

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

Date: June 26, 2015

To: Holly Dedmon, Vice President of Operations

From: T.J. Eggsware, BSW, MA, LAC  
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ADHS Fidelity Reviewers

**Method**

On June 1-4, 2015 T.J. Eggsware and Jeni Serrano completed a review of the Southwest Network's (SWN) 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.

SWN provides a range of behavioral health services to children and adults in Maricopa County. Among the services is housing support for adults. This PSH review focuses on the housing services offered to members through SWN's Assertive Community Treatment (ACT) programs. Four SWN clinics with established ACT teams are included in this review: Osborn, Bethany Village, Hampton and San Tan. These ACT teams all have ACT affiliated housing; the Osborn and Bethany Village ACT teams each provide services to tenants in house model settings assigned to the teams, as well as small apartment complexes assigned to each team. The Hampton and San Tan ACT teams each have house model settings assigned to the teams, and they share one small apartment complex.

The individuals served through the agency are generally referred to as "recipients," but for the purpose of this report, the term "tenants" or "members" will be used.

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

- Four individual interviews with the Clinical Coordinators (CC) on each team.
- Interviews with direct service staff: Housing Specialists (HS); Independent Living Specialists (ILS); Peer Support Specialists, and; Substance Abuse

Specialists (SAS). Interview formats included a group interview with three staff at Osborn, two individual interviews with staff at Bethany Village, a group interview with three staff at Hampton, and a group interview with three staff at San Tan.

- Interviews with members/tenants who are participating in the PSH program: group interview with two tenants and one tenant individual interview at Osborn; group interview with three tenants at Bethany Village; group interview with two tenants and one individual interview at Hampton; and a group interview with three tenants at San Tan.
- Review of SWN agency documents, including: SWN ACT Housing Policy 11.2.11, ACT Housing Specialist Position Summary, and ACT Independent Living Specialist Position Summary.
- Review of Mercy Maricopa Housing and Treatment Options flyer.
- Review of 11 randomly selected records, including charts of interviewed members/tenants.
- Review of ACT team program data for tenants in the housing program.

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:

- Tenants generally report favorably when discussing the services of the SWN ACT teams, voicing their gratitude for the housing the teams have helped the members secure.
- The ACT teams maintain staff to member caseload ratios of 1:10 -1:14 based on staff reporting.
- ACT team services are available to tenants 24 hours a day, seven days a week and the staff members do not maintain office space in ACT affiliated housing.

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

- Align SWN policies and procedures with PSH; clarify if ACT housing is transitional. The SWN ACT Housing policy 11.2.11 (last revised January 27, 2014),

provided to the reviewers, does not align with PSH model. For example, team assessment of prospective tenant readiness skills to live independently as an entry requirement, service staff expected to submit work orders to property management rather than working with tenants to complete these requests, expectation that staff work with tenants to explore permanent housing, and potential for residency to be terminated if a tenant is arrested or goes missing. The agency and Regional Behavioral Health Authority (RBHA) should coordinate to confirm if ACT housing through SWN is considered PSH, and if so, SWN should revise the agency policy to align with the PSH model such as eliminating any readiness requirements, outlining a clear functional separation of service staff and housing management, and modifying any implication that ACT affiliated housing is transitional.

- SWN and the RBHA should provide training on the PSH model at all levels. Based on staff interviews, ACT staff who attended PSH training are more familiar with the PSH model and the concept of “housing first.” Some teams are more familiar with certain aspects of the PSH model, including not entering tenant residences without permission. SWN should create opportunities for ACT teams to share knowledge about PSH implementation, discuss what is working, problem solve to address challenges, as well as review practices of each ACT program at SWN to ensure consistency across the teams.
- For ACT affiliated housing and scattered site housing, ACT teams should discontinue their pre-screening for higher functioning members as prospective tenants. Teams should prioritize members with housing challenges.
- ACT teams should begin to collect housing related documentation including leases, Housing Quality Standards (HQS) inspections, tenant payments, income information, as well as any additional rules for occupancy rules in place not specified in tenant leases, so ACT staff can effectively advocate with members and support tenancy.
- In RBHA affiliated housing the functional separation between service staff and housing management is blurred. It is recommended SWN and the RBHA clarify the roles of service staff from housing management in all RBHA affiliated housing; service staff should not be expected to report tenant lease violations to housing management, and service staff should work with tenants to submit their own work orders for damages or repairs to help tenants increase independence.

