PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: March 31, 2016

To: Marcie Hertzog, Director, The Link Program

From: Georgia Harris, MAEd
Karen Voyer-Caravona, MA, LMSW
ADHS Fidelity Reviewers

Method

On February 29 – March 2, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Southwest Behavioral & Health Service'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 statewide in many outpatient clinics, school districts, inpatient crisis stabilization units, Opioid Replacement Service (ORS) clinics, residential settings, community living programs (CLPs) and The Link Program, established in November 2014 to provide PSH services. For the 2015 fidelity review period, the PSH services program was in operation a few weeks short of the required threshold for program establishment, and therefore ineligible for review. As such, the CLP program was selected as the unit of measurement for the first year's review. For the purposes of this review at SBH, the two referring clinics included were the Terros-Enclave clinic and the Southwest Network-Hampton clinic.

The Community Resilience department has oversight of The Link Program, as well as the CLP program from which some Link program participants are transitioning. At the time of the review, Link had provided PSH services to approximately 204 members. Excluding members who were not yet housed, the agency was determined to be providing PSH services to 148 tenants, the majority of whom were living in self-pay, market rate housing or in units subsidized by scattered-site vouchers provided by the Regional Behavioral Health Authority (RBHA) or ABC Housing's *Homeless Housing* program. A smaller number were residing in Section 8 housing; CLP and transitioning to independent housing; and, to a much lesser extent with friends or family, community treatment programs (CTP), and transitional living programs (TLP) until approved for a voucher or other subsidy.

Individuals receiving services through The Link Program are referred to as “clients”, “members”, and “tenants”. For the purposes of this report and for consistency across PSH reviews, the term “tenant” or “member” will be used.

During the site visit, reviewers participated in the following:

- Orientation and tour of the agency;
- Group interview with the Link Program Director, the Link and In-Home Program Coordinator, the Link Program Clinical Supervisor, and the Senior Team Lead;
- Group interview with three Link Behavioral Health Technicians (BHT);
- Group interviews with six clinic Case Managers (CM) from two referring clinics;
- Group interviews with five tenants participating in The Link Program;
- Review of agency documents including program description, intake procedures, eligibility criteria, job descriptions, organizational charts, Outcome Rating Scales (ORS), Tenant Handbook, 69 tenant leases, and 48 Housing Quality Standards reports;
- Review of nine randomly selected agency tenant records; and
- Review of eight randomly selected member clinic records.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- PSH/Housing First philosophy: Southwest Behavioral Health appears to have made a commitment to aligning their program with SAMHSA’s evidence-based model of PSH and the Housing First philosophy per evidence found in staff meeting agendas and minutes, agency and clinic staff interviews, and investment in staff training and education provided by a recognized

expert in housing-based case management.

- Tenant services preferences: Tenants are the primary authors of their service plans. Tenants have the opportunity to modify their clinic and agency service plans on a regularly scheduled basis or upon request. After the initial 30 day service plan review, tenant service plans are modified every 90 days or upon request.
- Service availability: Link staff are available 24 hours/seven days a week to meet member needs. The Link program employs a "Blue Dot" type system (on-call staff assigned to respond to crisis calls, commonly used in the behavioral health clinics) for triaging immediate tenant concerns, with an emphasis on aiding them in maintaining the housing and avoiding crisis situations.

