

## PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

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ADHS Fidelity Reviewers

### **Method**

On May, 19-20<sup>th</sup>, 2015 Georgia Harris and Karen Voyer-Caravona completed a review of the Marc Community Resources 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.

In operation since the 1950s, Marc Community Resources, Inc. (Marc) is a non-profit agency, providing educational, rehabilitative, therapeutic, and social services to people with physical and/or behavioral health challenges. For almost six years, Marc's Hope Network program has sought to provide PSH services to Maricopa County residents experiencing a Serious Mental Illness (SMI). The Hope network has three branches: Hope East, Hope West, and Hope Central. Though they provide the same service and have the same leadership, each of the network branches are distinguished by their funding sources. Still, these programs are viewed and treated as one program. Marc does not own or manage any properties; they provide in-home support/PSH services to tenants who are currently housed or are starting their housing search. At the time of review, Marc's Hope Network programs served 114 tenants, and provides over \$12,000 in furniture vouchers and over 300 home starter kits annually.

PSH services are reviewed starting with the moment a Regional Behavioral Health Authority (RBHA)-enrolled SMI tenant voices a need for housing. The review process then continues through the RBHA system, to the provision of PSH supports. In order to effectively review PSH services in Maricopa County, the review process also includes evaluating the working collaboration between the PSH provider and the referring clinics with whom they work to provide services. For the purposes of this review at Marc, the two referring clinics included were the Choices-Enclave clinic and

the People of Color Network-Capitol clinic. The individuals served through the agency are referred to as “people receiving services,” but for the purpose of this report, the term “tenant” will be used.

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

- Orientation and tour of the agency.
- Interview with the Chief Executive Officer, Chief Operations Officer, Director of Recovery and Resiliency Support Services, and two managers.
- Group interview with six case managers (Recovery Coaches)
- Group interview with five case managers at the participating clinics
- Group interview with three tenants who are participating in the PSH program
- Review of agency documents including intake procedures, eligibility criteria, team coordination and program rules.
- Review of 20 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:

- Once an individual is referred to Marc’s Hope Network, the services are implemented in a way that provides true choice of housing, services and supports that are relevant and responsive to their tenants’ expressed needs. However, choice is constrained prior to assignment to Marc’s Hope Network.

- The Hope Network program(s) use Recovery Coaches (RS), staff who are persons with lived experience and in recovery from SMI and/or co-occurring disorders, as the primary case management staff. The Recovery Coaches use their lived experiences to relate to, help motivate and mentor their tenants through the transition to a permanent housing situation. New Recovery Coaches also go through a specialized curriculum, designed to educate them on the tools needed to be successful in their position (i.e. local landlord/tenant laws, information on resources, helping those with criminal histories, etc.)
- Tenants are the primary author of their housing service plans; the tenant's voice is clear, and the services offered aligned with the tenant's expressed need.

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

- Decent Safe and Affordable Housing: To ensure decent, safe and affordable housing for tenant, maintaining records of Housing Quality Standards (HQS) inspections and leasing information is critical. The separation of housing management and program services does not eliminate the maintenance of housing information. High fidelity programs offer tenants full rights of tenancy. This cannot be assessed without access to the lease. In addition, meeting lease requirements can become part of the supports and services offered, if the tenant requests that assistance. This information is often used to tailor tenant services to provide that support and/or provide education on self-advocacy techniques. The HQS inspections can be performed by a trained staff, or a partnering agency/company.
- Constriction of Housing Choice: For clinical teams, the RBHA should focus on shifting the current "level of care" thinking that excludes the people with the most significant housing challenges (high service utilization, homelessness, chronic acute symptomology and substance abuse) to one that prioritizes those individuals as candidates for Permanent Supportive Housing. Referring clinics are constraining choice through this level of care determination.
- Marketing PSH to Property Managers: The behavioral health system at all levels (RBHA/PNO/Provider agencies) could benefit from targeted educational marketing of PSH services to landlords and property managers. Marketing efforts should include potential landlords/property management companies who are unaware of the RBHA scattered site/voucher program and provide companies with information on the benefits and supports available to both the tenants and those who rent to them.
- Challenges to Housing Tenants with Criminal Histories: While the system alone may have a limited ability to respond to this area, Marc Recovery Coaches should receive training and resources in effective strategies (Letters of Explanation, Letters of Reference, reasonable accommodation, etc.) for assisting individuals with criminal histories in securing permanent, community integrated housing that supports their recovery and efforts to avoid re-involvement in criminal activity.