**PSH FIDELITY SCALE**

Item #	Item	Rating	Rating Rationale	Recommendations
<b>Dimension 1 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)	<p>When members request housing, they are assessed by clinical staff first for functional status, financial status, and are then matched to the housing available rather than member preference determining housing options and supports explored. A Life Skills Strengths and Needs Assessment (LSSNA) form is occasionally used. Staff members report they do not use the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), though the form is prompted on the RBHA’s Community Housing Application that is used to access ACT housing, community living with staff support, independent community living, as well as on the scattered site housing application if members are homeless.</p> <p>If members do not have income to afford independent living, they are not likely offered the opportunity to explore the option. If a member requests to live independently, staff report they assist them to apply for various housing waitlists (e.g., through ABC if homeless, CLP, scattered site, Section 8 if waitlists are open). Due to waitlists, and depending on the team’s assessment, members may be placed in residential settings or</p>	<ul style="list-style-type: none"> <li>• SWN can expand tenant choice in this area by explaining options, discussing pros and cons, and supporting choice of type of housing whenever possible. Discuss all options with members, including subsidized housing as well as independent housing in the community. Seek out and honor tenant choice in type of housing. Seek and support member input regarding type of housing desired, including members in the final decision making process, and honor member choice in type of housing.</li> <li>• An approach where members are required to participate in residential or other transitional housing as a step toward independence has not been shown to improve member outcomes. Support member choice of independent living rather than making compliance with treatment a pre-requisite.</li> <li>• SWN should establish targeted training on Permanent Supportive housing model and offer all housing options to choose from, regardless of a tenant’s ability to pay.</li> </ul>

			<p>other facilities (e.g., sober living settings); scattered site housing is available but not offered to all members. If a member is inpatient, some staff members report they are not a good candidate for scattered site housing at discharge. Agency policy also indicates the team should assess members prior to placement in ACT housing. For example, SWN ACT Housing policy 11.2.11 indicates prospective tenants of ACT housing must “possess readiness skills to live independently with prompting and/or support. Example: ability to prepare or learn to prepare simple meals.” Stability, independence, medication independence, appointment attendance are also cited as factors by staff when determining if a member is a good candidate for scattered site housing. Some staff members are more familiar with a step-down care approach; one staff reports a member who lived in residential or CLP and no longer wants staff around might be a good candidate for scattered site housing. All of these factors and considerations constrain tenant choice of type of housing.</p> <p>Choice further is constrained by availability of housing subsidies as well as market factors with staff reporting members with prior felonies or poor rental histories have a harder time locating housing even with a voucher.</p>	<ul style="list-style-type: none"> <li>• Revise agency policy regarding screening of prospective tenants for ACT housing.</li> <li>• ACT teams should attempt to build relationships with landlords in integrated housing settings so they can offer more options to prospective tenants who may not be prioritized for RBHA affiliated or other housing voucher programs, but who want to live independently.</li> <li>• Provider should ask for VI-SPDAT training from the RBHA to use the RBHA-wide housing tool for prioritization.</li> </ul>
1.1.b	Extent to which	1 or 4	All Tenants do not have a choice of unit; if a	<ul style="list-style-type: none"> <li>• Provide additional training and guidance to</li> </ul>

	tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units	(1)	<p>member is selected for ACT team affiliated housing they are offered the one option available. Similar to the ACT affiliated properties, individuals to be placed in CLP housing are not offered a choice of unit, but usually are offered one option available.</p> <p>Those tenants successfully housed through RBHA scattered site housing have a choice of unit, within limitations due to market factors (e.g., landlords who accept housing vouchers, landlords who do not rent to tenants with felony histories). Tenants who receive a voucher through other waitlists (e.g., Section 8 or ABC) or those living independently in the community in non-RBHA affiliated housing also have a choice of unit.</p>	<p>clinical staff regarding PSH principles related to options for affordable housing, how to access those affordable options, and offering members a menu of options rather than one or two options at a time.</p> <ul style="list-style-type: none"> <li>• Continue to expand scattered site options, and develop procedure that includes choice of multiple units.</li> </ul>
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)	<p>For ACT affiliated housing, no waitlist is maintained. When teams anticipate an opening, or if a tenant moves out, the teams discuss members in need of housing or support. Generally, a member is selected based on the team’s assessment of the member’s needs. Once assessed, the team then offers the unit. Staff generally report members are not considered for ACT affiliated housing if they are not agreeable to treatment, are not adherent with treatment, or are not deemed to be a good fit for the ACT housing community.</p> <p>When a member requests assistance with housing staff report they submit multiple applications for</p>	<ul style="list-style-type: none"> <li>• For ACT affiliated housing, consider maintaining a waitlist at each team based on written prioritization guidelines rather than ad hoc team determination.</li> <li>• For RBHA affiliated housing, clarify waiting list procedures; if possible update members on their estimated wait time for housing. This information may allow prospective tenants to make an informed choice of whether they should explore alternative housing options.</li> <li>• The RBHA should determine if the Community Housing and Mercy Maricopa Scattered Site Housing Application can be combined on one form.</li> </ul>

			<p>housing. The RBHA manages the housing waitlists for scattered site and CLP housing. Members can turn down a unit without going to the end of the waitlist. There is confusion across staff about RBHA managed wait lists including how prospective tenants are prioritized, difficulty informing members about their spot on waitlists, and estimated length of wait. Although, in some records reviewed there is email communication from the RBHA in response to a housing application indicating priority information considered.</p>	<ul style="list-style-type: none"> <li>• SWN and the RBHA should provide VI-SPDAT training to staff if the tool should be submitted with housing applications.</li> </ul>
<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 (2.5)	<p>Data provided from the teams indicates approximately 53% of tenants are in independent settings, 12% are tenants of ACT apartment model affiliated housing, 8% are tenants in ACT house model residences, 12% are in residential settings, 6% are tenants in CLP residences, 3% reside in sober living settings, 2% reside in supervisory care settings, and the remaining reside in other settings such as DDD group residences, half way houses, or hotels.</p> <p>For all RBHA affiliated CLP, and ACT housing, prospective tenants must accept a predetermined household but have a private bedroom. In RBHA affiliated CLP and ACT housing, neither prospective tenants, nor existing tenants can select roommates. For ACT affiliated housing, teams often select members based in part on who</p>	<ul style="list-style-type: none"> <li>• Consider developing a roommate matching program for those tenants who are seeking housing support, are interested in a roommate, and might consider living with one or more people of their choosing. SWN staff may be able to facilitate meetings between groups of potential roommates where those members control the composition of their household.</li> <li>• Ensure scattered site housing is offered as an option to all members who request assistance with housing support.</li> </ul>

			<p>the team identifies as a good match for the community of a house or apartment complex.</p> <p>Other members reside in other settings where they do not control the composition of the household such as supervisory care homes and sober living residences. However, many tenants on the SWN ACT teams reside in independent settings, paid independently or in part through subsidies, where they appear to control the composition of the household.</p>	
<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 (2.5)	<p>Housing management and services staff have overlapping roles in ACT affiliated housing. Three different housing providers manage SWN ACT team affiliated housing. One housing management agency obtains signed release forms for healthcare information when leases are signed, and offers other social services through the housing management provider’s affiliated behavioral health division at lease signing. The second housing management agency sporadically attends staffings when housing issues are identified, though staff cite the goal is to support tenancy. The third housing management provider does not attend staffings, and appears to maintain a clearer distinction between housing management and housing services.</p>	<ul style="list-style-type: none"> <li>• SWN and the RBHA should clarify the differences in roles for the housing service provider and the housing management agencies at the system level. Consider developing memorandums of understanding (MOU) to specific expectations of housing management and housing service staff.</li> <li>• Even though staff cite housing management staff attend some clinical staffings with the goal of supporting tenancy, those meetings blur the roles of housing management and housing services. Housing management should not attend social service staffings; cease this practice.</li> <li>• Housing management should not obtain releases of information for service staff to</li> </ul>

