

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

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To: Elizabeth daCosta, F-ACT 1 Clinical Coordinator

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ADHS Fidelity Reviewers

Method

On January 20, 2016, T.J. Eggsware and Karen Voyer-Caravona completed a review of the Community Bridges, Inc. (CBI) Permanent Supportive Housing Program (PSH) services delivered by the Assertive Community Treatment (ACT) team. 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.

Community Bridges, Inc. has a 31-year history of providing comprehensive, medically-integrated behavioral health programs which include prevention, education and treatment services. The CBI Forensic ACT (F-ACT) team began providing services August 1, 2014 and is the first of three ACT teams CBI currently operates. Though the team provides many services in the community, office space is maintained in the downtown Phoenix, Arizona area on a shared campus with other social service agencies. For members in need of financial subsidy to attain affordable housing, the team relies on referrals primarily through the Regional Behavioral Health Authority (RBHA) affiliated housing subsidy programs (i.e., scattered site), but also utilizes other programs (e.g., for Veterans), and is allotted five voucher slots for ACT Housing through the RBHA that can be used by those tenants for scattered site housing.

The individuals served through the agency are referred to as "clients" or "patients," but for the purpose of this report, the term "tenant" or "member" will be used.

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

- Individual interview with the Program Administrator/Clinical Coordinator (CC)
- Group interview with direct service Housing Specialist (HS) and Independent Living Specialist (ILS)
- Group interview with five members who receive housing support services from the team
- Review of six randomly-selected records, and confirmation of all Housing Quality Standards (HQS) inspections and leases made available
- Review of agency documents including: program referral and intake documents, releases of information forms, client grievance procedures, resident intake documents for a partner agency shelter service, F-ACT staff job descriptions, Navigation support service program description, agency policies, and Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT) information

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:

- F-ACT staff members work with service members to explore housing options based on service member preference; the team supports choice, does not screen members for independent living readiness, and does not limit the housing search based on availability. F-ACT staff members are aware of, and outline, the team's Housing First approach to support member choice. Agency policy indicates the F-ACT team will work with all members to support them in achieving their independent goals to support community integration.
- Functional separation exists between housing management companies (i.e., landlords) for most members supported through the F-ACT team. When service staff interact with landlords it is generally to advocate with or on behalf of tenants, or to facilitate tenant communication with housing management at the request of the tenant; staff don't report lease violations to housing management but work to educate tenants on applicable lease requirements to maintain tenancy.
- Staff work to build community long and short-term housing resources. For example, F-ACT staff engages landlords of smaller apartment complexes with more flexibility in rental policies, and market the support services they offer to members, with the goal of opening more complexes as options that can later be offered to F-ACT members seeking housing. Additionally, the team cultivated relationships with community partners for short term placements for members being released from jail or prison. F-ACT staff members have a desire to share resources with other ACT teams, so they can build on their existing network.
- The F-ACT team maintains a staff to member caseload ratio of 1:10, and the majority of members receive services primarily through the team; there is evidence of an integrated team with some exceptions. For example, some members are mandated to specific treatment settings by probation or parole, and others members reside in temporary staffed settings while waiting for permanent housing.
- Agency policy indicates staff composition of the F-ACT team include individuals with backgrounds as Peer Support Specialists with experience working with the homeless and forensic population. In addition to a lived experience of recovery, some F-ACT staff previously held positions at CBI as Navigators; a primary focus of the position was to engage vulnerable members in services, engage natural supports, and collaborate with other service providers, with a focus on members developing or improving skills in order to move toward independent living. Some F-ACT staff members employed a Housing First approach working as Navigators, and carried that approach to their work on the F-ACT team.
- Tenants generally report favorably when discussing the services of the F-ACT team, voicing their gratitude for the housing the team has

helped the tenants secure.