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

- Tracking housing affordability, leases, and housing quality standards (HQS): The Link Program and the RBHA should coordinate efforts to develop a system for obtaining and retaining current copies of tenant leases and HQS within the tenants' electronic agency record whenever possible and with the tenant's consent. Copies of rent-to-income calculation forms, leases and HQS ensure rights of tenancy, affordability, housing quality and safety. Additionally, copies of this information provide Link staff with a tool for educating members on the responsibilities of renting in the independent housing market.
- Compliance with program rules: At the clinic, many CMs were uncertain whether or not access to housing was conditional upon participation in treatment. Evidence was found that some clinical teams may continue to tie housing access to compliance with treatment recommendations such as regular attendance to clinic appointments. This practice does not align with the Housing First philosophy which prioritizes basic needs over treatment. Additionally, scattered site vouchers and RBHA contracted housing options do now include a provision for tenants who elect to disenroll from the behavioral health system.
- Consumer-driven services: Seek opportunities for individuals with a lived experience of mental illness to fill leadership positions. For example, involve individuals with a lived experience as tenant liaisons or members of the agency Board of Directors to provide input on the Link Program design and implementation or in quality assurance activities.
- Team-based services and training: Several CMs interviewed reported that they have recently observed that PSH support services providers have been absent from scattered site voucher housing briefings, which reflects weakness in a coordinated, team-based approach. CMs described this as problematic in that ABC Housing does not sufficiently describe or encourage enrollment in supportive housing services and that often tenants do not think they need them. Additionally, not all CMs are knowledgeable about the role of PSH wrap-around services in supporting successful and sustained tenancy for tenants with the most significant symptoms.

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 2.5	The Link Program assists tenants in finding housing type of their choice. Independent housing is the most commonly requested type of housing. Of 148 currently housed tenants, 133 reside in independent housing available through scattered site vouchers (64), self-pay (56), Section 8 (7), or family/friends (6). Link BHTs assist already housed tenants with finding new housing if their current living arrangement no longer suits their needs and preferences. Link BHTs assist tenants in locating housing that aligns with their stated needs and preferences. Tenants determine their own level of care needs. For example, one tenant decided to seek a 24-hour residential setting due to worsening dementia symptoms. BHTs supported the tenant's preference, outreached the clinical team to initiate the appropriate referral, and housing services were transitioned to the receiving facility prior to program discharge. Clinic staff interviews, along with a review of nine clinic tenant records, showed that choice remains restricted at some clinics due to level-of-care designation, steering on the part of some clinical teams, and a lack of knowledge on the part of some clinic staff about the process of assisting members with applying for housing assistance, waitlist times, and types of housing available. Some Link program staff said that many clinical teams are more focused on immediately housing	• Link staff should continue current efforts to support tenant choice in types of housing whenever the opportunity presents itself. • The RBHA and providers should continue efforts to educate clinical teams on the evidence-based practice of PSH and the Housing First model. Clinical teams should be educated on the role of tenant choice and how available intensive wrap-around services support choice and recovery goals. Clinical teams and other decision makers such as hospitals and ERs should be encouraged to reduce their reliance on level-of-care designation whenever possible.

			tenants at the expense of exploring all available options and attending to tenant stated choice.	
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	Of 148 currently housed tenants, scattered-site vouchers are used to subsidize the units of 64 tenants. Fifty –six (56) tenants are presumed to pay the market rate in rent at other independent housing, although it could not be determined from data provided if any of those units included another subsidy such as income eligible (i.e., HOPE VI, public housing authority, or faith-based sponsored). Tenants using scattered site vouchers or paying for market rate housing have their choice of unit; the only restrictions tenants face are based on income, the amount authorized by the voucher, market availability and property management restrictions that would apply to any applicant (i.e., smoking or nonsmoking, pets, 55+ community). Sixteen tenants receiving Link services reside in CLP (7), CTP (5), transitional living placement (TLP) (2), and Toby House (1) where units are assigned as they become available. As CLP residents transition to independent housing, either voucher subsidized or self-pay, they will have their choice of unit.	
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	The Link Program does not have a wait list at this time. Clinics can refer currently housed tenants directly to the agency for Link housing support services. Link staff have limited knowledge of the RBHA waitlist. Link staff said that the RBHA has discouraged reliance on vouchers, encouraging them to be creative in exploring with tenants housing options that align with their needs and preferences as soon as they begin services. BHTs encourage tenants to explore multiple units rather than accepting the first available because they will	• The RBHA should continue efforts to educate clinic and PSH staff, members, and community partners on how RBHA affiliated waitlists are managed. • The Link program should continue efforts to build relationships with small landlords and property management companies and develop marketing strategies that attend to property management concerns (e.g., reducing tenant turnover, resolving