				release information. Service staff should discuss the potential pros and cons of allowing service staff to communicate with housing management, and obtain releases if members consent.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (2.5)	Some ACT team staff report they inform housing management of issues in ACT affiliated properties including: alcohol use, smoking excessively in the residence, house guests, non-compliance, damage to the properties (even sending pictures to housing management in one case), and repair requests. Staff generally report efforts to assist tenants to address issues, and some staff report issues only when they are ongoing. ACT team staff report they are inclined to report issues to housing management to protect the community of tenants in the ACT affiliated housing. SWN ACT Housing policy 11.2.11 does indicate “ACT staff shall monitor housing units for safety and general maintenance,” and “if maintenance issues that pose safety concerns arise, ACT staff shall contact and submit a work order to the property manager immediately.” However, ACT staff report there is nothing in writing outlining the expectations, and the severity or type of issue staff report to housing management varies by team. Staff report they generally do not inform management of issues in residences with the goal of evicting a tenant, but in some cases ACT staff do engage housing management for the purpose of evicting a tenant. Approximately 20% of tenants are in ACT affiliated	<ul style="list-style-type: none"> <li>• ACT service staff should not report potential lease violations or other issues to housing management. Tenants should submit their own work orders, with assistance from ACT staff members if requested. SWN ACT staff members should work with tenants to discuss their leases, responsibilities, and support tenants in reporting issues to housing management if the need arises.</li> <li>• If the RBHA holds contracts, MOUs, and/or memorandums of agreement (MOAs) with housing management for ACT affiliated properties then the RBHA should coordinate with housing management to clarify housing management and service staff functions.</li> <li>• When a tenant is evicted from ACT affiliated housing, SWN and the RBHA should coordinate to discuss the issues that led to the eviction, if clinic staff felt pressure to report violations, and to develop procedures clinic staff can follow as a guide to support future tenants. The agency should revise the ACT Housing policy if it is determined ACT housing is to</li> </ul>

			<p>housing.</p> <p>Approximately 59% of tenants reside in settings where service staff do not generally make reports to housing management and has no authority or role in housing management functions. ACT staff do not generally make reports to housing management for tenants living in independent settings, but report if they have releases with landlords the communication may occur.</p>	<p>be classified as PSH rather than transitional housing.</p>
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (3)	<p>Many tenants reside in independent settings not affiliated with the RBHA, some with housing vouchers to assist with rental subsidy.</p> <p>In ACT affiliated housing clinic staff is located off-site, but do visit the residences frequently, as frequently as twice a day, to offer scheduled daily services such as medication monitoring and home visits, not per tenant’s request. Other members who requested assistance with housing are in settings where staff is on site, including flex care, sober living, or residential settings.</p>	<ul style="list-style-type: none"> <li>• In ACT affiliated housing, provide services to tenants at their request.</li> <li>• If members want to live in their own independent residence, ensure their choice is supported rather than referring to residential or other settings.</li> </ul>
<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 (2)	<p>ACT teams are not in the practice of tracking rental costs and tenant payments. Two of the four teams have no rental cost or tenant payment information provided for review, and information is incomplete for more than half of tenants for the other two teams. Information was generally provided for tenants of ACT affiliated housing, but less detailed for tenants in other settings.</p> <p>Based on the data provided for review, tenants in ACT affiliated housing pay 30% of income or less, others pay nothing due to having no income. However, due to limited data provided for review, It is not clear if all tenants pay a reasonable amount of their income for housing.</p>	<ul style="list-style-type: none"> <li>• The ACT teams should continue efforts to track rental payments and monthly income. Preferably, tenants in PSH pay 30% or less for rental costs.</li> <li>• Policy should be written to ensure teams have a mandate to assist members to explore housing options where tenants are not expected to pay more than 30% of their income toward housing.</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)	<p>ACT teams are not in the practice of obtaining copies of HQS inspections from housing management. As a result, there is no evidence all housing units meet HQS standards. At one clinic the team HS does weekly unofficial inspections using the HQS form. However, formal inspections by qualified inspectors are not available.</p>	<ul style="list-style-type: none"> <li>• Work with housing providers to obtain copies of HQS inspections or have staff trained to conduct these inspections and document the results.</li> </ul>
<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 (2)	<p>Aside from RBHA affiliated housing, some tenants are housed through Section 8, other voucher programs, or live independently with no voucher. However, of the tenants included in the data for the review, approximately 47% are in settings</p>	<ul style="list-style-type: none"> <li>• The ACT teams should make efforts to build relationships with housing management in integrated settings in the communities they serve. Consider engaging tenants successfully housed through scattered site</li> </ul>