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

- The F-ACT team should make efforts to obtain copies of rental agreements, HQS, and rental cost information. Having this information will help the team to ensure tenants have full legal rights of tenancy under local residential landlord and tenant law. Whenever possible, F-ACT staff should attend lease signings where they can review rental agreements with tenants and obtain a release of information (ROI) in order to receive a copy of the lease; staff should obtain documentation necessary for establishing decency, safety, and affordability of housing.
- In collaboration with the RBHA, the program and system should ensure that members with housing challenges are prioritized. Staff members support the utilization of the VI-SPDAT to prioritize housing waitlists, but report members who are inpatient appear to be prioritized over members with other housing challenges.
- Optimally, in PSH, all behavioral health services are provided through an integrated team. F-ACT staff report some members are mandated to certain treatment programs or residence settings (e.g., sober living) by guardians or the legal system. The team should continue their efforts to educate those who influence member housing decisions about the full range of services available through the integrated F-ACT team; continue efforts to coordinate care with any involved providers or in home supports, when applicable.
- The program and RBHA should collaborate to develop strategies to increase housing availability, to build on F-ACT staff efforts to increase the number of landlords who are willing to work with F-ACT members, and to provide education to landlords and community partners on the PSH services available through ACT teams. Staff on the F-ACT team suggest that larger organized community meetings with the team can aide in the effort to increase the available housing inventory, including expanding the amount of quality apartments that accept members with criminal backgrounds and evictions, which staff feel could lead to improved member success rates; the RBHA may be able to assist in this effort.
- The F-ACT team should explore opportunities to develop boards, committees, or other opportunities for tenants to have a voice in service design at the program level, not only their individual service plans or services they receive directly.
- The agency should consider incorporating information from the PSH model in the F-ACT agency policy. The agency maintains a specific policy outlining the structure of the F-ACT team, which aligns with the SAMHSA evidence based practice of ACT services. The agency should consider enhancing the existing F-ACT policy by incorporating PSH information or outlining those expectations in a separate policy applicable to all agency ACT teams.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1 Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 (4)	<p>Staff report they work with members to explore housing options based on their preferences; the team supports choice, does not screen members for independent living readiness, and does not limit the housing search based on availability. Applications for voucher and subsidy programs are submitted, and the team proceeds to explore other options for members due to program waitlists. Members choose the type of housing they prefer from a range of housing types, with an integrated, affordable apartment as one choice. The team supports member independence, and per member report and documentation, encourages members toward more independent living settings, even if members experienced housing challenges in the past. During apartment shopping, staff ask members where they want to live, look for complexes they have in mind, reach out to those complexes, search for other complexes based on area the member wants to live, and reach out to landlords to build relationships or rapport; staff educate landlords on services available through the F-ACT team.</p> <p>For some members, choice of housing may be limited due to external forces such as guardian request, mandated settings through the legal system), or market factors (e.g., apartment complexes that have strict policies against renting to individuals with felonies). Even when members</p>	<ul style="list-style-type: none"> • The provider and RBHA should collaborate with other similar support service agencies to educate the community, landlords, etc., about the implementation of the evidence based model of PSH. For example, involve tenants successfully housed as envoys to share their experiences and the value of PSH services during community events. • As a way to assist provider staff in accessing all available options to support member choice, the RBHA should consider adding a portal or links on the Mercy Maricopa Integrated Care website to other subsidized or voucher based housing options not affiliated to the RBHA. The RBHA should consider developing a tip sheet for provider staff to use when they work to engage landlords in the community. Engagement and outreach tactics utilized by the CBI F-ACT team may be effective for other providers to adopt as the system builds a more robust network of available affordable housing options, not exclusive to subsidized or voucher programs.

			face potential housing challenges, staff report they work with members to support choice. For example, staff take members to residences of their choice to talk with landlords, so members have the experience of apartment shopping and can experience searching for the place they want to live. Staff may spend several days to support members in locating residences. As a result of staff efforts and the availability of scattered site housing financial subsidies when the F-ACT team first began providing services, approximately 66% of members obtained housing in independent settings, elected to live with family, accessed subsidized housing through the RBHA, or accessed subsidized housing through other funding sources.	
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)	Most members choose housing from multiple options; members who receive a housing subsidy search for scattered site housing, with assistance from staff, or on their own based on their preference. In order to expand housing options, F-ACT staff members reach out to landlords to build relationships and educate landlords about services available through the F-ACT team. Staff report success focusing on smaller complexes where they can cultivate relationships with landlords, educate housing management about the benefits of PSH through the team, and by delivering support to members who reside in the complex. Staff report this effort has led to other apartment complexes becoming available; if one landlord owns multiple complexes they may be more willing to work with F-ACT members once the team proves they can deliver on supporting the tenant.	
1.1.c	Extent to which tenants can wait for the unit of their choice	1 – 4 (4)	Staff report the team confirmed with the RBHA that members seeking housing through the RBHA can wait for the unit of their choice; members do not lose their place on waitlists. If members	<ul style="list-style-type: none"> Staff should continue efforts to implement the use of standardized prioritization tools, and to educate partner entities (e.g., guardians, legal system representatives)

