PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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ADHS Fidelity Reviewers

Method

On May, 6-7, 2015 Georgia Harris and Karen Voyer-Caravona completed a review of the Southwest Behavioral Health's 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.

Southwest Behavioral Health Services (SBH) serves both children and adults throughout the state of Arizona in many outpatient clinics, school districts, inpatient crisis stabilization units, Opioid Replacement Service (ORS) clinics, residential settings, community living programs (CLPs) and newly established Permanent Supportive Housing (PSH) services. At the time of review, the PSH services program was in operation a few weeks short of the required threshold for program establishment, and therefore was not included in this review. As such, the established CLP program was selected as the unit of measurement for this review cycle. In order to effectively review PSH services within the current behavioral health system, the review process includes evaluating the working collaboration between each PSH provider and referring clinics with whom they work to provide services. For the purposes of this review at SBH, the referring clinics include

the Choices-Arcadia and Southwest Network-Saguaro clinics.

The Community Resilience department has oversight of all the CLP program sites. SBH services a total of 12 CLP sites. There are nine CLP sites called Project Community Integration (PCI) sites. These PCI sites are a combination of apartments and homes in the community. These homes are property managed by Biltmore Properties and Lifewell. The Brookside site is a combination of one and two-bedroom condominiums that are owned by the Community Resiliency department. This department is a sponsor for 10 HUD housing projects. Though it is owned by SBH, Brookside is also property managed by Biltmore properties. The Brookside residents share SBH staff with the Erie apartments -- a CLP apartment community located adjunct to the Brookside site. One unique CLP property is Casa Del Este. This property was established for the distinct care of those with a Polydipsia diagnosis. This home is fully-staffed, 24 hours a day, seven days a week.

The individuals served through the agency are referred to as “members”, and for the duration of the report, the term “member” or “tenant” will be used.

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

- Orientation and tour of the agency;
- Group interview with the PSH Administrator, two program coordinators and two program directors;
- Group interview with four direct service SBH staff;
- Group interview with four members who are participating in the PSH program;
- Group and individual interviews with six clinical team staff from two clinics;
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules; and
- Review of 10 randomly selected agency and clinic records, including charts of interviewed members/tenants.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the Permanent Supportive Housing (PSH) model using specific observational criteria. It is a 23-item scale that assesses the degree of fidelity to the PSH model along 7 dimensions: Choice of Housing; Functional Separation of Housing and Services; Decent, Safe and Affordable Housing; Housing Integration; Right of Tenants, Access of Housing; and Flexible, Voluntary Services. The PSH Fidelity Scale has 23 program-specific items. Most items are rated on a 4 point scale, ranging from 1 (meaning *not implemented*) to 4 (meaning *fully implemented*). Seven items (1.1a, 1.2a, 2.1a, 2.1b, 3.2a, 5.1b, and 6.1b) rate on a 4-point scale with 2.5 indicating partial implementation. Four items (1.1b,5.1a, 7.1a, and 7.1b) allow only a score of 4 or 1, indicating that the dimension has either been implemented or not implemented.

The PSH Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The use of a staffing pool for member services is ideal for flexible and adaptive services. Consequently, members will receive only the services they requested for the duration they desire.
- Tenants are the primary author of their housing service plans; the member's voice is clear, and the services offered align with the member's expressed need.
- The housing service plan and chart documentation is clear, detailed and tracks member progress in a measurable format. This lead to a clear understanding of member goals, services, and progress in the PSH program.

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

- To ensure decent, safe and affordable housing for members, 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. This information is often used to tailor member services and provide education on self-advocacy techniques. In a scattered-site program, it is recommended that the housing program be present with the member at the lease signing. At minimum, the leasing information would be provided by the members themselves. The HQS inspections can be performed by a trained staff, or a partnering agency/company.
- For agencies where there are contractual relationships for housing management services, Memorandums of Understanding (MOUs)/ Memorandums of Agreement (MOAs) should be explored to ensure quality living standards and fulfilment of housing repairs. It is recommended that this PSH program consult with the Regional Behavioral Health Authority (RBHA) on potential action(s) that can be taken to enforce landlord compliance with existing or potential safety concerns related to the livability of member residences.
- The behavioral health system at all levels (RBHA/PNO/Provider agencies) could benefit from targeted education and leadership , designed to shift the current, "level of care" system viewpoint of member housing, to the evidence-based Permanent Supportive Housing model. Multi-level campaign efforts (involving all system partners) may help to reinforce the changes underway to all stakeholders involved in helping members to access housing.