			where tenants meet disability-related eligibility criteria, including ACT affiliated house model and small non-integrated apartment settings, CLP, sober living and other treatment settings. ACT teams report limited success with scattered site housing, with few examples of members successfully housed. ACT staff cite recent barriers toward successful placement such as decreased availability and market factors mentioned previously in this report.	housing as community advocates when developing scattered site landlord partnerships. <ul style="list-style-type: none"> <li>• SWN and the RBHA should make necessary adjustments in policy to ensure scattered site housing is the default option for permanent supportive housing.</li> </ul>
<b>Dimension 5</b>				
<b>Rights of Tenancy</b>				
<b>5.1 Tenant Rights</b>				
5.1.a	Extent to which tenants have legal rights to the housing unit	1 or 4 (1)	<p>The ACT teams are not in the practice of obtaining copies of all leases; they were not available for most tenants included for review. The extent of tenants’ rights could not be verified in all cases. Leases were available for some tenants on two of the four teams; leases for ACT housing were available for one team, accounting for 26% of the tenant data, and the HS on the fourth team obtained copies of leases for about 15% of the tenants. Staff and tenants seem unaware of the exact stipulations in leases, and they reference other requirements not specifically outlined in leases reviewed. See more detailed discussion under 5.1.b</p> <p>ACT affiliated housing is not viewed by staff or tenants as intended to be permanent. Although, some members are tenants of ACT housing for</p>	<ul style="list-style-type: none"> <li>• ACT teams should attempt to obtain tenancy documentation, including leases or addenda to leases. If individuals do not have rights of tenancy, SWN can help members to establish those rights and improve the quality of the housing.</li> <li>• SWN should work with the ACT teams to identify strategies to obtain leases, including what worked for the two teams who provided leases for review.</li> <li>• ACT staff should attend all lease signings. Starting with new lease signings, staff should begin to attend lease signings to advocate with members, and to obtain copies of leases so staff is aware of tenant obligations.</li> </ul>

			many years.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 (2.5)	<p>For many tenants in independent settings, tenancy is not contingent on compliance with program provisions. However, in ACT team affiliated housing and other RBHA affiliated housing, long term occupancy is dependent on continued enrollment in RBHA services. For the small number of members reported in sober living settings, or other treatment settings, tenancy may be contingent on compliance with program or treatment participation.</p> <p>In ACT housing, staff members are not consistent in their reports of whether tenants can have guests; some report guests are allowed with written approval, some report no guests overnight, and some report various timeframes reportedly specified in leases that guests can stay overnight. One housing management agency for ACT affiliated housing obtains tenant signatures on other documents when the lease is signed, including: guest policy with specific detail regarding guests, weapon lease addendum, and release of information for the service provider to release healthcare information to housing management. All of these provisions compromise rights of tenancy.</p>	<ul style="list-style-type: none"> <li>Review and revise provisions that compromise rights of tenancy, such as requiring participation in programs or compliance with rules not outlined in a standard lease.</li> </ul>
<b>Dimension 6</b>				
<b>Access to Housing</b>				
<b>6.1 Access</b>				
6.1.a	Extent to which	1 – 4	In the data provided for review, many tenants are	<ul style="list-style-type: none"> <li>SWN and RBHA should provide training to</li> </ul>

