PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: February 28, 2017

To: Latonya Brooks, Site Administrator
         Mary Jo Silcox, Executive Director

From: Jeni Serrano, BS
         Karen Voyer-Caravona, MA, LMSW
         AHCCCS Fidelity Reviewers

Method

On January 30-31, 2017, Jeni Serrano and Karen Voyer-Caravona completed a review of the La Frontera-EMPACT 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.

La Frontera is a long-standing behavioral health agency in Southern Arizona. La Frontera's services include mental health, housing, family and children's services, employment, crisis intervention, and community and cultural education. In addition, La Frontera-EMPACT has been a joint partner in crisis and mobile team services for mental health emergencies. In recent months, La Frontera acquired the Capitol Center and Comunidad Clinics from the People of Color Network. The clinical services and two of the current ACT teams were included in the acquisition. For the purposes of this PSH review, both of the agency's ACT teams, the Comunidad ACT team and the Capital ACT team, were selected as the representative sample for the agency's services.

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 activities:

- Individual interview with the ACT Clinical Coordinator (CC) for team one and a group interview with the ACT Program Manager and new ACT Clinical Coordinator (CC) for team two.
- Group interviews with direct staff, including Housing Specialist (HS), Independent Living Specialist (ILS) and Employment Specialist (ES) for team one, and with Housing Specialist (HS), Independent Living Specialist (ILS) and ACT Specialist (AS) for team two.
- Group interviews with eight members/tenants who are participating in the PSH program.
- Review of agency documents including ACT Specialist job summaries for each specialist position on the teams and tenant leases and Housing Quality Standards (HQS) inspections.

● Review of 20 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:
● Functional separation exists between housing management companies and the PSH agency. Staff report that services only focus on concerns such as treatment planning and in-home supports. Tenants interviewed confirmed there are no overlapping roles and tenancy is not contingent on compliance with program provisions.
● The scattered site housing program allows for tenant choice and tenant privacy; Staff and tenants confirm that scattered site units are integrated in the community, and tenants select units of their choice in the community where they want to live. In-home service providers are based off-site, and staff does not have keys for entry.
● All staff has optimal caseload sizes for effective service provision.
● Staff report that there is no indication that members/tenants go to the bottom of the housing waitlists when they turn down an option.
● Services are available 24 hours a day, seven days a week.

The following are some areas that will benefit from focused quality improvement:
● Both of the ACT team need to continue efforts to obtain valid copies of leases and housing quality standards reports (HQS).
● Tenants of ACT housing or living in community living placement are generally assigned to housing in predetermined households, which limits choice of household composition and community integration. ACT staff need to actively seek safe housing and build relationships with landlords; educating them on ACT services and orienting members to options available in the service area; in this effort ACT staff can serve as marketers of PSH services.
● Agency should explore opportunities to increase tenant voice into design and provision of services. Platforms such as tenant advisory councils only for PSH tenants and program improvement forums provide agencies with opportunities to gain valuable insight into the tenants' view on the effectiveness of their services.

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	The majority of tenants appear to be able to choose the type of housing they prefer. Tenants interviewed reported that they feel they had choice of where they wanted to search for housing and stated that ACT staff supported them with their search. Data was provided for all ACT members served by both ACT teams. The data identified all members in these following categories: scattered site housing (independent with a subsidy voucher), independent (full rent with no subsidy), living with family, or living in ACT housing. The data reflected that 96.6% of members served on these teams live in PSH/Independent housing and were able to choose their housing.	
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	Based on the data provided, most tenants live in settings where they have a choice of housing unit. These units are integrated in the community and available to the general public. Some tenants elect to live with family; however, reviewers were unable to confirm the number of individuals who live there out of necessity and/or the lack of available, affordable housing options. A very small percentage of members are living in settings where they do not have a choice of unit offered (e.g. ACT housing, CLP).	• Track the number of members who want to transition from their family homes into their own residences. Continue helping them to achieve their housing goals by *actively* searching for affordable, independent housing options.

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	Members who receive a scattered site housing voucher are given 30 days to find housing unit. Extensions can be requested, usually by the clinical teams if needed. It appears members can request more than one extension if needed and are able to wait for a unit of their choice.	
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	The majority of tenants live in settings where they are in control of the composition of their household. Per data of the 142 tenants served, 119 of them live in settings where they had control of the composition of their household. The remaining 23 members live in settings that restrict control of the composition of their household (e.g. living with family or in ACT housing).	
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	Housing management staff has no authority or role in providing social services. Per report, landlords are not invited to clinical staffing's unless requested by the tenant. Staff does not contact landlords to report violations or damages. However, staff may interact with the landlords at the request of the tenants, usually for advocacy or support.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Staff reported that they do not have any responsibility for housing management functions. They are not required to act on behalf of landlords, do not report potential lease violations, do not request repairs, and do not deliver eviction notices, collect rent, or any related activities.	