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	Members are assigned to a type of housing. Clinical teams are responsible for referrals to all RBHA affiliated housing programs. The clinical team staff interviewed stated that members with a Serious Mental Illness (SMI) have scattered site/ housing subsidy voucher program and CLP options available. Clinical team interviews further revealed that though members may sign off on the application for a housing option, the clinical team decides which housing option is best for the member based on the acuteness of their symptoms.	• 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 that can help meet the ever-changing needs of those with an SMI. • Empower clinical staff to welcome PSH programs as the default option for SMI members. • Provide clinical team staff with regular updates on the changes to the PSH options available to members in the system.
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment	1 or 4 1	Tenants do not have a choice of unit in this housing model. Clinical team and SBH staff groups both stated that once a member's housing application is sent to the RBHA (regardless of program applied for), it is placed in cue on the waiting list. Due to the high demand for housing assistance, the member is offered whatever unit is available at the time. The member may decline the	• The RBHA should continue all efforts to develop relationships with private landlords that may be able to assist with expanding options for SMI members. Consider partnering with the contracted PSH provider agencies to help expand this effort. Consider marketing, public relations efforts, etc.

	programs, tenants are offered a choice of units		offered unit; however, they are not offered a choice of unit initially.	that may encourage them to accept vouchers for members with housing supports. Offering one unit or nothing is not true choice, nor does it meet the spirit of the best practice. • The PSH provider may have limited ability to impact on this item. However, the PSH provider can attempt to build relationships with private landlords that may be able to assist with expanding options for SMI members system wide.
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	Clinical team staff state that due to the limited availability of affordable housing options for members, once a unit has been offered to the member, there are limits on the number of times a member can decline, prior to being placed on the bottom of the housing waitlist. There were discrepancies between clinical staff's understanding of waitlist terms and limits. Many clinical staff were unsure of the limit; others stated that after two to three refusals, the member must reapply for housing. All clinical staff agreed that the member(s) do not have unrestricted opportunity to decide on an appropriate home before being moved to the bottom of the waitlist.	• The RBHA should provide coaching and guidelines to clinical staff about the purpose and function of the housing waitlist. • As the voucher-based, scattered site PSH program is expanding, consider ways to decentralize access to housing options, which may improve choice of unit to the members.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition	1, 2.5, or 4	Members must accept a pre-determined household; however, they do receive a private bedroom. Members, SBH staff, and clinical staff all	• In addition to the recommendation in 1.1.c discussing the decentralizing of access to housing options, the RBHA

	of their household	2.5	stated that members are not able to control the composition of their household because they are offered the available unit in the home or apartment setting. SBH does have some single occupancy units in the PCI program. Some members stated that they live in their own single occupancy units and enjoy it. SBH staff state that they will help a member transfer to another unit that may be a better fit for both personal and behavioral reasons. Both SBH staff and members state that the member with the most seniority in the home will be offered the master bedroom, if it comes available. Seniority is based on move-in date. In one instance the agency worked with a female tenant to transfer to a unit in which she could live with her boyfriend, also a recipient of agency housing services.	should prioritize matching members with more preference-related measures, instead of focusing almost exclusively on clinical needs(i.e. neighborhood of choice, number of roommates, etc.).
Dimension 2 Functional Separation of Housing and Services				
2.1 Functional Separation				
2.1.a	Extent to which housing management providers do not have any authority or formal role in providing social services	1, 2.5, or 4 4	Housing management staff does not formally provide any social services. Lifewell and Biltmore Properties are the designated housing management companies for all SBH program properties, including *Brookside*, the condominium units owned by SBH. SBH staff and members both stated that the housing management companies focus their efforts on rent collection, property maintenance, and lease enforcement.	
2.1.b	Extent to which service	1, 2.5, or 4	SBH staff have overlapping roles in the responsibility for housing management functions.	• Provide targeted training to SBH service staff on their relationship with

	providers do not have any responsibility for housing management functions	2.5	SBH staff stated that they are required to submit the work orders for repairs to the housing management companies on behalf of the member. SBH staff also recounted instances in which they have been asked by Biltmore properties to report all housing inspections conducted by SBH to their company. One staff described an instance when the property was experiencing a health/safety issue, and the SBH staff were told to help the members empty their units prior to the arrival of the pest control team. SBH staff stated that they felt compelled to assist the members because they found out the units were being treated two days before the members received notice from the housing management company.	housing management; clearly delineate support services from housing management functions • Consider establishing Memorandums of Understanding (MOUs)/Memorandums of Agreement (MOAs) with the current housing management companies. Developing these clear expectations of services may help to mitigate instances when roles could potentially become overlapping. • Service staff should assist tenants in submitting work or repair orders if requested, but should not be required by housing management to submit those requests on behalf of tenants.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 2	The program administrator stated that the CLP program had recently changed from dedicated SBH staff for each site (Casa Del Este excluded), to a staffing pool format. In this format, staff members are available to members at their request. When exploring the physical location of the services provided, it was noted that 11 of the 12 CLP communities/homes have staff located onsite in some fashion.59 of the 63 members served live in settings where staff are located onsite. In PCI apartment properties, staff are located onsite in a separate apartment. SBH staff conducts their	• Though the program uses a staffing pool for services, the program retains dedicated spaces for staff onsite. As the program continues to explore options to expand individualized services, shift services to offsite locations and/or those that can be brought to the members at their request.

