

**PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT**

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ADHS Fidelity Reviewers

Method

On February 25, and 26, 2015, Jeni Serrano and T.J. Eggsware completed a review of Arizona Mentor’s housing program as part of the Permanent Supportive Housing (PSH) evidence-based practice fidelity project. 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.

Arizona Mentor offers in home support services for adults and children. Adult services include two community living placements (CLP), some one-on-one services, and adult habilitation services (AHS). During the review, each of these programs was discussed, but this report focuses on the CLP program at the agency due to the program most closely aligning with the full PSH model. The CLP program at Arizona Mentor is comprised of a house setting set aside for up to four male tenants, and a house setting set aside for up to two female tenants. Referrals to the AHS program are primarily for socialization or other habilitation, and Arizona Mentor is not involved in securing or specifically providing housing focused supports for the members in the program. Two members receive one-on-one services in a residence, but placement in those locations occurred without Arizona Mentor involvement, also.

The individuals served through the agency are referred to as “residents” or “clients”, but for the purposes of this report, the term “tenant” or “member” is used.

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

- Orientation to the agency, with brief overview of the community living component.
- Interview with the program administrator.
- Group interviews with clinic case managers at Southwest Network Highland and Choices Enclave clinics.
- Group interviews with seven direct service staff.
- Group interviews with both the community living coordinator and the one-on-one service coordinator.
- Group interviews with two tenants who are participating in the adult habilitation service program.
- Group interviews with three tenants who are participating in the community living program.
- Review of agency documents including client program rules, intake packet, tenant income, tenant rental fees, and the program’s service plan.
- Review of 10 randomly selected records (two from CLP and eight from AHS), including charts of some tenants interviewed.

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:

- Arizona Mentor serves individuals in a community living setting, and these settings offer up to 24 hour supervised supports that are guided by treatment team planning at the clinic and at the agency level.
- Arizona Mentor ensures that each tenant is provided with a goal oriented treatment plan that specifies the tenant's needs, is strengths-based and is designed to improve or maintain their level of functioning.
- Tenants of Arizona Mentor community living residences generally pay 30% or less of their income toward rent.
- Arizona Mentor maintains a high staff to member ratio.
- Arizona Mentor provides specialized 1:1 services for high-need individuals that have not been successful in other settings.
- Arizona Mentor has culturally diverse staff including some with sign language skills in order to respond adequately to the special needs of individuals referred.

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

- Further training at the system and program level is recommended.
 - There is some confusion at the clinics regarding housing across the system, such as program options, service providers, what specific programs offer, etc., due in part to variation in phrases, terminology, and how staff learns of available options. At times, clinic staff are informed formally through the Regional Behavioral Health Authority (RBHA). At other times they learn of new service or support options directly from providers, or by word of mouth in less formal settings. This appears to limit the practical ability of direct service clinic staff to properly orient tenants on available supportive housing services. Staff at all levels at Arizona Mentor are not familiar with the PSH model.
 - The RBHA should request brochures, marketing materials, or other program descriptions from housing support service agencies to ensure the information and processes align with the PSH model.
 - Arizona Mentor states that they desire a more collaborative relationship with the RBHA, including direction on what is expected from the agency, the role of Arizona Mentor in comparison to the role of the clinics, and updates regarding changes in services when they occur. Staff also suggest provider meetings for ongoing discussions. Collaboration with the RBHA is recommended to determine what program changes should occur to align practices with PSH, including review of expectations for providers serving members in house model settings.

- Arizona Mentor describes the community living placement they offer as “transitional care settings designed for short-term interventions and outcome of which will provide the tenant the opportunity to move to a less restrictive environment.” This current program structure does not align with the PSH model. Through collaboration and direction from the RBHA, the community living program should be restructured with all terminology, forms, processes, policies, protocols or other guiding documents to align with the PSH model. Some examples of areas of concern include:
 - The community living program appears to be run more as a residential setting. The program staff do several daily notes, are in the residences 24 hours a day, seven days a week, with limited evidence of member input in planned activities. Additionally, service and treatment plans reference core services such as medication education, work on ADL/ILS, work on time management, budgeting, maintaining healthy lifestyle, nutrition and physical activity. A chore list is in place in one of the houses, and although members can decline to complete chores, staff track chore completion. Staff has free entry to the common areas of the residences, check on tenants with a flashlight when they are asleep, and maintain office space in the residences. Additionally, meetings and tenant staffing’s occur in the in kitchen of the house. When these meetings occur, other residents go to their room or go to the living room. This all limits member privacy.
 - Arizona Mentor staff say they encourage tenants to contact housing management directly when issues arise in the homes. However, Arizona Mentor staff do report some issues to housing management such as alcohol use on grounds or if tenants are not cleaning their residences consistently. The program should work with the RBHA to revise or remove any requirement of the service provider to report lease violations or other issues to the house management agency. The PSH model calls for separation of housing and service roles.
- Tenants do not have choice of housing and services due to the prior assessments at the system level.
 - It appears clinical team assessment significantly influences the option for support services or housing offered to tenants prior to referral to Arizona Mentor.
 - Service plans at Arizona Mentor should be individualized, with tenants as the primary authors of their plans, and services provided to support tenant goals.
 - Arizona Mentor staff should solicit tenant input on program structure and activities.
- Overall, the CLP program at Arizona Mentor could be improved by aligning the service with some of the practices at the AHS program, including individualized service plans, contact based on member request, tenant control of access to residence, and services brought to the tenants in their residences rather than services associated with a house.