			more likely to commit to maintaining good tenancy if they feel invested in the unit as their home. CMs said that they assist members in applying for RBHA's Community Housing Application (CLP with level-of-care designation options) or the Scattered Site Housing Application; each has its own waitlist. Members can only be on one waitlist at a time. The wait can be weeks or months, depending on priority populations represented on the list, although the CLP waitlist moves faster than the scattered-site list. CLP units are offered one at a time, based on availability. Members can reject an offered unit without losing their place on the wait list but waiting for the next available unit may extend their wait considerably. If members become incarcerated or enter residential treatment they are removed from the list. CMs said that once a voucher is awarded, members are expected to find an apartment that will accept the voucher in 30 days. Most CMs said extensions of vouchers are allowed up to 90 days if approved by the clinical team, but some were uncertain if extensions were allowed. Tenants can decline units until they find one that aligns with needs and preferences without moving to the bottom of the list.	behavioral issues that disrupt the community, on-time rent payments, reduce incidence and expense of eviction procedures) in order to increase options for difficult to house tenants, and reduce reliance of scattered-site and other RBHA affiliated housing. • Stakeholders across the system, including PSH providers, ACT teams, the RBHA, and affordable housing advocates should collaborate to share resources on affordable housing options throughout Maricopa County. A database on housing options that includes eligibility and application requirements, contact information, and proximity to amenities such as public transportation, medical facilities, food/retail, and social services may reduce time tenants spend looking for housing.
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	Of the roster of 148 tenants included in this review, 89% control household composition, specifically those who use scattered site vouchers (64), use Section 8 vouchers (7), pay for market rate housing (56), or are living temporarily with family or friends (6). Scattered site vouchers subsidize the rent for tenants and approved dependents and caregivers. Roommates or	

			significant others not in a caregiving role are not covered by the voucher but may live in the unit if they are listed on the lease and pay half of the rent. Tenants of units they pay for independently are advised to make sure that roommates are added to the lease agreement. At the time of the review, fifteen (10%) tenants on the roster of 148 did not control household composition: two tenants reside in Transitional Living Placement (TLP), seven live in unstaffed CLP, five live in community transitional placement (CTP), and one person in residential treatment. TLP, CTP and residential residents may or may not have their own bedroom, while CLP have their own bedroom. Other household members are predetermined.	
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	Clinic and agency staff interviewed reported that property managers are not involved in providing social services. One clinic staff member said that a property manager attended a meeting at HOM Inc. to establish how future rent would be paid on time when a tenant was at risk of eviction. Some clinic staff said they will speak to landlords at tenant request in order to advocate for them. Link staff said they do not involve property managers in housing services issues.	
2.1.b	Extent to which service providers do not have any responsibility for	1, 2.5, or 4 4	Both clinic and Link staff said that they are not involved in property management duties such as reporting lease violations, collecting rent, or delivering eviction notices. Clinic and Link staff said they interact with property managers for	• The agency should provide ongoing training and education to BHTs clearly distinguishing the roles of housing service providers and that of property managers within the evidence-based practice of PSH. Program

