PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: Karen Newman, Director of Recovery Services
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ADHS Fidelity Reviewers

Method

On August 31st and September 1-2, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the Terros 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.

Terros is a service provider agency, contracted by the Regional Behavioral Health Authority (RBHA) to provide primary care, outpatient and residential drug and alcohol treatment, crisis, recovery, and behavioral health services. In addition, Terros operates a Community Living program (CLP), which provides housing for RBHA-enrolled tenants diagnosed with a Serious Mental Illness (SMI) and/or co-occurring disorder. The CLP was developed to support tenants in their recovery by assisting them in their development of the independent living skills needed to live successfully in their communities. As with the previous review year, the CLP was established as the Terros program most closely aligned with the PSH model. Though this program has remained a community living placement, Terros has made some modifications to their program operations to better accommodate the PSH model. Those program changes will be noted throughout the report.

The report also focuses on the effectiveness of the referral process for PSH services. 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 Terros, the referring clinics include Partners in Recovery Network Metro

clinic and Southwest Network Garden Lakes clinic. Due to the system structure, issues surrounding the implementation and delivery of PSH services are found at many levels, and therefore, will be noted as such throughout this report.

The individuals served through the agency are referred to as "clients", 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:

- Orientation to the agency.
- Group interview with the Director of Recovery Services and two PSH program managers.
- Group interviews with five case managers from behavioral health clinical teams.
- Group interview with three Terros direct service staff.
- Interviews with two tenants who are participating in the PSH program.
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules.
- Review of 10 randomly selected records, including charts of interviewed members/tenants at both the PSH agency and the two behavioral health clinics.

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:

- Functional separation exists between housing management companies and the PSH agency. Both entities operate in the distinct functions,

as outlined in their scope of services.

- Tenants are given frequent opportunities to modify their service selection. Clinical teams are frequently invited to participate in the reviewing of tenant service plans. Tenant goals are often written in their own words and can be modified at any time.
- All staff have optimal caseload sizes for effective service provision.

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

- Use targeted education and leadership to shift the current "level of care" system viewpoint of member housing, to the evidence-based Permanent Supportive Housing model. Multi-level campaign efforts may be necessary to instill the principles and benefits of PSH in all of the stakeholders involved in helping members to access appropriate housing solutions.
- The current program structure cannot fully support the tenant's choice of unit, choice of household composition and community integration. Members are currently matched to a unit and housemates, with little opportunity to modify their circumstances post program enrollment. Also, there is currently no opportunity for a member to obtain a single-occupancy unit in the PSH program. The RBHA should evaluate if CLP programs should be classified as PSH agencies.
- If CLP programs are to remain as PSH agencies, services must be attached to the member and not the unit. In the current program, members no longer have access to PSH services once they move offsite. The PSH agency should consider structuring the program, so members have access to the same level of support when needed.

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	Tenants are not offered a choice among types of housing. Case managers at both clinics reviewed indicated that their decision to apply for RBHA housing programs is largely determined by their perceived wait time for housing. Many case managers stated that due to the limited availability of housing resources, they often complete both the community living application and the scattered site application simultaneously, with the intention of offering the first available opportunity to the member. Once the RBHA responds with an available opening or a voucher, members are offered the available program, with the right of refusal. Case managers also stated that they will apply for housing based on a level of care determination. If the member is perceived to have need of more intense supports or have no income, the clinical teams prefer to apply for a community living placement program	• Train referral sources, such as case managers, on the benefits of scattered site/ PSH programs. Multi-level campaign efforts may help to reinforce the benefits of PSH to all stakeholders involved in helping members to access housing. • Work with landlords and other property stakeholders in the community to expand member access to housing through vouchers and subsidies. Increasing the housing options available from which members can choose can improve their likelihood of obtaining their preferred residence.