			weekly group programs in the onsite unit. Brookside condominiums does not have onsite staff, however, they share staff at the office unit located on the Erie apartment's property. In the house model homes, staff conducts clinical services in the home or in the community. At Casa Del Este, the staff are located inside the home 24 hours a day, seven days a week.	
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 1	SBH was able to provide rental payment data for 14 of the 74 members listed. All of those 14 members paid 30% or less of their income towards housing. SBH staff stated that the remaining payment data was unavailable because they were unable to attain it from the housing management company. Moreover, they do not require members to provide that information to them. One staff stated, "We do ask for a blank copy of their lease to help them to advocate for their needs, but we do not keep their financial information here."	• Maintain documentation in member records that will verify the affordability of members' units. Tracking affordability will also help to bolster independent living activities (i.e., budgeting) with the members.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	SBH was able to provide HQS data for 11 of the 74 members listed. Reviewers viewed copies of the inspections and verified that all of those 11 properties meet HQS. The remaining HQS inspections were not available at the time of review. SBH staff stated that the remaining data	• Annual HQS or equivalent inspections should be done at each property, and it is recommended that SBH maintain copies of those inspections in member records. • SBH may consider training internal staff

			was unavailable because they were unable to attain it from the housing management company.	to perform HQS inspections for internal records. Some agencies find it more beneficial to partner with an agency who already conducts these inspections to fulfil this requirement.
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 1	All members live in settings were 76-100% of all units are set aside for those who meet disability-related eligibility criteria, or any other special needs group (i.e. homeless). All of the CLP properties are self-contained apartment settings or homes with rooms assigned to people with disabilities.	• SBH should work towards developing relationships with landlords in the community who will work with members and accept vouchers supporting a scattered site approach to expand housing integration. (See also recommendation 1.1.b)
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	SBH staff and members report that members have full legal rights of tenancy in their units. SBH does not retain copies of member leases, but will assist members with advocacy needs when requested. Staff stated that the members are unable to be evicted unless the housing management follows standard legal eviction processes. Conversely, staff and members stated that members must receive permission from housing management in order to have overnight guests; moreover, they are not allowed to stay in the unit past three days. One member said, “People check on you, to make sure they leave.”	• Review leases with members to help them learn the terms of their lease agreements. This can be used as an opportunity to educate members on local landlord/tenant law and self-advocacy techniques. • Empower service staff to advocate with tenants to ensure their legal rights to housing are upheld.

5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	According to SBH staff, tenants are able to stay at the properties as long as they like. SBH staff stated that eviction proceedings only occur if a tenant is late with their rent and cannot be located. Though the PSH program and the housing provider do not require program participation, members must remain connected to RBHA clinical services in order to retain their CLP housing with SBH.	• Review recommendations on 1.1.b. As scattered site options increase, the PSH provider and the RBHA may want to consider any options for declassifying CLP units from service-dependent to independent housing with available services.
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1 – 4 2	The SMI clinical teams play a primary role in the assessment process, 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 acuteness of the member's symptoms. It was repeatedly said that as members improved their independent living skills, they could transition to other types of less-restrictive housing. SBH staff also state that there are many members they feel should be screened for CLPs based on the acuteness of their symptoms. Many SBH staff also said that if members received more intensive clinical care, they would be prepared to "manage the freedom" that comes with the less restrictive housing setting.	• See recommendations on 1.1.a. Clinical staff would greatly benefit from an in-depth understanding of how the PSH model, when practiced at the fidelity standard and coupled with intensive clinical supports, promotes recovery for all SMI members. It is not up to the clinical staff to determine how or when members should "manage their freedom."