	without losing their place on eligibility lists.		<p>receive a subsidy and struggle locating a residence, the team can work with the member to arrange for an extension for the housing search.</p> <p>Based on report and documentation, efforts are made by staff to work with members to proactively discuss housing barriers early in the search process, and the team supports the use of the VI-SPDAT to prioritize based on need for members in search of housing support. The team has five voucher slots for ACT Housing through the team, and the team plans to prioritize members for those slots using the VI-SPDAT if there is an opening.</p>	about how waitlists are managed to ensure a coordinated approach.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 (4)	<p>Most tenants choose the members of their household or can choose to live alone and have a private bedroom. Tenants who receive a subsidy (e.g., through the RBHA or other funding source) control the composition of their household; other members with no subsidy live independently or with family. Of the remaining members, some are in settings (such as residential, temporary shelters, Transitional Living Placement, or halfway houses) where they do not appear to control the composition of their household and may or may not have their own bedroom. If the number of members residing in these types of settings increases, the team would likely no longer be aligned with this fidelity item.</p>	<ul style="list-style-type: none"> For those members in settings where they do not appear to control the composition of their household, the team should ensure efforts are made to explore alternative living situations. Some of these members appear to be waiting temporarily for independent housing where more choice is afforded. For those members with no immediate pending plan to move, review their status to explore alternative options. When applicable, continue efforts to collaborate with legal system representatives and guardians, to educate them on the support services available through the team in an effort to allow the team to work with members to explore more independent settings.
Dimension 2				
Functional Separation of Housing and Services				
2.1 Functional Separation				
2.1.a	Extent to which	1, 2.5,	Housing management staff has no authority or	<ul style="list-style-type: none"> See recommendation above for item 1.2.a,

	housing management providers do not have any authority or formal role in providing social services	or 4 (4)	<p>role in providing social services for most members served through the team; for tenants in independent living (e.g., scattered site housing) landlords are generally not invited to planning sessions unless it is at the request of the tenant. Service staff interactions with landlords are also at the request of tenants, and only when advocacy or support is needed.</p> <p>However, a minority of members are in settings (such as residential, temporary shelters, Transitional Living Placement, or halfway houses) where overlap between housing and services exists; members can be discharged or forced to leave for not complying with program provisions. If the number of members residing in these types of settings increases, the team would likely no longer be aligned with this fidelity item.</p>	Extent to which tenants control the composition of their household. For those members in settings where there is overlap between housing management and service functions, ensure efforts are made to explore alternative living situations.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (4)	For most tenants, service providers have no direct role in housing management functions, they do not collect rent, enforce lease requirements, initiate evictions, etc. However, a minority of members are in settings (such as residential, temporary shelters, Transitional Living Placement, or halfway houses) where there is some overlap between social services and housing; though not directly affiliated with F-ACT services, members can be discharged or forced to leave for not complying with program provisions. If the number of members residing in these types of settings increases, the team would likely no longer be aligned with this fidelity item.	<ul style="list-style-type: none"> See recommendation above for item 1.2.a, Extent to which tenants control the composition of their household. For those members in settings where there is overlap between housing management and service functions, ensure efforts are made to explore alternative living situations.
2.1.c	Extent to which social and clinical service providers are based off site	1 – 4 (3)	Many tenants are in settings where social and clinical service providers are based off site with services through the F-ACT team that are readily accessible, mobile, and can be brought to tenants at their request. These include tenants living with	<ul style="list-style-type: none"> Continue efforts to build relationships with probation and parole in order to outline how F-ACT supports can assist members to live independently; if members want to live in their own independent residence, ensure