			over a scattered site program.	
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 1	Tenants are not offered a choice of unit in the PSH program. Terros staff stated due to the limited availability of units in their program, they are unable to offer a choice of unit to tenants. Tenants have the right to decline the unit and be placed back on the RBHA wait list for the next available unit. No scattered site housing or apartments are available through Terros.	• Moving towards a voucher-based system will improve the tenants' ability to choose a home based on their preferences rather than program availability. • Also, consider ways to decentralize access to housing options, which may improve choice of unit and composition of household to the tenants.
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	Some confusion exists among clinical staff regarding the RBHA wait list procedures for housing. All case managers interviewed agreed that members who are placed on a waitlist for community living placements have the right to decline the unit offered and be placed back on the RBHA wait list for the next available unit. Case managers did not reach a consensus on the number of refusals a member may give before being placed on the bottom of the list; however, most stated that the lack of suitable housing and the long wait times compel them to encourage members to choose the housing option offered. Many case managers expressed a need for greater	• The RBHA should clarify all waitlist procedures and department functions related to member housing to clinical and PSH staff. Clarifying procedures and streamlining communication outlets with these agencies could help to reduce confusion and reduce redundant inquiries from referral sources.

			communication from the RBHA on housing-related details such as waitlist procedures, member application statuses, and updates to application forms. Terros staff were unaware of the RBHA waitlist functions.	
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 2.5	Tenants do not have their choice of housemate(s), but have their own bedroom. Terros serves a total of 16 tenants. There are two houses and one apartment complex. There are four tenants assigned to each house. At the apartment complex, there are two tenants assigned to each apartment. Terros staff stated that they are unable to reassign units upon tenant request. Tenants must contact their leasing agency (i.e. Biltmore or Lifewell) to transfer requests. There are no single occupancy units in the Terros program.	• See recommendations on 1.1.b.
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	1, 2.5, or 4 4	Biltmore and Lifewell are the designated housing management providers for the three properties that Terros serves. Terros staff and tenants report that both housing management companies are focused solely on housing management functions, such as lease	

	formal role in providing social services		execution, rental payments, and repair requests. Both Terros staff and tenants verified that the housing management companies do not offer or require members to participate in social services.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Terros staff and tenants both stated that Terros does not have any responsibility for housing management functions. Terros staff are not required to act on behalf of the housing management companies in any capacity. These actions include: reporting lease violations, requesting repairs or delivering eviction notices to tenants.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 2	Terros has an onsite office, often referred to as the "community center". It is located in one of the units in the apartment complex. Tenants receive medication prompting/observation and other social services in the onsite office. Tenants who reside in the house model homes have Terros staff available to provide in-home and community support up to 10 hours a day, seven days a week.	• Consider transitioning staff to an offsite location. The program should provide individualized services that can be brought to the tenants upon request.

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 provided with rental payment data for 12 of the 15 current tenants. Though the rental payment was disclosed, reviewers were unable to verify tenant income; a necessary element for calculating the percentage paid by the tenant. Two of the tenants interviewed stated that they paid less than 30 percent their income in rent. As only two of the 15 rental payments were verified, it was reflected in the final score.	• The RBHA, PSH agency and housing management companies contracted to provide housing to RBHA members should establish agreements that will allow PSH agencies to obtain HQS information as needed. • The PSH agency should work directly with tenants to verify rental information for education and advocacy purposes.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 2.5	Of the 12 program housing units, 11 had HQS inspections available for review. Of the HQS inspections reviewed, 25% of them failed the inspection.	• The RBHA, PSH agency and housing management companies contracted to provide housing to RBHA members, should establish agreements that will allow PSH agencies to obtain HQS information as needed. • The RBHA should work with contracted housing agencies to ensure that all units used to house system members continually pass inspections.

Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 1	Housing is not integrated into the community. Terros serves three properties; two houses and an apartment complex. All of the program's 16 units are set aside for tenants with an SMI and/or co-occurring disorder. The Terros staff and tenants report that the tenants living in the house models feel integrated with the surrounding community, but the actual housing site is not integrated.	• See recommendations on 1.1.b. The current program size and structure cannot support full integration.
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	At the time of review, 15 of the 16 units were occupied. Reviewers were provided 13 of the 15 lease agreements. Reviewers were able to verify that at least 86% of all tenants had rights of tenancy. Leases provided for both Lifewell and Biltmore properties were compliant with local landlord/tenant guidelines; however, tenants are not allowed to add tenants to their lease, such as a spouse or a child, for any reason. Also, tenants report that they must have all overnight guests approved to stay.	• The RBHA, PSH agency and housing management companies contracted to provide housing to RBHA members to align more closely with the PSH model, the agency should revisit and revise policies that do not afford members the same privileges experienced in open-market housing. should establish agreements that will allow PSH agencies to obtain leasing information as needed. • See recommendations on 1.1.b