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	Per data provided, the majority of tenants live in settings where service staff are based off-site, and provide services to tenants at their request. The ACT team does not have office space located within the ACT housing sites or scattered sites. However, ACT staff visit ACT housing frequently, for daily medication observations and wellness/safety checks for some tenants, to offer engagement, upon request to help with independent living skills, to provide rehabilitation services, to help with transportation or to assist with other needs identified by the tenant. As a result, service staff are not always on site at the request of each tenant in shared residences, limiting the tenant privacy.	• In ACT affiliated housing, provide services to tenants at their request; inherent challenges exist where tenants reside with others who receive services at a higher frequency or intensity. • For tenants in other settings where service staff are on site up to 24 hours a day, review alternative living arrangements, identify member preferences, and seek to support those preferences.
**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	Per tenant interviews and data provided for tenants in scattered site and ACT housing, on average, these tenants pay 31-40% of their income for housing costs. For tenants who live in independent housing with no subsidy or in transitional settings (such as halfway houses), their rental payments averaged more than 30% of their income.	• Provide additional skills training to Housing Specialists (HS) on how to actively seek housing with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments (e.g., rent/income calculation of amount paid by tenant, and amount paid by subsidy/voucher).
**3.2 Safety and Quality**
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Evidence of whether housing meets HUD's HQS standards was requested in advance of the review, but incomplete data was provided; passing HQS inspections were provided for only 41 tenants, which amounted to about 30%.	• Provide additional skills training to HS on how to actively seek safe housing with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments. • Though it is not required that service staff be trained to complete HQS

				inspections, it may be beneficial that those staff primarily tasked with housing services (e.g., HS and ILS) be familiar with the standards.

<table>
<tr><td colspan="5" style="text-align:center">Dimension 4
4.1 Housing Integration</td></tr>
<tr><td colspan="5" style="text-align:center">4.1 Community Integration</td></tr>
<tr>
<td>4.1.a</td>
<td>Extent to which housing units are integrated</td>
<td>1 – 4

4</td>
<td>Approximately 18% of tenants are living in housing settings where all units have been set aside for people with disabilities, such as halfway houses, ACT properties, and CLPs. Staff continue to express the unintentional clustering of tenants in neighborhoods that are more receptive of those with limited income, RBHA vouchers or other challenges such as criminal backgrounds. In addition, staff stated that tenants refer each other to the communities with the best amenities within their financial limits (i.e., apartments with meal service).</td>
<td></td>
</tr>
<tr><td colspan="5" style="text-align:center">Dimension 5
Rights of Tenancy</td></tr>
<tr><td colspan="5" style="text-align:center">5.1 Tenant Rights</td></tr>
<tr>
<td>5.1.a</td>
<td>Extent to which tenants have legal rights to the housing unit</td>
<td>1 or 4

1</td>
<td>The extent to which tenants have legal rights to the housing unit could not be verified for all members. Leases were provided for 37% of tenants. However, some leases were not current, and a small number of members are living in settings where they may not have legal rights to the housing units (e.g., those who live with family, or in halfway houses, group homes) and staff are unable to obtain a copy of their leases. Lack of data is reflected in the score.</td>
<td>ACT teams need to obtain tenancy documentation, including leases, or addenda to leases.
ACT team staff should attend the lease signing to ensure rights of tenancy and to obtain a copy of tenant leases.</td>
</tr>
<tr>
<td>5.1.b</td>
<td>Extent to which tenancy is contingent on</td>
<td>1, 2.5, or 4

4</td>
<td>Per staff report, tenancy is not contingent on compliance with program provisions or participation in treatment. Staff reported that</td>
<td></td>
</tr>
</table>

	compliance with program provisions		tenants who disenroll from the RBHA system may lose their housing subsidy, but can maintain tenancy as long as they adhere to their lease, and pay their rent. Tenants interviewed reported that they do not believe that their tenancy is contingent on compliance with program provisions or participation in treatment and feel their housing is permanent.	
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 3	ACT staff interviewed reported that when a member requests housing, the team assesses the individual's living goals, financial status, as well as the services needed, but it is not clear if all housing options are always discussed. Staff reported that ACT housing is not offered until there is an opening and the team identifies a member who would benefit from living in this environment.	• When members request assistance with finding independent housing, ACT teams should make referrals reflecting the member's preference. The provider and the RBHA should provide training to staff at all levels to ensure that a shared and accurate understanding of available housing options can be explained to members to help them make an informed choice regarding level of care.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	If a member requests housing, the clinic team will submit a housing application and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) to the RBHA. Clinic staff confirmed members must be homeless to apply for the RBHA affiliated scattered site housing voucher. Per the RBHA website, Permanent Supportive Housing is available for enrolled homeless adults determined to have a SMI, and have a VI-SPDAT score in the range for Permanent Supportive Housing. The RBHA defines homeless as "individuals or families who don't have a fixed, sustainable or appropriate nighttime residence" which includes: a public or private place not	• With the current system structure, ACT teams have limited capacity to fully align housing priority with the EBP criteria. However, PSH services are not just limited to members who qualify for RBHA affiliated housing vouchers, so ACT staff should continue their efforts to explore other independent housing options, promoting the benefits of PSH services and developing relationships with landlords and housing providers.