	(not at the housing units)		<p>family, in scattered site subsidized housing through the RBHA, and other subsidized or non-subsidized housing.</p> <p>Some members are in settings where clinical service providers are based off site but may regularly offer some services on site. Some are also in residential or other settings where social services are on site part of the time and up to 24 hours a day, seven days a week.</p>	their choice is supported rather than referring to residential or other settings.
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 (2)	<p>Though F-ACT staff report their goal is to expand the affordable housing options available to members in the community, it does not appear the F-ACT team is accustomed to tracking rental costs and tenant payments for all members. Some tenants have a subsidy or voucher to assist with housing costs; those tenants in scattered site housing pay no more than 30% for housing.</p> <p>Due to limited data, it is difficult to determine the average amount members pay for housing. Based on data provided for 49% of tenants, they pay anywhere from 0% to 68% for housing, an average of 12% of income toward housing costs. Complete data was not available for 51% of members, so it is not clear if all tenants pay a reasonable amount of their income for housing.</p>	<ul style="list-style-type: none"> • The F-ACT team should continue efforts to track rental payments and monthly income. Preferably, tenants in PSH pay 30% of their income or less for rental costs. • Continue efforts to build a network of affordable housing options that can be explored with members.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (1)	Due to incomplete data it is difficult to determine if all housing meets HQS; approximately 34% of tenants are in settings confirmed to meet HUD HQS. Though compliance with HUD HQS standards can be validated without HQS inspections in some	<ul style="list-style-type: none"> • Work with housing providers, housing management and landlords to obtain copies of HQS inspections; ensure staff is familiar with HQS. • The program and RBHA should consider

			cases (e.g., HUD funded units), without HQS documentation it is difficult to confirm compliance with those standards for tenants in other settings.	seeking consultation regarding how the team can confirm whether housing meets HQS standards for tenants in non-subsidized settings (e.g., living with family).
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (3)	Based on team report, and record review, it appears the team attempts to prevent clustering people with disabilities by exploring housing options based on member preference of type, area of town, etc. Approximately 66% of members live in settings that are integrated in the community. Some members are in treatment or other settings mandated through the legal system. Additionally, the team reports there are market forces that impact the housing search. For example, there are limited housing options in the community for members with a history of sexual offenses or other felony convictions, and some communities have limited affordable housing; some tenants are in more segregated settings. As a strategy, the team attempts to build relationships with landlords, targeting smaller private complexes that may have more flexibility over housing policies compared with larger complexes that are tied to formal, corporate-type policies. Staff report they educate the landlords about the benefit to the landlord of working with the F-ACT team and service members as potential tenants, highlighting the supports provided through the team.	<ul style="list-style-type: none"> • The program should continue efforts to build a network of integrated housing options that can be explored with members. • The RBHA and program should collaborate to engage community partners in educating landlords about PSH, support services through PSH programs, associated subsidies, if applicable, etc., so that a larger number of housing options are available to members.
Dimension 5				
Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have	1 or 4 (1)	It is difficult to determine if all tenants have rights of tenancy; it is not clear if the F-ACT team is	<ul style="list-style-type: none"> • Agency ACT teams should attempt to obtain tenancy documentation, including

	legal rights to the housing unit.		<p>accustomed to obtaining copies of all leases for members in all settings, and some members reside in settings where there may be no lease. Leases, or confirmation tenants have legal rights to their housing unit, were not available for most members and, as a result, the extent of tenants' rights could not be verified in all cases.</p> <p>Some leases may contain clauses that are not typical in all residency agreements in the community, but may not be a violation of applicable laws. For example, some leases include a clause requiring tenants to notify property owners of any overnight guests.</p>	<p>leases, addenda to leases, or residency agreements for all members.</p> <ul style="list-style-type: none"> Agency ACT staff should attend all lease signings. Starting with new lease signings, staff should attend lease signings with members, and should obtain copies of leases, so they are aware of tenant obligations. The program and RBHA should consider seeking consultation regarding how the team can confirm whether tenants have legal rights to housing units for tenants in non-subsidized settings, or housing not affiliated with the RBHA (e.g., living with family).
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (2.5)	<p>The team works to develop community resources for temporary housing or supports, but some members are in settings with program provisions, such as those requiring participation in services, or maintaining sobriety, where residency can be revoked if members do not comply.</p> <p>Staff report there are no identified program rules requiring tenants to participate in ongoing services, and no rules beyond regular conditions outlined in standard leases for members living independently; this includes those who receive a voucher or subsidy, and those living independently or with family.</p>	<ul style="list-style-type: none"> Continue efforts to build relationships with probation and parole in order to outline how F-ACT supports can assist members to live independently; if members want to live in their own independent residence, ensure their choice is supported rather than referring to residential or other settings where program provisions on tenancy exist. The team should continue efforts to build a network of affordable housing options, with no program provisions that residents must agree to in order to maintain tenancy; staff report they would like to meet with agency partners and other providers more frequently to share resources.
Dimension 6				
Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to	1 – 4 (4)	Based on interview with staff, with members, and documentation reviewed, the team does not screen members for independent living readiness;	