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 (1)	<p>Tenants are not given a choice of type of housing and are assigned to a type of housing due to the structure of the current referral process.</p> <p>Clinic staff makes a recommendation, and the referral is based on team assessment of member and what is perceived to be available. If a member is identified to be a substance user with no housing, it is likely residential treatment is offered. A continuum of care approach appears to be in place, with members transitioning from one institutional setting to another level of care rather than truly independent settings with supports in their environment. If a member voices a desire to live independently, and the clinic treatment team is not in support, members are steered toward staffed treatment settings.</p> <p>Some clinic staff report that they make efforts to refer members to numerous types of housing wait lists, but not always with member input, due to long wait lists and few options. Clinic staff do not appear to be aware of all housing options available in order to inform members who request assistance with housing.</p>	<ul style="list-style-type: none"> • System level guidance and education is recommended. Clinic staff should be educated on available housing options, structure, and referral processes, so they can adequately orient tenants to support member choice. Aligning applicable terminology with the PSH model will be beneficial. • Solicit and support member choice of housing. Explore all available options based on member preferences.
1.1.b	Extent to which tenants have choice of unit within the housing model.	1 or 4 (1)	Tenants do not have a choice of unit within the housing model; they are assigned to a unit. If tenant is determined by clinical staff as appropriate for referral to community housing, and assigned by the RBHA to Arizona Mentor as the service	<ul style="list-style-type: none"> • The RBHA needs to educate clinic staff and tenants who receive services about scattered site options available.

	For example, within apartment programs, tenants are offered a choice of units		provider, tenant is then offered a specific unit with the provider. The tenant has the choice to accept or decline the option.	
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)	If a tenant is referred to Arizona Mentor, and declines the unit, they are put back on the waitlist maintained by the RBHA. RBHA staff confirms that if the tenant declines, they are not moved to bottom of the list. However, it has been reported in tenant and staff interviews that due to limited availability, tenants may be encouraged to accept the option offered, even if it is not their expressed choice. Examples of tenants who decline CLP when offered are rare, such as tenants who have alternative arrangements (e.g., living with family) rather than no safe alternative (e.g., members who are homeless).	<ul style="list-style-type: none"> • Ensure tenants applying to scattered site housing are informed that prior applications to community housing will be terminated.
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)	Tenants must accept a predetermined household not of their choosing. At Arizona Mentor, tenants are offered their own bedroom, often with shared bathrooms and living spaces with other tenants, whom also do not have a voice in selecting a new tenant for the vacant unit in their home.	<ul style="list-style-type: none"> • At the system level, in addition to increasing scattered site options, seek opportunities to empower tenant voice in controlling the composition of their household. If tenants elect to live with others, attempt to arrange for meetings with potential roommates.
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	1, 2.5, or 4 (4)	Housing management staff has no authority or role in providing social services. Housing management maintains leases, completes inspections, addresses reported leasing violations, and conducts evictions as deemed necessary.	<ul style="list-style-type: none"> • Housing management should provide Arizona Mentor with a copy of the lease in order to help tenants learn and understand lease requirements.