	housing management functions		tenant advocacy purposes at the request of tenants. They provide education and guidance to members for eviction prevention when they are aware of situations that put their tenancy at risk. Evidence in a Link tenant record shows that one property manager contacted HOM Inc., who subsequently contacted Link staff, about a tenant lease violations. While possibly reflecting blurring of housing services and property management roles, agency staff and tenants said that Link staff provide support and coaching when necessary to assist tenants in dealing with landlords by themselves, although many tenants prefer to take care of these matters for themselves.	supervisors should provide guidance and feedback to BHTs to assist them in maintaining functional separation when under pressure of other stakeholders to assume property management responsibilities or when they encounter tenant behavior that puts them at immediate threat of eviction. • The RBHA should continue to educate other system stakeholders and decision makers on the separate roles and responsibilities of property managers and housing support providers.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Link staff reported that they provide 70% of the services in the community, often at tenants' homes. They do not keep offices at apartment buildings or residences, and instead have a mobile office with laptop, smart phones, and a portable printer. Program leadership and direct service staff agree that current technologies (e.g., older laptops) in use are somewhat cumbersome and are exploring options for increasing documentation efficiencies, so that staff are better able to primarily focus on direct tenant services.	
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	Reviewers were unable to verify tenant rental payments for 69 (64%) of the 148 currently housed tenants. Of the 36% of tenants for whom data was provided, an average of 24% of income was spent in rent, with tenant payments ranging from 0% - 100%. The agency provided data on 20 of the 64 scattered-site voucher tenants; it was found that no tenants paid more than 30% of income in rent,	• Some agencies scoring well in this area have created *rent/income calculation* forms that are completed with tenants during the housing search or after the initiation of housing support services and maintained in the tenant's agency record. These can be reviewed at service plan reviews or as needed.

			and numerous examples of tenants without income paying no rent. The roster included seven tenants in Section 8 housing; completed data showed that six tenants paid an average of 20% of income toward rent. Complete data was also provided on 21 tenants without vouchers living in independent housing; this group paid an average of 41% of their income toward rent, with ranges from 0% – 100% of income. Insufficient supporting data is reflected in the score.	• Task the BHTs with obtaining and maintaining rental agreements to provide verification of rent and other charges. • Some PSH programs scoring well in this area attached Housing Assistance Program (HAP) contracts to rental agreements. The HAP is an agreement, between the provider of the voucher and the landlord or property managers, outlining the terms and conditions for voucher payments, the amount owed by the tenant each month, and any other fees or charges covered or not covered by the voucher. If not currently in place, the system should consider implementation of a similar agreement, copies of which would be provided to the tenant and the PHS services provider.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	The Link Program provided copies of 43 (29%) HQS reports for 148 currently housed tenants. All HQS reports were for scattered-site voucher units. Although Link does not have copies of HQS reports for Section 8 housing, it can be presumed that those seven identified units meet HQS as required by the United State Department of Housing and Urban Development (HUD). Link staff do not have a mechanism to verify HQS for independent market rate units but staff reported they conduct informal inspections when they view prospective units with tenants or on home visits. Staff said they note necessary repairs and maintenance concerns, and support tenants in making repair requests to property managers or identifying options for making repairs or	• Task the BHTs with obtaining and maintaining copies of HQS reports, including annual copies of annual inspections. • Though it is not required that BHTs be trained to complete HQS inspections, it may be beneficial that they be familiar with the standards. This may be especially helpful for working with tenants living in market rate housing, which is not subject to HQS inspection. • Consider developing agreements with housing subsidy stakeholders (e.g., HOM Inc.) requesting that annual HQS inspections be sent to the agency for the updating of tenant records. It may also be beneficial to contract with an outside

			remediation to property damage caused by the tenant.	agency who can perform HQS inspections on the agency's behalf.
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	The majority of tenants receiving Link services reside in independent, market rate housing and housing subsidized by scattered-site vouchers. Documentation provided, including a geographical survey map, show that units are well scattered throughout Maricopa County. Both clinic and Link staff said that they believe that some unintentional clustering occurs due to income/affordability and limited availability of housing options for individuals with felony convictions, histories of arrest, histories of eviction, and poor credit. Additionally, many tenants prefer or are encouraged by their CMs to look for locations close to clinics and public transportation routes. Some clinic staff reported that many tenants reside within the I-17 corridor but also may select units within apartment communities where other behavioral health recipients they know from their clinic or programs also reside.	
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	Due to incomplete data, the reviewers were not able to adequately assess the extent to which tenants have legal rights to their housing units. The agency provided copies of 69 leases (47%) for 148 currently housed tenants. Of those leases, all appeared to be standard tenant leases, without special provisions for people with disabilities.	• It is recommended that BHTs attend lease signings whenever possible to assist members in reviewing leases for legal rights of tenancy. BHTs should be tasked with obtaining and maintaining current rental agreements in tenants' electronic records. BHTs should be educated and familiarized with the components of a standard lease