				regarding voucher-based systems and composition of household.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	When discussing program rules and contingencies, Terros staff stated that there is no treatment requirement for tenants to remain housed in the program. It was also noted that tenants identified alcohol consumption as a program restriction not identified in the leasing agreement. Tenants state that they do not believe alcohol consumption is grounds for immediate eviction, whereas, tenants are encouraged to use Terros Ladders or other programming for co-occurring treatment concerns. Upon program entry, tenants sign an agreement which requires them to make contact with Terros staff once daily. When a tenant has not been seen, Terros staff have the authority to enter the unit for a wellness check. Both Terros staff and tenants stated that one tenant recently became very upset with staff entering his unit, calling it imposing and a violation of his rights. Terros staff state that tenants have the right to decline this service, but none have.	• Though program documentation does not explicitly state program rules that could potentially lead to eviction, tenants feel there are program provisions that infringe upon their privacy. Clearly communicate program expectations and provide opportunity for tenants to make informed decisions regarding their involvement with onsite staff.
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 1	Housing is determined by a level of care determination. The clinical teams are responsible for all referrals to RBHA housing programs. When asked who determines what type of housing is applied for, clinical staff stated that ""The clinical team decides what is best, but we can't force them." Clinical staff also stated that members are referred to CLP programs when they are assessed to be in need of independent living skills, regular onsite support and/or lack of income to live independently. Many case managers also stated that members are referred to housing programs based on availability. Case managers often apply for housing programs with the shortest wait times for a unit. In the RBHA system, the Terros program is considered a CLP. The Terros Services Description manual describes the goal of CLP is "for all service recipients is to be able to transition from the Community Living Support Services to an independent living situation in the community." The housing is not designed to be permanent; rather these tenants are discharged after they achieve their service plan goals. Tenants also stated that it is expected they will transition to an independent living situation when they are	• Referral sources, namely clinical teams, should be educated on the principles of PSH and learn how to defer housing decisions to the member, who is the expert on their personal needs. • The structure of CLP programs does not support the PSH model. In PSH, members live in the community independently or with housemates of their choosing. The RBHA may want to determine if CLP should be categorized as PSH programming.

			ready.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	There is some confusion among clinical staff on the prioritization of members for RBHA housing. Clinical staff report that the RBHA prioritizes tenants with obstacles to some extent. Some clinical staff stated that members have equal access to housing until they are hospitalized or are deemed chronically homeless. Other clinical staff stated that sending members to Transitional Living programs (TLPs) were a great way to move the housing process along at a faster pace. Both clinical staff groups interviewed felt the access to housing was more evenly distributed with the scattered site program (SS) than the CLP.	• The RBHA should clarify and train system partners on how housing placements are determined. • The RBHA should also consider ways to expand prioritization to include members who have housing obstacles and functional challenges, and not just those who are considered high utilizers of emergency services.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 2	PSH staff and tenants both confirmed that PSH staff have access to tenant units. Upon program entry, members sign an agreement stating that PSH may enter their unit for a wellness check if they have not been seen by PSH in a 24-hour period. Staff also stated that they will knock and unlock tenant doors if they have not responded to their prompting for medication assistance.	• A tenant's right to privacy is one of the hallmarks of the PSH model. As with open-market housing, tenants should have total control over the entry of any visitor into their home. The agency should modify any policies that infringe upon that right.
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 1	Members are not the primary authors of their service plans. The review of randomly-selected tenant charts confirmed that most members requested assistance to find independent housing; many of them requested their own apartment or to live alone. Though the Terros PSH program is not designed to provide single occupancy units to tenants, clinical team staff report that the scarcity of housing resources often influences their decision(s) to refer members to all available RBHA housing programs. It was also noted that a portion of the clinic-originated service plans reviewed confirmed members' ability to perform their Activities of Daily Living and Independent Living Skills (ADLs/ILS). Conversely, these members were still referred to Terros for ADL/ILS services. In addition, interviews and tenant records indicate that all members are required to sign and accept a wellness and safety check agreement at program entry which affords Terros staff the right to enter any unit if a member has been out of contact with the team for more than 24 hours, without prior notification. If the tenant is not found, a missing person's report is filed with the police	• At the RBHA and PNO level, clinical teams should be trained on the importance of referring members to services that are congruent with member(s)' stated goals. The essence of "member voice and choice" extends beyond the quoting of their exact words in the service plan. All services established should directly reflect the expressed needs. • With the RBHA as the established mediator for the housing resources, it should consider developing a process check that verifies appropriateness of referrals upon receipt. • Though the Terros may have little impact on the referral process, Terros should consider verifying tenant housing goals prior to admission (e.g. during the member tour). • To align more closely with the PSH model, the agency should revisit and revise policies that do not afford members the same privileges experienced in open-market