**PSH FIDELITY SCALE**

<b>Item #</b>	<b>Item</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Dimension 1</b>				
<b>Choice of Housing</b>				
<b>1.1 Housing Options</b>				

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	Tenants are assigned to a type of housing. When a tenant makes a request for housing, clinical teams are responsible for referrals to all RBHA affiliated housing programs. The clinical staff interviewed at both clinics stated that tenants are assessed for a level of care before a type of housing is applied for. Tenants sign off on the application for a housing option offered to them. Housing options for SMI Tenants consist of scattered site/housing subsidy voucher program and Community Living Placement (CLP) options available. However, the clinical teams make the final determination of type of placement, and tenant requests for housing are routinely over-ruled.	<ul style="list-style-type: none"> <li>• The RBHA and provider agencies should provide clinical staff with professional development opportunities to improve clinical team knowledge of the PSH model. Provide guidance on the supports and availability of flexible supports to meet ever-changing needs of those with an SMI.</li> <li>• Empower clinical staff to welcome PSH programs as the default option for SMI tenants.</li> </ul>
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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	Tenants have a choice of unit upon entry into the scattered site housing program. Tenants are given vouchers through ABC Housing to find open market housing, in their community of choice. The voucher, if accepted by the landlord or property management, can be applied to the monthly rent. Clinical staff stated that once tenants receive a scattered site voucher, they attend a housing briefing. At the housing briefing, the PSH in-home service providers (i.e. Marc's Hope Network) offer to assist tenants with the housing search and/or other PSH services.	
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	According to clinical staff, Marc staff, and tenants interviewed, the tenants enrolled in the scattered site/voucher program can wait for their choice of unit. Once a tenant receives the voucher, they are free to look at all open market housing options that will accept the subsidy. Marc staff report that they help and encourage tenants to look and compare multiple units before making a final choice. The initial search period for apartment finding is 30 days; however, clinical team staff report that they are allowed to have this search period extended to 90 days.	
<b>1.2 Choice of Living Arrangements</b>				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 4	Tenants are able to choose the composition of their household. Since tenants are able to choose their home from the open market, tenants can have roommates. Per clinical staff and Marc staff, the scattered site/voucher program requires all roommates to qualify for leasing through the	

			apartment community itself; moreover, the roommate must pay half of the rent if they have an income.	
<b>Dimension 2</b>				
<b>Functional Separation of Housing and Services</b>				
<b>2.1 Functional Separation</b>				
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 does not formally provide any social services. Tenants rent housing from independent landlords and property management companies. Clinical staff, Marc staff and tenants all stated that the housing management companies focus their efforts on rent collection, property maintenance, and lease enforcement.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Clinical staff, tenants and Marc staff reported that the Hope Network focuses its efforts on housing support services, not housing management functions. Marc staff stated that they support tenants with eviction prevention by connecting them to available legal services when needed. Marc staff also stated that they perceived the relationship with Home Inc. to be a good one, "They really work with us to prevent eviction."	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Social and clinical services are based offsite and brought to the tenant as needed. Tenants and Marc staff both indicated that all services provided were brought to the tenant, or the tenant was driven to them in the community. Marc staff stated that clinical services were "out of our scope of work;" when tenants are in need of those	

