PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: February 16, 2017

To: Christy Dye, President/CEO

From: Georgia Harris, MAEd
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AHCCCS Fidelity Reviewers

Method

On January 17 – 18, 2017, Georgia Harris and Karen Voyer-Caravona completed a review of the Partners in Recovery (PIR) Assertive Community Treatment (ACT) 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.

The Partners in Recovery (PIR) serves individuals with Serious Mental Illness (SMI) through five locations in Maricopa County: Metro, West Valley, Hassayampa (Wickenburg), East Valley, Arrowhead, Gateway, and West Indian School Road. The PIR ACT teams are housed at four locations: Metro Center (2), West Valley, and West Indian School Road (Medical ACT or M-ACT). Previously housed at the Arrowhead location, the M-ACT team relocated within the last year to a new office space where it is the sole occupant. Identified as sites for this period of review were the West Valley ACT team and the West Indian School Road M-ACT team as permanent supportive housing providers.

The individuals served through the agency are referred to as members; for the purpose of this report, the term "tenant" or "member" will be used. Within the body of the body of the report, both teams will be referred to as ACT teams.

During the site visit, reviewers participated in the following activities:

- Interviews with the Clinical Coordinators (CC) at the ACT and M-ACT team locations;
- Interviews with one direct service staff from the ACT team and two direct service staff from the M-ACT team;
- Interviews with three members participating in the PSH program;
- Review of requested housing data of all currently housed members participating in permanent supportive housing services, with the assistance from the CCs; and
- Review of ten randomly selected records, including charts of interviewed member/tenants.

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:

- Housing choice: The ACT teams each described efforts to ensure that members are offered a range of housing options, reviewing the pros and cons to each option as they relate to the members' stated preferences. Housing in integrated settings is viewed as the default housing option. Likewise, because staff interviewed view unit satisfaction as supporting motivation to sustain tenancy, members are encouraged to carefully consider their choice in available units rather than accepting the first available.
- Access to housing: The ACT team does not impose readiness requirements upon members seeking housing. Staff interviewed were familiar with and appeared to embrace the *Housing First* approach as effective in creating conditions upon which individuals living with an SMI and co-occurring disorders can find recovery.
- Availability and adequacy of services:
    - Caseload sizes at the ACT teams participating in the current review were within the optimal limits, with member to staff ratios of slightly under 9:1 at West Valley and 8:1 at West Indian School Road.
    - The ACT teams identify themselves as the designated first responders in crisis situations and provide services 24 hours, seven days a week. Both teams rotate on-call services and the CC is the back-up; members interviewed know that they can contact staff when in crisis or an emergency.

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

- Decent, safe, and affordable housing:
    - The ACT teams should maintain copies of tenant leases verifying that members pay no more than 30% of their income toward rent. In situations when staff are unable to obtain copies of leases, such as when members decline to provide them, the ACT teams should establish a formalized documentation verification process to verify rent (or mortgage payment) and percentage of income, or the effort made to obtain this information. Documentation should be easily accessible to all staff in the member record and updated as changes occur.
    - The ACT teams should follow processes for obtaining and maintaining copies of Housing Quality Standards reports for RBHA contracted housing. For market rate properties, the agency should consider options for formally assessing and documenting decent and safe living conditions. Some members reported dissatisfaction with the timeliness of completion of maintenance requests but expressed reluctance to push for completion due to fear of reprisal by some RBHA contracted property managers.

- Rights of tenancy:
  - Obtain leasing information for all tenants in all settings, including tenants living with family and significant other(s). Living with family does not guarantee rights of tenancy.
  - The RBHA should work with contracted housing providers/property managers to minimize special rules and restrictions outside those found on standard lease agreement. Some members interviewed felt restrictions disallowing alcohol on premises, visitors, and overnight guests, though well-intentioned, were either unreasonable or rigidly applied.
- Flexible services:
  - The ACT team should ensure that Individual Services Plans (ISPs) are written using the individual member's voice, rather than clinical jargon, and are updated whenever significant changes in the members' goals, needs, living situations, vocational pursuits, and the like occur.
  - Services should be member-driven, focused on individualized recovery goals that, to the greatest possible extent, promote sustained housing in integrated community settings.