	tenants are required to demonstrate housing readiness to gain access to housing units	(2)	<p>in independent settings through voucher programs or other independent situations. However, members’ financial resources, team assessment of member functioning, and availability influences the housing options explored.</p> <p>Some staff report that mental health stability, whether a member is able to live on their own, and if a member can complete daily living activities are factors when determining if a member is a candidate for scattered site housing. However, some staff report they submit applications for scattered site, CLP, Section 8 and ABC even if members are not deemed “stable,” since it can take months to get placed.</p> <p>Moreover, some staff report if the clinical team feels a person is not stable then the team might not support independent housing right away but may explore a treatment setting such as flex care or residential.</p>	<p>staff on the available options, and streamline referral processes so staff is not required to submit multiple applications for RBHA affiliated housing.</p> <ul style="list-style-type: none"> <li>• Ensure member choice is supported rather than referring to residential or other staffed settings. As teams build relationships with scattered site housing landlords they may be able to offer a wider variety of options to prospective tenants.</li> </ul>
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	<p>The ACT teams do not maintain waitlists for ACT housing, and when there are openings they select members whom they feel will be a good match for the community of the residence but do not necessarily prioritize members with obstacles to housing stability. The SWN ACT Housing policy 11.2.11 indicates “prioritization will be given to the following ACT sub-populations: a. Homeless ACT recipients that are at MIHS, b.</p>	<ul style="list-style-type: none"> <li>• SWN should prioritize members with obstacles to housing stability for ACT housing.</li> <li>• SWN and the RBHA should coordinate to determine if ACT housing is transitional or permanent supportive housing.</li> <li>• Prioritize members with obstacles to housing stability, which may include factors such as: patterns of homelessness,</li> </ul>

			<p>Homeless ACT recipients at all other level I facilities, c. Homeless ACT recipients released from jail or prison, d. Other ACT recipients in need of housing. Staff cite examples of members with substance abuse challenges or those who require more staff contact that have been placed in ACT housing.</p> <p>Although the system identifies members who are inpatient as a priority for housing, some clinic staff report if a member is inpatient, they are not a good candidate for scattered site housing at discharge. In the system, it appears prospective tenants with obstacles to housing are prioritized if they are hospitalized, released from incarceration, or homeless. However, members with housing challenges may not be prioritized if they are in other housing (e.g., with family, ACT housing) and some members are screened out of certain types of housing by the clinical teams.</p>	<p>difficulties maintaining housing, substance use challenges, poor rental histories, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social supports.</p>
<b>6.2 Privacy</b>				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 (3)	<p>Per data provided from the teams, a majority of tenants live in independent settings or with family where they have control over entry to their units.</p> <p>In ACT team affiliated housing, staff on three teams hold copies of keys and do enter ACT affiliated house model settings using the keys, often during set times such as medication observation in the morning and afternoon. About 7% of tenants are in settings (i.e., ACT affiliated</p>	<ul style="list-style-type: none"> <li>• Establish procedures prohibiting ACT staff from entering ACT affiliated housing without explicit tenant permission.</li> <li>• The agency should indicate in policy for ACT affiliated housing that staff will only hold keys if requested by tenants.</li> </ul>

			<p>house model settings) where they do not control staff entry.</p> <p>Generally, ACT staff do not enter ACT affiliated apartments unless there is an emergency. If the team is concerned about a tenant they attempt a well check with the police, and contact the housing management agency to assist with entry to the unit for a well check, but report this has not been necessary.</p>	
<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 (1)	<p>Member input is solicited during treatment planning, and member input is the primary driver of services per staff report. However, some members interviewed are not aware of the information on their service plans, and others report the information they tell staff differs from what is actually included on their service plans. Prospective tenants of ACT affiliated housing must agree to a high level of contact, generally including home visit contact one to two times a day and medication observation. It does not appear that the system supports all members in choosing the type of housing and services from the time when help is sought at program entry to the time when members are ultimately housed.</p> <p>One staff summed up ACT services by indicating that members must agree to high intrusion into</p>	<ul style="list-style-type: none"> <li>• Obtain and include member goals, needs or areas of focus, and member selected services on the plans. Examine why staff alter member input on service plans, and attempt to resolve potential systematic regulations that lead to the practice.</li> <li>• Offer and engage members to accept services, but avoid mandating participation.</li> </ul>