				agreement under the Arizona Landlord /Tenant Act and be able to identify language that may limit legal rights of tenancy.
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 4	The 69 available leases all appeared to be standard written leases. Interviewed clinic and Link staff and tenants did not report that tenancy is contingent upon compliance with program rules. Most staff agreed that tenants must be enrolled in the RBHA to maintain eligibility for scattered-site vouchers or RBHA affiliated housing. Several clinic and agency staff were uncertain whether or not tenants must participate in treatment services in order to remain eligible for scattered-site vouchers. Link staff said that tenants could discontinue housing support services at any time without losing vouchers or RHBA affiliated housing. While tenants interviewed reported that their tenancy was not contingent upon compliance with treatment (other than RBHA enrollment for those receiving vouchers), evidence was found within clinical documentation that one CM may have implied otherwise to a tenant who missed appointments at the clinic.	• See recommendations for Item 5.1.a, regarding legal rights of tenancy. • The RBHA and clinic providers should provide ongoing education to CMs on the principles of PSH and the Housing First philosophy of disentangling housing with treatment requirements. Improved collaboration and communication between clinical teams and PSH providers may support the tenant's active engagement with the clinical team and follow through with agreed upon treatment plans.
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 3	Interviews with clinic and Link staff indicated that some clinical teams apply housing readiness standards through the application of a level of care designation, restricting member access to housing units. Continued reliance on readiness standard/level of care may reflect insufficient knowledge and education on the PSH/Housing First philosophy and the role of member needs-driven, wrap-around services in supporting	• The agency should continue and build upon current efforts to market the Link program and educate clinical teams about how intensive wrap-around services contribute to tenant success in independent, integrated housing. • The RBHA should assist the agency in identifying opportunities for Link staff to present the program services and its

			successful tenancy. One CM said that she always urges her clients to accept some housing supports because they include a level of assistance in the community that clinical teams are not equipped to provide. Further, the CM said that she saw much greater success in maintaining tenancy when tenants are enrolled in PSH support services, and praised Link staff for their flexibility and communication.	benefits to CMs. • The RBHA and clinic providers should continue efforts to educate and train clinical teams and other influencers in the Housing First philosophy, which rejects externally imposed and potentially coercive readiness standards in favor of self-determination and a strengths focus.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	According to the documents provided by the agency, The Link Program was designed specifically for individuals diagnosed with an SMI and/or co-occurring disorder and to align with SAMHSA PSH criteria. Link staff offers services to members referred by the RBHA and clinical teams. Clinic staff said that since the roll-out of the PSH initiative, the RBHA has prioritized members currently psychiatrically hospitalized, those exiting jail/incarceration, and those who are homeless. Some CMs said that more recently the RBHA has required housing applications be accompanied by the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT). Staff said that the RBHA also prioritizes members with a VI-SPDAT score of 8 or more. Most clinic staff interviewed said this was a positive development. Per interviews, no mechanism exists to provide PSH services to members not enrolled in the RBHA.	• The RBHA should continue use of the VI-SPDAT to prioritize members with the most significant obstacles to housing stability, 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 • Due to high turnover on clinical teams, the RBHA and clinic providers should continue with efforts to provide ongoing training in how the evidence-based practice of PSH and the Housing First philosophy prioritizes those with the most significant challenges to housing stability, not just those who are homeless or coming from jail or the hospital.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 4	Documentation provided by the agency showed that 89% of tenants live in units where they control entry. The remaining 11% reside in placements where staff may have some level of control over entry. Link staff do not have keys to units. In the event that Link staff have a concern about the health or safety of a tenant, they	