			services, they will refer them to their clinical team.	
<b>Dimension 3</b>				
<b>Decent, Safe and Affordable Housing</b>				
<b>3.1 Housing Affordability</b>				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 1	Tenants and Marc staff stated that the scattered site/voucher program decreases tenant payments to 30% of their income. At the time of review, this information could not be verified. Marc’s administrators stated that the agency does not keep copies of tenant leasing information or rental payments as a method of keeping the separation of housing and services clear. However, Marc staff is available to review the lease with the tenant, attend lease signings and can obtain a release of information (ROI) to speak with a landlord at the tenant’s request.	<ul style="list-style-type: none"> <li>Maintain documentation in tenant records to verify affordability. Tracking affordability can also help to bolster independent living activities (i.e., budgeting, advocacy, etc.) with the tenants.</li> </ul>
<b>3.2 Safety and Quality</b>				
3.2.a	Whether housing meets HUD’s Housing Quality Standards	1, 2.5, or 4 1	HQS inspections were not available at the time of review. Marc’s administrators stated that they do not keep copies of the HQS inspections, mostly because this is viewed as a housing management function. Marc staff also indicated that Biltmore and Home Inc. will ensure that the initial HQS is completed prior to tenant occupancy of a unit; if a	<ul style="list-style-type: none"> <li>Consider training internal staff to perform HQS inspections for internal records. To fulfill this item, some agencies find it more beneficial to partner and/or request copies of completed HQS inspections from the agency who already conducts them.</li> </ul>

			tenant has a health or safety concern after taking possession of the unit, Marc staff will work alongside the housing management companies to ensure that the tenant’s needs are being met.	
<b>Dimension 4</b>				
<b>4.1 Housing Integration</b>				
<b>4.1 Community Integration</b>				
4.1.a	Extent to which housing units are integrated	1 – 4 4	<p>The housing units are integrated. Tenants can choose a unit anywhere in Maricopa County that will accept the housing subsidy voucher.</p> <p>Though the program is designed to integrate tenants into the community, clinical staff, Marc staff and tenants agreed that the pool of landlords accepting the voucher is limited; crime-free communities and local rents being raised above the voucher limits consequently creates a type of clustering, especially for those who have criminal convictions in their history.</p>	<ul style="list-style-type: none"> <li>• The RBHA should continue all efforts to develop relationships with private landlords that may be able to assist with expanding options for SMI tenants. Consider partnering with the contracted PSH provider agencies to help expand this effort. Consider marketing, public relations efforts, etc. that may encourage them to accept vouchers for tenants with housing supports, educating them on the benefits that come with partnership in this type of endeavor.</li> <li>• Though the PSH provider agency may have limited ability to impact this item directly, the PSH provider can attempt to build relationships with private landlords that may be able to assist with expanding options for SMI tenants system wide.</li> </ul>
<b>Dimension 5</b>				
<b>Rights of Tenancy</b>				
<b>5.1 Tenant Rights</b>				
5.1.a	Extent to which	1 or 4	It is not possible to determine if tenants have full	<ul style="list-style-type: none"> <li>• Offer to retain copies of tenant leases</li> </ul>

	tenants have legal rights to the housing unit	1	rights of tenancy, as Marc does not retain copies of leases. Marc staff report that tenants have full legal rights of tenancy in their units but this could not be verified. . Marc staff stated that the tenants' leases are free from any program-specific addendums or attachments. "We go through the lease with them. We want to make sure they understand their lease." Conversely, tenants stated that they must receive permission from the housing management company prior to entertaining overnight guests. Some tenants stated that guests could not stay more than two days; others stated that they must obtain permission for any length of stay.	in their files. Continue to review leases with tenants, helping them to learn the terms of their lease agreements while providing clarity on areas of concern to ensure tenants' legal rights are being met.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	Though Marc does not require clinical program participation, tenants must remain connected and enrolled in RBHA clinical services in order to retain their scattered-site housing voucher.	<ul style="list-style-type: none"> <li>The agency may have limited ability to affect change in this area within the RBHA system. The agency may have more flexibility to offer services funded from other sources such as private or public grants (i.e. SAMHSA, etc.)</li> </ul>
<b>Dimension 6</b>				
<b>Access to Housing</b>				
<b>6.1 Access</b>				
6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1 – 4 2	The SMI clinical teams play a primary role as the gatekeepers to RBHA affiliated housing. Clinical staff repeatedly stated that they are responsible for determining the type of referrals sent to the RBHA for member housing. All of the clinical team staff interviewed stated that the most important factor in determining the type of housing applied for (CLP or PSH subsidy/voucher) was the	<ul style="list-style-type: none"> <li>Studies have shown that Permanent Supportive Housing is effective for a wide range of clients, including families, people with correctional histories, and people with addictions and chronic diseases. The RBHA should provide training and support to clinical staff on the opportunities to expand</li> </ul>