	authority or formal role in providing social services			
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (2.5)	Service staff have overlapping roles with housing management. Arizona Mentor encourages tenants to contact housing management to report changes in income or damage in the residence. However, Arizona Mentor staff informs housing management of some issues directly, such as property damage, and use of substances. Arizona Mentor does not have copies of the leases and are unaware of lease requirements.	<ul style="list-style-type: none"> • Cease the use of house rules at the community living residences; support tenants with learning their lease agreements to maintain housing. • Discontinue reports to housing management if tenants engage in activities perceived by service staff to be a violation of lease agreements. If tenants are in violation of their lease, provide education to tenants regarding the potential consequences, offer services or supports to address the issue, and coordinate with other clinical supports. • Support tenants as they interact with housing management agencies, rather than doing it for them.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (1)	Staff maintains office space in both of the homes.	<ul style="list-style-type: none"> • Remove the desks and file cabinets from the residences. Designate staff office space in a location outside of tenant residences. Tenants need to be allowed to decorate and furnish their residences.
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)	Three of five tenants pay 30% or less of their income for housing costs, one tenant pays approximately 38% of their income, and one tenant payment was not known per data provided by Arizona Mentor.	<ul style="list-style-type: none"> Arizona Mentor needs to obtain copies of tenant’s leases to verify extent to which tenants pay a reasonable amount of their income for housing.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD’s Housing Quality Standards	1, 2.5, or 4 (1)	There were no HQS inspections in files nor are copies held by Arizona Mentor.	<ul style="list-style-type: none"> Work with housing providers to obtain copies of HQS inspections or have staff trained to conduct these inspections and document the results.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (1)	Housing units are not integrated; Arizona Mentor is comprised of two house models, one for up to four male tenants, and one for up to two female tenants (currently one female resides in the unit alone). All tenants live in settings that have disability-related eligibility criteria for tenancy. Additionally, control of any empty housing slots are controlled by the RBHA and not the tenant.	<ul style="list-style-type: none"> Increase availability of affordable, scattered site options. Ensure referral sources are informed of all housing options and referral processes.
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)	Tenants do not have full legal rights of tenancy according to local landlord/tenant laws. Copies of leases are not held by Arizona Mentor.	<ul style="list-style-type: none"> Arizona Mentor staff should attend lease signings with new tenants, and obtain copies of leases during those interactions. Holding copies of leases can assist staff when educating and supporting tenants regarding adhering to the terms of the lease, and advocating with tenants to address potential violations to their rights as tenants.

5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (1)	Arizona Mentor tenant program rules, when signed by a tenant, imply that compliance with program provisions is required to maintain tenancy. The program rules are as follows: tenants are not allowed to keep cigarettes in their possession; all cigarettes and lighters are locked up by staff; staff will light tenants' cigarettes for them; no food or beverages allowed in bedrooms; tenants will follow kitchen rules when assisting in preparing meals; tenants cannot purchase over the counter medications without a prescription from the doctor and medication must be stored in locked cabinet; if responsible for own funds, must be stored in the individual's locked box; sharp hygiene items must be locked in a secure cabinet until time of use; female tenants are not allowed in male tenant's room and males are not allowed in female rooms; tenants must inform staff of new personal items brought into home, so they can be added to inventory checklist.	<ul style="list-style-type: none"> • Eliminate house rules from the community living settings. If a tenant begins services with the agency at a residential program, and moves to PSH, ensure tenants are informed the tenant program rules do not apply. Ensure direct service staff are informed no additional program rules are in place. • Ensure staff are trained regarding the model of PSH and how it differs from residential placement.
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to demonstration housing readiness to gain access to housing units.	1 – 4 (1)	Arizona Mentor staff report they work with everyone who is referred to their program. However, for fidelity there should be no need for tenants to demonstrate housing readiness during the process. The practice of clinical team steering to staffed settings implies assessment occurs to assess if members are ready for independent living. Screenings by clinical teams occur prior to referral to Arizona Mentor. A continuum of care approach appears to be in place. If a member voices a desire to live independently, and the clinic treatment team is not in support, members are steered toward staffed settings. This suggests, to qualify for housing, tenants must meet readiness	<ul style="list-style-type: none"> • The RBHA can provide training and support to staff as they learn to support choice, expand options for people, and focus on housing retention. A clear distinction between residential treatment and PSH should be drawn. • At the clinics, all options should be explored with tenants who request assistance with housing, including supportive housing and independent living. • Arizona Mentor should eliminate

			requirements.	program rules and ensure current tenants are informed that the only requirements that apply are those outlined in their leases.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (4)	Tenants who meet program eligibility have equal access to housing, but those tenants who are in-patient, or homeless are prioritized.	<ul style="list-style-type: none"> System partners should engage in discussions regarding screening prospective applicants for tenancy related criteria (e.g., ability to pay rent, ability to care for apartment, respect rights of other tenants in the integrated setting, to follow crime free and drug free ordinances), which would generally be allowable, versus screening tenants based on functional or readiness criteria.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 (1)	House model programs can be entered by staff without tenant permission, and staff hold a key to the residence. Service staff are in the units 24 hours a day, seven days a week, including checking in on people when they are asleep. Some tenants are able to lock the doors to their private bedrooms, but staff can still access the rooms when locked if deemed necessary. At night tenants are asked to not lock their door, so staff can make sure they are breathing and safe.	<ul style="list-style-type: none"> Collaboration with the RBHA is recommended to determine what program changes can occur to more closely align services with PSH. The program can take immediate action by discontinuing the agency approach of holding copies of keys to the residences or entering tenant’s rooms when they are asleep. Establish agency policy that prohibits staff entry into house model programs without explicit tenant permission.
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)	Placement at Arizona Mentor is determined following clinical team assessment and RBHA referral. Plans written by the program at admission include similar basic elements (e.g., medication adherence, complete activities of daily living.) and	<ul style="list-style-type: none"> Ensure tenants are the primary authors of their service plans. System level training with referring clinics through the RBHA and at the provider level is recommended.