			contact either the police or the landlord (who may contact the police). Link staff said one tenant who had passed away in the unit was found in this manner. Link staff said that their role is only to provide notification of a concern. Tenants interviewed reported that they control entry. One tenant said she gave her CM a key to her unit with agreed upon conditions for entry, while another reported giving a copy of the unit key to a trusted neighbor.	
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	Clinic ISPs completed in the last year and a half appear to reflect greater attention to individualized recovery goals such as education, employment and locating independent housing, which reflects that tenants are the primary authors of their treatment plans. Said one tenant, "You put on the ISP the things that bother you most." All tenant clinic records reviewed showed that the tenant(s) desired to live independently; those tenants were either living independently or in the process of finding independent housing. Tenants choose the types of services they want to receive upon entry to The Link Program. Tenants may choose to receive assistance with finding an apartment, in-home housing support services, or both. Tenants can choose to receive Link peer support services for community integration goals or SBH In-Home counseling therapy services, which work collaboratively with Link staff to support the tenant's recovery goals. CMs interviewed who were familiar with the nature of wrap-around housing support services said that	

			they encourage tenants to take advantage of them, but do not require them. Most CMs interviewed reported that more recently, PSH providers have not been present at scattered-site housing briefings to educate tenants and CMs on the range of housing support services offered.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Clinical teams update the clinic ISP at least annually, and evidence was found that many ISPs were updated at least every six months. Tenants interviewed said they could change their treatment plans at any time. Per staff and tenant interviews and evidence found in agency electronic records, tenants begin working on a Link service plan at the time of intake. After 30 days of services, the service plan is updated to clarify needs and further refine goals and objectives. Thereafter, Link staff and tenants review service plans on a 90-day schedule, although updates can be made at any time that tenants identify a new need or decide to change or eliminate a goal or objective.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	The record review and interviews with tenants and Link staff indicate that tenants choose the services they receive. Tenants appear to have fairly predictable services, but service plans and progress notes reveal considerable variety and flexibility in services provided. One member said, "If you can define it, they can do it." Members have the opportunity to choose the intensity and frequency of services and may discontinue housing support services at any time without loss of housing. For those living in housing subsidized by scattered site vouchers or RBHA affiliated housing, at minimum tenants must remain RBHA enrolled and maintain some level of contact with their	• The agency should continue to explore affordable housing options (both subsidized and market rate) that are not reliant on enrollment in the RBHA or connection with clinical teams. Helping tenants build skills, identify and use natural supports and resources in their community may also aid tenants who choose to disenroll from behavioral health services in maintaining housing stability.

			clinical team.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	Tenants choose from a fairly predictable mix of services at intake, with a focus on budgeting, cleaning and organizing, and preparing meals. Significant variation occurs based on tenant needs and preferences. Upon review of tenant ISPs, it was established that in most ISPs, tenants' vision, recovery goals, and personal preferences are identified, respected and frequently updated (e.g., preferred gender-identification, child care goals, etc.). Link staff said that services plans focused on tenant choice beginning at intake and required constant reassessment of tenant needs and preferences. Some Link staff at multiple levels noted the need for more efficient documentation technologies for staff to carry in the field, so that staff, who spend approximately 70% of their time in the community, are able to provide more time to providing direct tenant services.	• Continue efforts to educate and train BHTs to use person-centered approaches such as motivational interviewing and active and reflective listening to support tenants in identifying services that support their unique goals and objectives. Live supervision and mentoring may further the consistent use of these techniques. • Continue efforts to explore and utilize new and time efficient methods of documenting services and carrying out administrative tasks in the field in order to increase available time for tenant engagement and direct services when and where tenants need and request them.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Tenants do not have a formal mechanism for shaping the design and content of PSH programming with a shared voice. Tenant input appears to be most present on an individual basis within service plans and member surveys. Additionally, all members receiving SBH services are asked to complete the Outcome Rating Scale (ORS), which is administered weekly. Using the ORS, tenants rate their own efforts and progress toward goals identified on their service plans and also rate the quality of services provided by Link.	• Develop or enhance opportunities for the unified voice of tenants to drive services, including in areas of design, assessment and determining services. • Involve members in boards or advisory councils. Support true member voice (the board could be chaired by a non-member but should include significant numbers of members). Seek opportunities for individuals with lived experience to fill leadership positions. For example, involve individuals with a lived experience in quality assurance activities (at all levels in the organization).