			acuteness of the member’s symptoms and what they assessed to be the members’ “ability to live independently.”	<p>housing options for tenants by utilizing in-home support programs, such as Marc’s Hope Network.</p> <ul style="list-style-type: none"> <li>• Marc’s Hope Network is introduced after a tenant has qualified for a scattered site voucher. The RBHA and Marc should consider creating opportunities for Marc staff to meet with tenants to discuss housing options prior to clinical team review and the submission of the RBHA housing application.</li> </ul>
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 1	Tenants are referred by clinical teams to housing programs based on the level of care determination. Clinical staff stated that tenants are ready for scattered site housing when they have had previous experience living independently, are stable on their medication(s), and require less intensive support from the clinical team. Once tenants meet these criteria, they have equal access to housing as other tenants who have applied. Some tenants interviewed stated that they had to prove their “independence” to the clinical team in order to transition from the CLP environment to the scattered site program.	<ul style="list-style-type: none"> <li>• See recommendations in 6.1.a</li> </ul>
<b>6.2 Privacy</b>				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	Marc staff and tenants stated that Marc staff does not have keys or any access to tenant homes. One Marc administrator stated, “We call the clinical team if there is a concern, or the police.” Tenants stated that their housing and property	

			management companies give between 24 and 48 hours of advanced notice prior to entering their home.	
<b>Dimension 7</b>				
<b>Flexible, Voluntary Services</b>				
<b>7.1 Exploration of tenant preferences</b>				
7.1.a	Extent to which tenants choose the type of services they want at program entry	1 or 4 4	<p>Tenants are the primary authors of their service plans. All tenant records reviewed at the clinics indicated that the tenant(s) desired to live independently. All tenants who receive services from Marc for housing supports either live independently, or are in the process of finding independent housing.</p> <p>Staff interviews, tenant interviews and agency records indicated that tenants were able to voice their needs and receive services that addressed those needs directly. One staff stated, “When they come in for intake we ask about their recovery vision; ‘Where do you see yourself in a year?’ ‘What will you need to have happen after you leave this program?’ ‘What will you need to feel comfortable at discharge?’ We build a plan based on how they respond.”</p>	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Marc staff stated that tenants review their services every six months or sooner if requested. Marc staff described the service plan as “more of a recovery plan, with a focus on housing.” During the tenant record review, it was noted that tenants’ progress towards goals was measured by	

			specific outcomes indicators. Agency documentation showed the use of a self-sufficiency matrix, a checklist tool geared to assess tenant progress towards their identified milestones.	
<b>7.2 Service Options</b>				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants, clinical staff and Marc staff confirmed that tenants must be connected to the RBHA in order to retain their housing placement. Tenants and Marc staff stated that there are no other service requirements for tenants beyond maintaining RBHA enrollment and clinical team services.	<ul style="list-style-type: none"> <li>The RBHA should consider expanding the scope of the voucher program to include a provision that may extend the voucher benefit for a period of time after disenrollment. Efforts may include exploring alternative funding sources that do not require enrollment in the RBHA system for eligibility.</li> </ul>
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	The available services are somewhat predictable, but tenants can make changes at their request. Marc services are implemented using the Critical Time Intervention (CTI) model. In this model, tenants are engaged by service staff more intensely at the beginning of the service relationship, so the needs that could immediately affect their ability to remain housed are addressed. Services and supports are tapered off as tenants begin to achieve milestones in their progress. Upon program entry, a Transitional Needs Assessment (TNA) is introduced; tenants use the TNA to select from a list of domains they feel they would like assistance with (i.e. recovery and resiliency, ILS, etc.) Tenant programming is then focused on their immediate housing needs and the domains they identify. If the tenant would	<ul style="list-style-type: none"> <li>Consider using the TNA as a tool for guidance. Use the information gathered from a more open-ended, conversational tool and/or approach to assess the service needs of an individual. There should always be room for 'other' services in the assessment. If the 'other' services requested are outside of the agency's scope of work, a referral process to the appropriate source could be initiated.</li> <li>As tenants progress through the program, they should have more flexibility to change the intensity of services they identify.</li> </ul>