	entry.		implied requirement to agree with client program rules.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (1)	Arizona Mentor service plans are generally updated annually. The content of the plans includes similar information with minimal changes or variation from year to year. Basic elements include: completing activities of daily living, budgeting, healthy lifestyle, and medication education. If a tenant elects not to address an issue, there may be external pressure from the clinical team to participate in a service or face being required to move from the residence. Additionally, service staff are in the residences 24 hours a day, seven days a week, which does not appear to be a service approach tenants can modify.	<ul style="list-style-type: none"> Review and consider eliminating the program approach of 24 hour staff in the residences. Base contact on individual needs rather than continual staff presence in the residence. Adjusting this approach may allow direct service staff at the program to provide more individualized service for each tenant.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (2)	Tenants may choose from an array of services, but choosing no services is not an option. As noted earlier, staff are in the residences 24 hours a day, seven days a week. For one of five tenants, the person/guardian reportedly requests the level of service for the tenant. Other than completing chores, participation is generally not required. There is some discrepancy between staff and tenants, with staff noting services are selected by tenants, and tenants feeling they have to participate in some types of services.	<ul style="list-style-type: none"> The program should expand tenant selection of services. See recommendations for 7.1.a and 7.1.b for additional information.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (2)	At Arizona Mentor, the service mix can be adapted in minor ways. The service and treatment plans at Arizona Mentor include standard content across tenants. One-on-one coverage can occur or can be reduced, but staff are present in the male residence house 24 hours a day.	<ul style="list-style-type: none"> The program should expand tenant choice of services and increase individualized contact. Service and treatment plans should be individualized.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are	1 – 4 (1)	Program is staff-controlled without meaningful tenant input. The program has a policy of	<ul style="list-style-type: none"> Solicit tenant input on program structure and activities, preferably with

	consumer driven		maintaining frequent contact with tenants in the homes, including during hours of sleep. Although group activities do not occur in the homes, staff are always in the homes monitoring tenant status, limiting tenant privacy.	the individual tenants and not as a group.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (4)	Caseloads at Arizona Mentor are well below threshold with some members receiving one-on-one staff support up to 24 hours a day. One house has four tenants and staffing ranges from one to four per shift, one tenant in another house receives one-on-one services 24 hours a day, seven days a week. There is one supervisor for the CLP house for males, one supervisor who oversees the one-on-one service staff, and administrative staff who support the community living housing program.	<ul style="list-style-type: none"> Due to the high number of staff, the area receives the highest score, but the program should revise the approach of having staff office space in residences 24 hours a day, seven days a week, as addressed earlier in this report.
7.4.b	Behavioral health service are team based	1 – 4 (2)	Multiple entities are involved in providing member care, with fractures in the team approach. For example, a case manager provides services through a clinic-based team. Arizona Mentor provides housing support services. Staff report monthly meetings between the clinical team and Arizona Mentor, with clinical team participation by phone in some cases.	<ul style="list-style-type: none"> The program should seek opportunities to coordinate with other treatment providers in an effort to integrate services. A single fully integrated service provider team is preferred over separate service agencies.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (4)	At Arizona Mentor, services are available and occur in the residences 24 hours a day, seven days a week. One staff is on shift at a time and is required to maintain contact with tenants. This includes checking in on tenants even when they are asleep.	<ul style="list-style-type: none"> Although the area receives the highest score, the program should revise the approach of maintaining staff in residences 24 hours a day, as addressed earlier in this report. Although it is preferable services be available 24 hours a day, seven days a week, maintaining staff in the residences is not in alignment with PSH.

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	1
1.1.b: Real choice of housing unit	1,4	1
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	2.5
Average Score for Dimension		1.88
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	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	1
Average Score for Dimension		2.5
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	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	1
Average Score for Dimension		1
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	1
Average Score for Dimension		1
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	1
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	1
Average Score for Dimension		2
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program	1,4	1

entry		
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	2
7.2.b: Extent 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	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		2.13
Total Score		12.51
Highest Possible Score		28