			their life, and every aspect of a member's life will be monitored.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (1)	Service plans are generally updated annually based on records reviewed and staff interviews. Although staff report plans can be modified more frequently based on member status or goal changes, there are examples of members informing staff of new or changing goals without follow up to revise the plan. One staff reports the plans are generally revised annually unless another agency requires an updated plan to provide services to a member following referral from the ACT team. As noted above, tenants in ACT housing do not appear to have the option to modify the high intensity of contact. For one team it is reported all tenants in ACT affiliated housing receive medication observations with some modification in the frequency such as three days a week rather than every day.	<ul style="list-style-type: none"> <li>• When tenants change living situations or express a new goal, revise the service plan to reflect the change.</li> <li>• Revise agency approach to requiring a high level of contact with tenants in ACT affiliated housing.</li> </ul>
<b>7.2 Service Options</b>				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	<p>Tenants in ACT housing and other treatment settings have some limitations on the services they can select from, but many tenants reside in independent housing with or without vouchers where these standard service elements do not exist.</p> <p>There is variation on the four ACT teams whether a member can transition off the ACT team and maintain tenancy in ACT affiliated housing; some staff report members can change service levels,</p>	<ul style="list-style-type: none"> <li>• SWN and the RBHA should provide clarification 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.</li> <li>• If ACT housing is considered permanent, SWN should ensure all tenants who reside in ACT affiliated housing, and all staff who provide services to tenants in those residences, know that tenants can end</li> </ul>

			and other staff report they cannot. There is some variation across the teams whether tenants can close from services and maintain tenancy in RBHA affiliated housing; some staff is unsure and some staff suspect ongoing RBHA services are required or tenancy can be terminated.	services and maintain tenancy.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (3)	<p>Tenants in ACT affiliated housing generally must agree with frequent in home contact and medication observations by ACT staff. Although on one of the four teams there is evidence services are adapted to meet tenant needs and preferences and services are delivered by specialty staff, a high level of contact with the ACT teams is still expected for tenants in ACT affiliated housing.</p> <p>Based on data provided by the teams, a majority of tenants are in settings without specified service obligations, and where services can be adapted to meet changing needs and preferences.</p>	<ul style="list-style-type: none"> <li>For tenants in ACT affiliated housing, develop procedures expanding choice of services. This can include developing a monthly support plan in which tenants request specific help during the coming month.</li> </ul>
<b>7.3 Consumer- Driven Services</b>				

7.3.a	Extent to which services are consumer driven	1 – 4 (2)	Although a Clinic Advisory Council (CAC) is established at each of the four SWN clinics included in the review, staff interviewed has limited knowledge of the topics discussed, and it is not clear if housing or housing supports is a recurring agenda topic. Other avenues for tenants to provide input are not identified.	<ul style="list-style-type: none"> <li>• SWN should solicit tenant input and feedback regarding housing related supports. Engage tenants successfully housed to share their stories with clinic staff including their wait time for housing, other placements they resided prior to scattered site housing, and whether their first choice in housing was honored. For tenants in house model settings, SWN should solicit input regarding how the programs can structure services to best suit the goals and needs identified by the tenants.</li> <li>• Engage tenants in housing advocacy in the community, and through tenant advisory boards at the clinics.</li> <li>• See recommendation above for 7.2.b.</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 (4)	Caseload is no more than 15 tenants to each staff member.	
7.4.b	Behavioral health service are team based	1 – 4 (2)	Although the ACT team model is based on an integrated team primarily providing a range of services to members, at SWN there are examples of members referred to external housing support providers. Data and some staff interviews suggest the teams also rely on staffed residences where there is overlap with services provided through ACT teams. It does not appear all HS are	<ul style="list-style-type: none"> <li>• Review and clarify ACT team staff roles and expectations; define the HS role as resource for the team and focus on strategies to improve team-based approach across all SWN ACT programs. Have more experienced HSs or those with more knowledge of PSH mentor other HSs.</li> <li>• Provide additional skills training to HSs on</li> </ul>

			empowered as specialists; staff on one team does provide supportive housing services to members through the HS and ILS, but staff on another team views the role of the ACT teams to stabilize and refer members to other providers for services.	how to actively seek housing with tenants, and encourage HS to attend lease signings to advocate with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (4)	Services are available 24/7 through the ACT teams.	

**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
<b>Average Score for Dimension</b>		<b>1.88</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	2.5
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	3
<b>Average Score for Dimension</b>		<b>2.67</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	2
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1
<b>Average Score for Dimension</b>		<b>1.5</b>
<b>4. Housing Integration</b>		
4.1.a: Extent to which housing units are integrated	1-4	2

Average Score for Dimension		2
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	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		2.5
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	1
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	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		2.5
<b>Total Score</b>		14.8
<b>Highest Possible Score</b>		28