			like to make changes to their program, those requests can be accommodated. Some tenants indicated that they would like to select which services could be more intensive throughout the entire program.	
<b>7.3 Consumer- Driven Services</b>				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Tenants may have some input into their services; however, little evidence exists to demonstrate significant tenant input into the design and structure of service delivery. With the CTI model, tenants’ services are generally compressed into a nine month to one year window of time. The program is structured in its approach to services; however, tenants are encouraged to progress towards their milestones as independently as possible. Many case managers interviewed stated they preferred to enroll tenants in the Marc Hope Network because of the level of structure and feedback they provide to the tenant. The Recovery Coaches on staff may not be enrolled in the program, but they do provide additional “tenant” perspective as it relates to program design and delivery.	<ul style="list-style-type: none"> <li>• If not already in operation, consider developing an organized feedback mechanism where tenants can periodically provide feedback on the effectiveness of services, as well as ideas on how to improve services for all tenants. This same forum can be used as an opportunity to disseminate program information, changes, updates, etc. to program enrollees, as well as opportunities to connect with others in their community.</li> </ul>
<b>7.4 Quality and Adequacy of Services</b>				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	Marc staff report having caseloads of approximately 16 tenants each. Staff report that the caseload sizes are usually lower, but an RC recently resigned from the agency.	
7.4.b	Behavioral health service	1 – 4 2	In the current system structure, the individual case managers from the provider network clinics are	<ul style="list-style-type: none"> <li>• Based on the structure of the system, with separate providers involved</li> </ul>

	are team based		responsible for all behavioral health coordination for tenants. As a result, the team approach is missing for those tenants who are not on ACT teams. Agency documentation, tenant records and staff interviews indicated that Marc staff will attempt to coordinate with clinical staff as early as the first 24 hours after receiving the referral. Marc staff stated they often have coordination challenges with the clinical teams.	primarily for housing services, and other providers for case management and psychiatric services, it may not be possible for Marc to provide services through a team. To the extent possible, Marc should continue efforts to coordinate with the assigned SMI treatment teams.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 2	Services are not provided 24 hours a day, seven days a week. Marc’s Hope Network services generally operate between the hours of 7:30am-4:30pm. Some adjustments can be made to the daytime hours for those who are currently employed. Marc staff stated that they are able to obtain permission to provide services during weekend hours for special circumstances or scheduled events (i.e. trips to local farmers markets to maximize their food budget.)	<ul style="list-style-type: none"> <li>• The agency and the RBHA should consider coordinating with clinical teams to establish clear guidelines and expectations for tenants regarding responsibility for provisions of service.</li> <li>• It is recommended that the system consider opportunities to involve and take advantage of the strengths peer run agencies may offer to support the 24 hour/seven day a week needs of tenants participating in PSH programs.</li> </ul>

**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	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
<b>Average Score for Dimension</b>		<b>3.25</b>
<b>2. Functional Separation of Housing and Services</b>		
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
<b>Average Score for Dimension</b>		<b>4</b>
<b>3. Decent, Safe and Affordable Housing</b>		
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	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	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	2
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	1
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
Average Score for Dimension		2.33
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
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	3
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	3
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	2
Average Score for Dimension		2.87
<b>Total Score</b>		19.20
<b>Highest Possible Score</b>		28