entry to their units. The Link staff and members interviewed confirmed that the PSH staff does not enter tenant units without permission, nor do they hold keys to tenant units. About 12% of housed	<ul style="list-style-type: none"> • Continue to assist members who do not reside in settings where they have full control over entry to their unit, to explore other housing options.

			members reside in settings where they may not have full control over entry to their unit (e.g., group home, half-way house, transitional living).	
Dimension 7				
Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they want at program entry	1 or 4 1	Behavioral Health clinic plans completed at least once in the prior year were located in clinic files reviewed. Some of these plans identified member goals using the words of the members. However, in many cases, objectives or needs identified appeared to be written from the clinical team perspective, using clinical jargon, often with a focus chiefly on symptom management (e.g., maintain mental stability).	<ul style="list-style-type: none"> Ongoing clinical staff training should occur regarding how to work with members to develop personalized needs and objectives. All service plans should be individualized and directly reflect the expressed goals, needs, and action steps for achieving those goals. Identify and resolve barriers to plans not reflecting specific services provided.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Tenants initiate and are offered routine opportunities to modify their service selections at the clinic level. Tenants, clinical and Link staff confirmed that tenants are able to modify their clinical service plans annually or upon request. The clinic service plans evaluated by reviewers were updated at a minimum annually; some of the charts had service plan revisions every three to six months	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Both the staff and tenant groups reported that tenants are able to choose the services they desire from the program. Tenants are able to modify service selection at any time they feel, with a minimum frequency of 90 days. Evidence was found in tenant charts supporting this claim; charts that were reviewed showed that outcomes were documented thoroughly, and modifications to the support plan were established swiftly. Program participants must be enrolled in the RBHA in order	

			to benefit from Link services, but they are not required to have a voucher to receive their in-home supports.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 4	Services provided by Link staff are highly flexible, can adapt to type, location, intensity and frequency, based on tenants' changing needs and/or preferences. Tenants reported that Link staff are flexible and always willing to work on their immediate needs, as well as short-term and long-range goals. Tenants also reported that they are asked about revisions to their plans every month to three months. Individualized Service Plans (ISP) examined by reviewers had multiple revisions, based on requests made by the tenant(s).	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	The Link program hosts a peer-run, "Fidelity Feedback group" twice monthly. This group is relatively new, circa 2018. Within the group opportunities exist for members to provide feedback on the program. However, based on the literature provided, this group primarily exists for the purpose of providing opportunities for friendship and member socialization. Staff report that the feedback methods used by members are individual reports and anonymous semi-annual surveys. Though members provide individual feedback on their services, few opportunities exist for them to inform the direction of the program.	<ul style="list-style-type: none"> Continue exploring opportunities that move beyond simply providing feedback on services, but allow tenants to provide input on service design. Soliciting tenant involvement in quality assurance activities, committees, or boards can be effective ways to increase opportunities for tenant involvement in service design.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	At time of review, The Link Program has 10 direct service staff serving approximately 142 members. The caseload ratio of members to staff is approximately 14:1.	
7.4.b	Behavioral	1 – 4	The program tenants are served by multiple	<ul style="list-style-type: none"> Optimally, all behavioral health services

	health services are team based	2	providers, instead of an integrated team. Tenants receive their psychiatric care from the RBHA behavioral health clinics, and most of their other services (i.e., Substance Abuse Treatment) are referred to other agency providers in the RBHA system. The Link program primarily assists with the housing search and independent living skills needed to obtain and/or maintain housing. As an agency, SB&H provides in-home counseling services and other paid work activities that members have enrolled in. In some charts, it was noted that some members were receiving care/health education from an SB&H Registered Nurse (RN) that may have been assigned to the team for a period of time.	are provided through an integrated team. If this is not possible due to the current structure of the system with separate service providers, continue all efforts to maintain regular planning sessions to coordinate tenants' care.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The Link program provides its tenants with on-call services 24 hours a day, seven days a week. Staff report that they have an on-call phone which is rotated between them on a weekly basis. On-call coverage hours are from 5pm to 8am, Monday through Friday, and 24 hours a day over the weekend. Staff are able to respond to member needs either by phone or in person. If the staff assess that the intervention needed is outside of their scope of work, they will call the crisis team or necessary authorities to assist.	

PSH FIDELITY SCALE SCORE SHEET

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2.5,4	2.5
1.1.b: Real choice of housing unit	1,4	4
1.1.c: Tenant can wait without losing their place in line	1-4	4
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		3.25
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	4
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	4
Average Score for Dimension		4
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	3
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		2
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	4
Average Score for Dimension		4
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	1

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4
Average Score for Dimension		2.5
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	4
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
Average Score for Dimension		3.5
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	1
7.1.b: Extent to which tenants have the opportunity to modify services selection	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extent to which services can be changed to meet the tenants' changing needs and preferences	1-4	4
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		3
Total Score		22.25
Highest Possible Score		28