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 4	Of the 173 members in the PSH program, the majority live in independent, market rate housing, with family, or in voucher subsidized settings. Staff interviewed reported that they support choice in types of housing by reviewing the available options with members and discussing the pros and cons of those options based on their identified needs and preferences. Staff said they seek to default to integrated, community-based settings, and after that, such as those cases when a guardian is involved in the housing decision, the least restrictive environment. Most members interviewed said they were presented with a variety of options. One member interviewed said that his subsidized apartment of four years, however, was assigned to him by a previous provider clinic.	
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	1 or 4 4	The majority 73% of tenants live in settings where they have choice of unit(s) similar to those seeking housing in the general public. These tenants live in integrated self-pay, scattered-site voucher properties, Section 8 voucher units, or are living with family. Thus choice may only be restricted by availability, income, and the results of credit and criminal background checks. Although both staff and members interviewed acknowledged limited availability of affordable units and/or units that will accept scattered-site vouchers, members are	• Work with members living in settings with constricted choice to find other housing options that provide maximum choice.

	of units		encouraged to choose the unit that best meets their stated needs and preferences and where they think they will be happy. While members interviewed did not generally rate their living arrangements as ideal most interviewed said they chose their units and, given the lack of affordable options, were satisfied. The small percentage of tenants living in RBHA contracted units, such as community living placement (CLP), ACT housing, temporary living placement (TLP), half-way and recovery housing, and residential treatment programs are assigned units. Tenants of CLP and ACT house models have their own bedroom. Some property managers are willing to work for tenants to accommodate roommate requests or transfers to different units when they become available.	
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists	1 – 4 3	Staff interviewed did not come to consensus on whether or not members could wait for the unit of their choice without losing their place on the list or moved to the bottom. Most reported that for RBHA contract units, scattered site and Section 8, members could decline units. Staff reported that scattered site vouchers were active for 30 days but could be renewed, although there was lack of agreement on how long. All staff interviewed said that they encourage members to decline units when they do not meet preferences such as proximity to public transportation, family, friends, or needed services such as the clinic or a grocery store. Most members interviewed reported that they sacrificed unit preferences such as desirable neighborhood or ground floor access and accepted the first unit offered due to immediate need, a desire to avoid the homeless shelter, or fear of "rocking the boat".	• The RBHA should continue to clarify waitlist procedures with teams and provide regular updates on the status of tenant housing applications. • ACT staff should continue to support members in finding units that satisfy concerns they deem essential to their recovery vision in order to sustain housing. Those priorities include safety of neighborhood or structure; accessibility to needed services; proximity to public transportation; support network; and pet-friendly community.

1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 4	Tenants of independent market rate, scattered site voucher, Section 8 units, and living with family (126 total or 73%) have the control of household composition, and are only limited to restrictions imposed within the standard lease agreement. Dependents of tenants are generally allowed to live in the scattered site voucher funded units. Per interview and evidence found in the record review, additional occupants over the age of 18 are allowed upon approval of the voucher administrator, usually with the input of the clinical team. Other occupants must be identified on the lease and pay for half rent at the market rate. Tenants of ACT houses, CLP units, TLP, halfway houses, group homes, ¾ houses, and 24 hour residential do not have control of household composition. These groups represent 27% of the combined total of members receiving PSH services. Tenants of ACT housing, CLP and TLP have private bedrooms. One tenant reported disappointment that an aging parent was not permitted to live with him in his CLP as a dependent.	• In order to ensure that members have the greatest opportunity to control household composition, continue to approach independent units in integrated settings as the default option in PSH. The ACT team and the RBHA should coordinate efforts to market the benefits of participation in PSH services to landlords, especially smaller, locally owned property management companies that may have more flexibility in leasing to individuals with background issues. • For members living with families, encourage discussions about the potential benefits for independent living and self-sufficiency as attainable recovery goals.
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 2.5	Per data provided by the agency and interviews with staff and tenants, most members reside in housing where property management has no authority or formal role in providing social services, primarily independent self-pay, voucher based, with family, and most CLP options. However, the reviewers found examples in the chart review of one RBHA contracted property manager being involved in member staffings. Also,	• Clarify and eliminate that participation in services for CLP or ACT housing be a requirement of tenancy.