	demonstrate housing readiness to gain access to housing units.		<p>it appears tenants have equal access to housing. Staff report they work with members to support them to live in the least restrictive environment. Most members elect to live independently, with some members mandated to certain treatment or living settings through the legal system; only in rare cases the team refers to treatment settings.</p> <p>Though some members are mandated to certain locations (e.g., halfway house) or residential treatment settings as terms of release from jail or prison, the team does not appear to screen members for housing readiness; member choice is supported. Referrals from the team to residential treatment may occur but are not the norm, and if independent housing cannot be located, other temporary options are pursued.</p>	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	Members who meet eligibility appear to have equal access to housing, but it is not clear if the system prioritizes members with challenges to housing stability. Staff report that members who are currently ready to be discharged from a psychiatric hospital appear to be prioritized for RBHA affiliated housing assistance over members with housing challenges in other situations. Staff members voice their support of the system more broadly implementing the use of the VI-SPDAT to aid in the prioritization of members with housing challenges. The team completes the VI-SPDAT for members when applying for RBHA affiliated supports, and reports they plan to utilize the VI-SPDAT to prioritize the next member seeking a subsidy through ACT housing available through the team.	<ul style="list-style-type: none"> • The agency and system should prioritize members with the most significant obstacles to housing, which may include factors such as: patterns of homelessness, difficulties maintaining housing, substance use challenges, poor rental histories, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social supports. The use of the VI-SPDAT should aid in this effort. • Educate guardians, legal system, and other supports about PSH services, including how waitlists are prioritized.
6.2 Privacy				
6.2.a	Extent to which tenants control	1 – 4 (3)	Generally, service staff may not enter tenant units unless tenants invite them, and staff does not hold	<ul style="list-style-type: none"> • The team should continue efforts to build a

	staff entry into the unit.		<p>copies of keys to the tenant residences, even for tenants who receive ACT affiliated housing subsidy support. Staff report if copies of keys are held, it is at the request of tenants so they do not have to pay replacement key fees in the event they lose a key.</p> <p>Some members are in settings where staff (i.e., not ACT staff) may enter the unit uninvited, have the right to make unannounced visits, or have free access to housing units.</p>	network of affordable housing options where the tenant, not program or service staff, control entry into the unit.
Dimension 7				
Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they want at program entry.	1 or 4 (4)	<p>Members report the Psychiatrist recommendation strongly influences what services or supports they receive, but also report the Psychiatrist is reasonable, works in their best interests, and seeks compromise. Members report they can talk with staff on the team to discuss needs, staff works to educate them on steps toward goals, staff offer program options, and that members can choose services and service providers.</p> <p>Staff report they solicit and include member input in the service planning process and tenants are the primary authors of their service plans. More recent member plans include goals that appear to be in the member's voice, with individualized objectives, though some contain similar service information. However, it does appear service plans reflect member housing situations and preferences.</p>	
7.1.b	Extent to which tenants have the opportunity to modify service	1 or 4 (4)	Members confirm they are able to modify their service selections, but the Psychiatrist or other staff may discuss positive results of a chosen service if members indicate they want to make a	