7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	Although data provided by The Link Program did not include individual staff rosters, reviewers were informed by Link staff and supervisors that housing services staff carry caseloads no greater than 15 tenants. Program administrators stated they are in the process of hiring additional staff to ensure caseloads do not exceed this size.	
7.4.b	Behavioral health services are team based	1 – 4 2	Interviews with clinic and agency staff show little evidence of team based services. Link staff are not assigned to clinical teams and do not attend treatment team meetings, nor do clinic CMs regularly attend Link 90-day service plan reviews, although updated service plans are forwarded to clinics. According to Link staff, face-to-face contact with clinic staff is usually limited to staffings scheduled when an issue of immediate concern to tenancy or health and safety arises, but otherwise limited to email, phone calls and faxes. Link staff said that they would like to see better efforts to collaborate on the part of clinical teams, some of whom appear to disengage from active case management and collaboration after PSH services commence. Most clinic staff described SBH staff as responsive, providing monthly reports and service plan updates, although most said those are not routinely filed in member electronic records. Some CMs have little knowledge of The Link Program or how it differs from other SBH community housing programs. A review of nine agency records showed that behavioral health services are carried out by multiple providers. Per interview and record review, SBH In-Home services staff, who provide	• The agency, clinic providers, and the RBHA should work collaboratively to identify opportunities for Link staff to provide education on the nature of the Link program's PSH services, particularly the wrap-around services that some CMs identified as significant contributors to successful independent living and sustained tenancy. Knowledge and awareness on the part of clinical teams of PSH programs and providers may result in improved integration of behavioral health services. • The system should explore opportunities for facilitating communication between agencies on integrative factors that affect the tenant/member record. For example, consider a form of centralized database where information such as affiliated clinic, case manager and psychiatrist can be found by RBHA-contracted provider agencies. • Efforts should be made by the Link program and clinical providers to establish and adhere to clarifying respective roles and responsibilities of clinical teams and Link direct service staff.

			outpatient counseling psychotherapy services to tenants at their homes, appear to collaborate regularly with Link staff on tenant needs. Since all SBH programs are integrated in the electronic record system, counseling goals and objectives are identified on the same service plan as those of The Link Program.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The Link Program provides services 24 hours a day, seven days a week. "We go as needed; it could be every day or every other week. We provide after-hours services in emergency situations. We've provided some great leaders who are consistent, trained and available." Link staff described coming to the aid of a tenant in the middle of the summer when a landlord refused to respond after hours when a tenant's air conditioner stopped functioning. "We got him a window unit in the meantime." The Link Program also reported that they set up a system similar to "Blue Dot" to triage cases or get out into the community when tenants need assistance with unscheduled events or situations. "It requires making the time and effort."	

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	2.5
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	3
1.2.a: Tenants have control over composition of household	1,2.5,4	4
Average Score for Dimension		3.38
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	4
Average Score for Dimension		4
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	4
Average Score for Dimension		4
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	1

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	4
Average Score for Dimension		2.5
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	3
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	4
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	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		21.80
Highest Possible Score		28