			a member reported that this property manager required tenants to attend groups provided by property management in order to retain housing. Some staff also reported that property management at one halfway house regularly provides support services. While residential treatment settings and assisted living are involved in social services, staff reported that members living in those settings are being stepped down to supportive care.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	ACT staff reported that they are not involved in housing management functions such as collecting rent or reporting lease violations. Staff interviewed said that when they observe situations or behaviors that threaten tenancy, they engage in eviction prevention activities such as prompts, reminders of possible consequences for violating lease agreements, and problem solving. Staff said that they will assist members in advocating for concerns about rent, maintenance, and eviction. This was confirmed by members interviewed.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	The ACT teams do not keep offices in any of the settings where members reside. Approximately 16% of members live in settings where clinical or social service providers maintain space and provide services. Most of those members are transitioning to supportive care.	
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 1	Neither of the teams participating in the review maintain copies of lease agreements that would verify rent paid, nor did they obtain them for the review. Also, reviewers did not find documentation of rent-to-income calculations in members' records. Staff interviewed reported that tenants of RBHA contracted housing pay between 30%-40% of their income in rent. Tenants without an income do not pay rent. Staff likewise report that tenants of voucher based housing (RBHA or Section 8) pay 30% of their income toward rent. Tenants of market rate housing may pay 50%-80% of income toward rent. Staff said they encourage all tenants to seek options that include utilities in the rent. Members residing with family have varying arrangements regarding rent. Approximately 13 members were identified who own their own homes but no payment to income information was provided. The record review showed that one member expressed concern about being able to continue making the mortgage payments. Lack of verifiable data is reflected in the score.	• Maintain complete and up-to-date records of leasing information to verify rent paid for tenants in all settings, including living with family and significant others. Some PSH providers include rent-to-income calculation forms as part of each member's housing record. • Partner with other interested stakeholders outside the behavioral health system to advocate for policies that increase the share of affordable housing units.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Neither of the teams participating in this review maintains copies of Housing Quality Standards (HQS) reports for those properties to which they would apply (RBHA contracted and voucher based units). Regarding independent self-pay units and family housing, neither maintains specific documentation of formal inspections conducted by either ACT staff or trained inspectors. Evidence in progress notes show that staff do make note of living conditions during home visits. Lack of verifiable data is reflected in the score.	• Obtain copies of HQS reports to properties for which they would apply. Discuss with tenants the benefits of the ACT team maintaining a copy of HQS and obtain signed release of information forms. • The agency and the RBHA should consider partnerships with agencies that conduct HQS inspections and/or training opportunities for staff to learn HQS standards. This could be beneficial for inspections of independent dwellings in the community.

Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 3	Per the data provided, 73% of tenants live in integrated settings: independent self-pay (58), with family (50), scattered site voucher (15), and Section 8 (3). Members interviewed were not certain of the disability status of their neighbors, but one tenant noted that some neighbors have children and that another receives behavioral health services at another clinic. Clustering may occur due to limited income and availability, as background challenges such a felony convictions and evictions, and a preference to live near friends also receiving behavioral health services. Staff reported an increase in landlords who do not accept scattered-site vouchers.	• The ACT team should continue efforts to develop relationships with area landlords in order to familiarize them with the benefits of working with tenants receiving support from the ACT team's PSH program. • Continue efforts to maintain up-to-date resources available on providers of integrated, low-income housing such as City of Phoenix, Native American Connections, and Housing Authority of Maricopa County.
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	Staff interviewed said that tenants sign standard leases and review leases with members when they attend lease signings. Tenants interviewed said they have regular leases. One tenant had lost track of her lease. The agency does not hold copies leases or rental agreements. Due to the lack of lease agreements, legal right of tenancy could not be verified, which is reflected in the score.	• Maintain complete and accurate records of tenant leases for tenants in all settings, including with family and significant other(s). • The ACT teams may have limited ability to achieve this goal for those members living with family; however those settings do not guarantee rights of tenancy. Technical assistance may offer solutions.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	Per data provided, 44% of tenants reside in housing that does not require compliance with program rules: independent self-pay, Section 8, and scattered-site voucher housing. Approximately, 34% of members live with family, who may apply conditions outside of rent or assistance with bills (e.g., sobriety, participation in	• The ACT team should evaluate housing options available to tenants, ensuring that all permanent housing settings are unencumbered by rules that are not included in standard lease agreements. • Avoid over-reliance on housing provided by family when that option is not clearly the

			treatment) in order to maintain residency in the home. Additionally, per interviews with members and staff some settings, such as CLP and half-way houses, may place limitations on having over-night guests, frequent visitors, and the presence of alcohol on the premises, which some members interviewed found overly intrusive.	member's preferred setting, and when opportunities for self-determination and developing self-sufficiency are limited.
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	Neither ACT team imposes readiness requirements upon members seeking housing. Staff interviewed were knowledgeable about and appeared to embrace the *Housing First* approach as effective in creating conditions upon which individuals living with an SMI and co-occurring disorders can find recovery. Members need only express a goal to obtain housing, and independent units in integrated setting are the default option. Members interviewed reported that they did not feel they had to meet any requirements beyond being clinically enrolled to gain access to housing.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Staff interviewed on both teams said that keeping members safely housed and off the street is their priority. Staff interviewed said more time is spent with members who are at risk of losing housing or who have been homeless for an extended period. Staff described prioritization for RBHA contracted housing and the scattered site voucher options as process driven. Applications for the scattered site vouchers require members to be homeless with a Vulnerability Index – Service Priority Decision Tool (VI-SPDAT) score of 8 or higher. Per staff interview, members who are currently hospitalized, incarcerated, or who have medical issues appear to be prioritized over those with	• The ACT team should use the VI-SPDAT score as a guide to recognizing obstacles to housing stability independent of the RBHA voucher eligibility requirements. • Based on the current system structure, the ACT teams may have a limited ability to fully align with fidelity in this area. The ACT teams can continue to explore independent housing options for members according to their preferences, including those who do not qualify for RBHA affiliated vouchers.