			meant for human habitation, a shelter designated to provide temporary living, and members being discharged from an institution (e.g., residential treatment center or similar facility, a behavioral health inpatient stay or a physical health hospitalization), and they were admitted to the institution as homeless. Reviewers were unable to confirm that members with housing challenges other than these circumstances are prioritized. However, clinic staff can directly provide PSH services, whether or not they have a voucher.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	The ACT staff reported they do not have access to tenants' units in any housing scenario. The team reports that they do not have keys or agreements with tenants that allow them to access units, under any circumstances.	
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	Per records reviewed, members with ISP goals of independent housing are not consistently being referred for scattered site placement, and it is not clear to what extent staff assist them to explore other housing options. Instead, members may be referred to ACT housing or CLP's. Some tenants interviewed stated their living goal was to live in their own apartment independently but were currently living in ACT housing or other settings such as halfway houses.	• Ongoing staff training should occur regarding how to work with members to develop personalized goals, and to identify needs and objectives. All service plans should be individualized and directly reflect the expressed goals, needs, and action steps for achieving those goals. Identity and resolve barriers to plans not reflecting specific services provided.
7.1.b	Extent to which tenants have the opportunity to	1 or 4 1	Staff reported that service plans are updated at least annually. Recently within the past three months, staff has been directed to update plans	• When tenants change living situations or express a new goal, revise the service plan to reflect the change as soon as

	modify service selection		every six months, and they can be modified earlier if needed. However, evidence of modifications was not located in the records, and staff were unable to provide examples during interviews.	possible.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants must be clinically enrolled in order to maintain tenancy in scattered-site voucher or RHBA contracted housing. Staff interviewed reported that members may choose any service they want or decline services, including case management. Tenants are provided with the option to transfer services to another provider network organization. However, if they decline transfer and want to disenroll with the RBHA, tenants must find alternative methods of funding their housing.	• The agency and the RBHA should provide clarification to staff and tenants as to whether tenants can close from ACT services and remain in ACT housing, and if tenants can close from ACT or RBHA services yet maintain tenancy in RBHA affiliated housing.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 2	The ACT team provides a standard mix of specialty-based, ACT services to tenants. Staff reported that the intensity of engagement and staff involved in service delivery varies according to the needs expressed by the member. There was no evidence found of modified services, and ISP plans reviewed appeared to have the same contents as the previous year's plan.	• Every member's ISP should be updated in accordance with agency policy and reflect members' goals and progress. • Ongoing training should occur regarding how to work with members to develop personalized goals and objectives.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 1	Staff and tenants interviewed stated that tenants most often provide feedback individually, often discussing programming changes as they relate to ISP goals and/or their frequency of contact with ACT staff. No outlets for tenants to collectively share feedback on the program's structure or delivery were found for this review.	• Help tenants to become acquainted with any existing boards, forums, or councils that provide tenants with a regular outlet for providing feedback on services. • For services to be truly member-driven, create forums or settings where ACT tenants can directly provide regular feedback on services as a group. • Explore options for integrating tenants or

				peer staff into leadership roles on ACT teams, when possible. Peer staff can provide valuable insight on the needs and concerns of tenants.
**7.4 Quality and Adequacy of Services**
7.4.a	Extent to which services are provided with optimum caseload sizes	1 − 4 4	The ACT staff are provided with optimal caseloads for service provision. Staff reported their caseload sizes to be in the range of 12-15 members per ACT staff.	
7.4.b	Behavioral health services are team based	1 − 4 4	Staff interviewed reported that all staff on the ACT team provide behavioral health services to all members, an, that ACT teams are designated by the RHBA as permanent supportive housing providers. All staff have an active role in providing housing support and that it is not seen as the primary domain of the Housing specialist and Independent Living Skills specialist. Some members receive services through Flex-care or residential settings, however staff estimate it is less than 10% of the roster.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 − 4 4	The ACT team is responsible for 24-hour, seven days a week service coverage, including crisis response for tenants, and those participating in the PSH program.	

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	4
1.2.a: Tenants have control over composition of household	1,2.5,4	4
Average Score for Dimension		4
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	3
Average Score for Dimension		3.67
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	1,4	1

housing unit		
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	3
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		3.17
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	1
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	1
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	4
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		2.5
Total Score		21.84
Highest Possible Score		28