	selection		change; potential consequences to a member's stability will be discussed. Most tenants are in settings where services are not tied directly to tenancy, so services are more flexible based on tenant preference.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	As noted above, members report the Psychiatrist influences their treatment, but that the Psychiatrist listens to members to find compromise if there is disagreement; members seem to view the Psychiatrist as an expert whose advice they should consider when making decisions. Staff attempt to support tenant choice, which was substantiated through interviews with members and agency staff, as well as documentation. Staff report tenants may choose from an array of services, and they can elect to not participate. Though some tenants believe they can choose no services and maintain their residence, it is not clear if all service members and staff are certain tenants have the option of choosing no services and maintain tenancy in RBHA affiliated supported housing. Members may step down from ACT services, but some relationship with the RBHA is necessary to maintain a subsidy or voucher for tenants in RBHA affiliated programs. As a result, it appears tenants can select services they receive, but choosing no services is not an option.	<ul style="list-style-type: none"> • In collaboration with the RBHA, the program should educate staff and involved members about participation requirements, if applicable, to maintain tenancy. The RBHA should consider expanding the scope of the subsidy program to include a provision extending the subsidy for a period of time if members elect to close from RBHA services.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (4)	Based on staff report and documentation, it appears F-ACT team services are flexible; staff can adapt the type, location, intensity and frequency of services based on tenants' changing needs and preferences. Documentation supports that staff work with members to discuss goals, treatment, and if members can seek services at their discretion when they are not mandated by the legal system or guardian preference. For example,	

			a member wanted to enter a sober living facility, but then changed his mind and staff modified their support to adjust to the member preference. Other members elected to participate in short term community based sober living programs prior to seeking independent living. Education is provided to members who engage in substance use, treatment options are discussed, but it does not appear the team forces members to accept a certain course of treatment.	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (3)	Many direct service F-ACT staff have a lived experience of recovery from mental illness or substance use challenges; members talk about staff sharing personal experiences. Some F-ACT staff worked with CBI as Navigators before joining the F-ACT team; a primary focus of the position was to engage vulnerable members in services, engage natural supports, collaborate with other service providers, with a focus on members developing or improving skills in order to move towards attaining independent living. As a result, it appears members have significant control of service design and provision, but there is no formal advisory council, boards or other settings where tenant input is directly solicited at the program level.	<ul style="list-style-type: none"> The program should explore opportunities to develop boards, committees, or other opportunities for tenants to drive services. As noted above, engage members successfully housed and supported through the team to share their experiences through testimonials or speaking to groups as the program works to educate community members about PSH implementation.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (4)	Per report, staff to member ratio is 1:10; the team is comprised of the Psychiatrist, two Nurses, two licensed Substance Abuse Specialists, Rehabilitation Specialist, Independent Living Skills Specialist, Employment Specialist, Housing Specialist, ACT Specialist, CC and Program Assistant for the 94 member program.	
7.4.b	Behavioral	1 – 4	All behavioral health services are provided through	<ul style="list-style-type: none"> Preferably, all behavioral health services

	health services are team based	(3)	the integrated ACT team for approximately 69% of F-ACT members, which includes a small number of members who reside in CBI facilities with a shared record system, and evidence of coordinated services. Approximately 12% of members are in staffed settings mandated through the legal system; for these members the F-ACT team collaborates with other providers to provide supports to members, but services are not integrated. The remaining members reside in various temporary living arrangements, some with behavioral health service staff on site, or other staff available at the residence.	<p>are provided through an integrated team. If this is not possible due to members mandated to certain treatment or living settings through the legal system or guardians, the team should continue their efforts to coordinate with those providers. The team should continue their efforts to build working relationships with legal system representatives to educate them of F-ACT services delivered through CBI.</p> <ul style="list-style-type: none"> • The team should continue their efforts to support members in the least restrictive environment, based on member preference.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (4)	Services are available 24 hours a day, seven days a week through the F-ACT team.	

PSH FIDELITY SCALE SCORE SHEET

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2,5,4	4
1.1.b: Real choice of housing unit	1,4	4
1.1.c: Tenant can wait without losing their place in line	1-4	4
1.2.a: Tenants have control over composition of household	1,2,5,4	4
Average Score for Dimension		4
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2,5,4	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	3
Average Score for Dimension		3.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	2
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1
Average Score for Dimension		1.5
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	3
Average Score for Dimension		3
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	4
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		3.17
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	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	4
7.3.a: Extent to which services are consumer driven	1-4	3
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	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		3.63
Total Score		20.72
Highest Possible Score		28