			greater need. For example, one staff reported that people on court ordered treatment have not been able to receive vouchers because they did not meet the priority population criteria. Other staff said that there did not seem to be a priority on the wait list other than medical issues.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	Staff reported that they do not maintain keys to any tenant units, and they do not enter units without permission. In the event a member calls ACT staff reporting medical distress, they will ask members to unlock the door so that they may enter. If the member is not able to come to the door, ACT staff will ask members to call the landlord with a request to open the door so staff can enter. Staff said that in the event a wellness check is indicated, responding police will contact property management to gain entry. Staff said that in those situations, the property manager is usually there with police by the time they arrive. Most members interviewed said that landlords do not enter units without advance notification. However, one member residing in a CLP unit (representing 5% of units in the sample) said that the property managers enter "whenever they want . . . [they] will knock and come in if there is no answer".	
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	1 or 4 1	Of the ten randomly selected records reviewed, five did not appear to reflect a member voice, as evidenced by clinical language and jargon that focused on maintaining current housing and psychiatric stability, taking medications, and	• ACT staff should receive ongoing training regarding how to work with members to develop personalized goals and objectives stated in their voice rather than clinical jargon. Member service plans should

	entry		attending appointments. Some staff interviewed said that ACT staff are the primary authors of member service plans with input from members, their informal support, and guardians.	reflect the housing goals, and the necessary action steps for achieving those goals.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Most records reviewed showed that individual service plans were updated at least annually. Most members interviewed said that service plan goals are routinely discussed during home visits and they felt they had the opportunity to modify their service plans when desired.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Member tenants decide the services they receive from the ACT teams, and can request referrals for more specialized services not offered by the team. If members do not want the intensity of services offered by the ACT teams they can be stepped down to a supportive level of care. In order to maintain housing through RBHA contracted or scattered site housing, members must remain clinically enrolled; having no service is not an option.	• Providers may have a limited ability to fully align with fidelity in this area due to the structure of the system. To the extent possible, the ACT teams should continue to respect member choice to participate in the services that reflect their needs and priorities, including the choice to participate in no services.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 2	Most staff interviewed agreed that service plans are updated every six months or as often as requested by tenants. Reviewers found that most records were updated about every 10 – 12 months. Services plans lacked of individualized options; some progress notes showed staff directing members to groups with questionable benefits to their stated needs and concerns.	• Services plans should be updated when members experience a significant change in situation or identify a new need or goal. Services offered should directly address the new situation or need/goal.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Staff interviewed at the ACT teams reported that all services are focused on member choice. Both teams employ Peer Support Specialists to ensure a *lived experience* perspective on each clinical team. The M-ACT team, which does not share space with other teams, established a Campus Advisory	• Create opportunities for members/tenants to participate in collective decision making within the ACT teams. Consider establishing ACT Advisory Councils at the other ACT locations within the agency. Review solutions found by other providers

			Council (CAC) from which they generate ideas on groups offered or discuss topics such as housing. The M-ACT team also provides Express Yourself sessions and a suggestion box for obtaining member feedback. ACT team members at the West Valley clinic can participate on a clinic advisory board with members served by other teams housed in that location.	who scored well in this area.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	Both the teams under review have optimum caseload sizes. The M-ACT team's member/staff ratio is 8:1. The ACT team's member/staff ratio is slightly under 9:1.	
7.4.b	Behavioral health services are team based	1 – 4 3	Most services to tenants are provided by the ACT teams. However, per the record review, it was found that a number of members have been referred to external services that the ACT teams should be able to provide.	• Provide all behavioral health services through the ACT teams.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	Both the ACT teams reported providing 24 hour services, seven days a week. Staff at both sites rotates on-call phones and the CCs are always the back up. Staff reported that members have lists of staff names and the on call number. Members interviewed said that they can call the ACT staff when in crisis.	

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	4
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	3
1.2.a: Tenants have control over composition of household	1,2.5,4	4
Average Score for Dimension		3.75
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	2.5
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		3.5
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	1
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	3
Average Score for Dimension		3
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	2.5
Average Score for Dimension		1.75
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: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	2
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	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		2.88
Total Score		19.38
Highest Possible Score		28