			department. Though PSH staff affirmed this policy has helped them to ensure prompt care for members, it was noted that some members found the policy intrusive.	housing.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Once enrolled into the Terros PSH program, tenants are given frequent opportunities to modify their service selection. Tenants' service plans are discussed every 30 days at their monthly staffing with the clinical team. All plans are updated every 90 days. PSH staff interviews and the results of the tenant record review both indicate that tenant goals are often written in their own words. Tenants, Terros staff and tenant records confirmed that service plan goals can be established and closed at any time.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Once enrolled, tenants are able to change their service frequency, or decline participation in PSH services at any time and remain housed. Though this program allows tenants to decline services, tenants are unable to retain services if they move offsite. Moreover, the PSH staff are not certain if tenants are able to maintain services upon disenrollment from the RBHA.	• In true PSH, the services provided are attached to the member, rather than the residence. Consider program "aftercare" options that would allow members to continue with PSH services after transitioning to independent living situations. • The RBHA should continue efforts to expand voucher-based housing, which allows members to have full responsibility for the unit selected.

				Tenant length-of-stay should not be connected to RBHA enrollment. •
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 2	Upon program entry, tenants are introduced to what staff referred to as the service "menu"; a list of services offered by the PSH program. The services offered include ADLs/ILS training, social and recreational activities, recovery groups/didactic groups, and case management. Though staff and tenants state that services can be changed at any time, tenants identified only certain staff members who were keeping with this practice. Moreover, the charts selected for review displayed little evidence of staff making significant changes to member services for any reason.	• 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 tenants. • Hold all staff accountable for providing services that the tenants perceive to be necessary and useful.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Both tenants and PSH staff state that tenants had the right to decline services at any time. The Community Living services descriptions manual clearly states that support services are voluntary, and tenants are able to come and go "at will". Though tenants have the right to decline services, there was no evidence of member input into the design and provision of PSH services. All PSH staff and member interviews confirmed that programming	• As stated in 7.2.b, 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 tenants.

			changes were individually requested. Moreover, there was no indication or reference to a regular opportunity for tenants to provide collective feedback regarding the PSH program.	
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	Services are provided within optimum caseload sizes. At the time of review, the PSH program included 15 tenants and four PSH staff. Each PSH staff member has a primary assignment of four tenants. PSH staff are responsible for the behavioral health reviews, service plan updates, and most of the coordination for their primary tenants. PSH staff are able to provide assistance to any program tenant in need. Each day, staff alternate service duties at the various sites.	
7.4.b	Behavioral health services are team based	1 – 4 2	Individual service providers are primarily responsible for behavioral health services. In the current RBHA system structure, Supportive team tenants are assigned primary case managers for the purpose of managing and monitoring the member's access to behavioral health services. Tenants are referred to direct service provider agencies for specialty services such as general counseling and co-occurring disorder treatment. There is a modest level of team approach for tenants who are not enrolled in Assertive Community	• In the current RBHA structure, housing and behavioral health services are managed by separate agencies. Although these functions are separate, to the extent possible, Terros should continue efforts to coordinate with the RBHA clinical teams.

			Treatment (ACT) teams. Although improvements were noted, many PSH staff were still concerned with the level of collaboration with clinical teams; primary concerns were the lack of follow up with member appointments, transportation requests, and monthly progress staffings.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 3	Terros' PSH services are available seven days a week, but not 24 hours a day. PSH staff are scheduled for 10 hours a day, from 9am to 7pm. PSH Staff may occasionally adjust their schedules to meet member needs. There are three program supervisors on-call, in case an emergency or crisis situation arises. For crisis services, tenants are also encouraged to call the RBHA crisis line.	• Explore all options for designing a service schedule which allows for improved flexibility in service availability. (I.e. staff pool, staggered staff schedule).

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	4
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		3.33
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	2.5
Average Score for Dimension		2.25
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	1
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		1.83
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	1
7.1.b: Extent to which tenants have the opportunity to modify services	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	2
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	3
Average Score for Dimension		2.63
Total Score		14.67

Highest Possible Score		28