6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	As discussed in 6.1.a, members are referred by clinical teams to housing programs based on the level of care determination. The RBHA is then responsible for matching members with housing that matches their level of care and housing preferences. All members on the RBHA housing list have equal access to housing. The greatest challenge reported by clinical team staff and SBH staff is the availability of suitable properties for members with more acute symptoms.	• See recommendations in 1.1.a. In addition, the PSH provider should work with the RBHA/PNOs to find ways to engage members prior to program enrollment (I.e. property tours, housing fairs, pre-leasing meetings, etc.) as a means of creating early dialogue and promoting self-advocacy techniques. These early appointments are good opportunities to build a relationship with the member, ensure the unit meets the preferences of the individual, and advocate for members' rights with the property management company.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 2	SBH staff interviews indicated that in the majority of SBH properties, staff may enter tenant units uninvited in crisis situations (i.e. fire, flood, etc.). If there is a health and wellness concern, the staff will request for the local police department to check on the individual. At Casa Del Este (the Polydipsia-specific residence), members do not have locks on any of the doors and staff is present with the members 24 hours a day, seven days a week.	• In high fidelity PSH programs, members control their own access and any third party control is contraindicated. The same considerations should be given to those living in the house settings as those in the apartments.
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose	1 or 4 4	Tenants are the primary authors of their service plans. At program entry, members meet with the	

	the type of services they want at program entry		SBH team to develop a housing services plan. The review of company documents and member record review indicated that members' plans were written in their own words; a mixture of independent living skills (ILS), personal, and interpersonal goals. For example, one member requested assistance in finding grief counseling and family reunification services. The record notes the member's progress towards achieving the goal and staff assistance with goal achievement along the way.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Members initiate and are offered routine opportunities to revise treatment goals and service selections. During the member record review, it was noted that members' progress towards goals was measured by specific outcomes indicators. Members' decisions to continue with previous goals or establish new goals were noted in the records every one to three months.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Members, clinical and SBH staff confirmed that members must be connected to the RBHA in order to retain their housing placement. Members and SBH stated that there are no other service requirements for members beyond maintaining clinical team services.	• Moving to voucher-based system may help to improve this area. A voucher-based system could help increase housing stability because the member has secured the unit, and is ultimately the decision making party in the choice to reside there indefinitely.
7.2.b	Extent to which services can be changed to meet tenants'	1 – 4 3	At SBH, the available services are somewhat predictable, but staff are able to couple agency services to help members to reach their goals. Agency documents, member records, member and	• SBH may want to explore if the service selection requirements are contractually required per the RBHA. If not, explore the available options for

	changing needs and preferences		SBH staff interviews were used to explore this area. SBH staff indicated that housing service plan creation "can be tricky", partially because the staff will often have to explain to members what SBH services need to be noted on the ISP to give staff permission to assist with their goal. For example, in one member record, it was noted that the member wanted to work on improving budgeting, primarily a grocery shopping budget. To fulfil that service request, staff were required to note all distinct service elements (i.e. ILS and transportation services, etc.)	modifying member services, strictly based upon their need and not the predetermined needs the agency has deemed itself capable of servicing.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	SBH staff and members all stated that members have the right to decline participation in any activity, at any time. Members are able to request particular activities/services from SBH. Though members may have some input into their services, little evidence exists to demonstrate significant member input into the design and structure of service delivery. During the interviews, both member and SBH staff groups focused more on the right to refuse services rather than the steps taken to involve members in the planning of the group/activity calendar, or any other service at the PSH program.	• If not already in operation, consider developing a member advisory board, which can help the PSH program obtain consistent, organized feedback on the effectiveness of services, as well as ideas on how to improve services for all members.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum	1 – 4 4	SBH leadership stated that most staff members are in a staffing pool; staff are assigned to each location based on the expressed needs of members. SBH staff state that each staff is	

	caseload sizes		assigned four to eight people. Staff who are assigned to Casa del Este are assigned two members each.	
7.4.b	Behavioral health service are team based	1 – 4 2	In the current system structure, multiple entities are involved in providing member care. The individual case managers from the provider network clinics are responsible for all behavioral health coordination for members. As a result, the team approach is missing for those members who are not on ACT teams. SBH staff report meeting with case managers in situations where members are experiencing difficulties that may need clinical intervention. SBH staff stated that the agency is considering creating and completing their own annual assessments for members, due to coordination concerns with the clinical teams.	• Based on the structure of the system, with separate providers involved primarily for housing services, and other providers for case management and psychiatric services, it may not be possible for SBH to provide services through a team. To the extent possible, SBH 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 4	SBH services are available to all members 24 hours a day, seven days a week. SBH staff are able to visit with members (at the member's request) at any time of day or night. At Casa del Este, staff are stationed in the home 24 hours a day, seven days a week.	

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	2
Average Score for Dimension		2.83
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	1

3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	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	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	2
Average Score for Dimension		2.17
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	1,4	4

selection		
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	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		3.25
Total Score		13.88

Highest Possible Score		28