PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: December 15, 2016

To: Jocelyn Crowell, ACT Clinical Coordinator

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AHCCCS Fidelity Reviewers

Method

On November 8, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Chicanos Por La Causa (CPLC) ACT Permanent Supportive Housing Program (ACT 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.

Chicanos Por La Causa (CPLC) provides a range of programs in housing, early childhood education, workforce and economic development and health and human services to urban and rural communities in Arizona, New Mexico and Nevada. Behavioral health services are focused on children, youth and adults. CPLC currently has two ACT teams in Maricopa County, AZ. Though the subject of review was the CPLC Centro Esperanza ACT team, this report provides input on the overall Permanent Supportive Housing (PSH) program, as implemented by all of the CPLC ACT teams.

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

- Interview with the ACT Clinical Coordinator (CC);
- Interview with two ACT Specialists/ Case Managers (CM);
- Interview with two members who are participating in the PSH program;
- Review of agency documents as provided by the ACT CC; and
- Review of 20 randomly selected records, including charts of interviewed member/tenants.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the Permanent Supportive Housing (PSH) model using specific observational criteria. It is a 23-item scale that assesses the degree of fidelity to the PSH model along 7 dimensions: Choice of Housing; Functional Separation of Housing and

Services; Decent, Safe and Affordable Housing; Housing Integration; Right of Tenants, Access of Housing; and Flexible, Voluntary Services. The PSH Fidelity Scale has 23 program-specific items. Most items are rated on a 4 point scale, ranging from 1 (meaning *not implemented*) to 4 (meaning *fully implemented*). Seven items (1.1a, 1.2a, 2.1a, 2.1b, 3.2a, 5.1b, and 6.1b) rate on a 4-point scale with 2.5 indicating partial implementation. Four items (1.1b, 5.1a, 7.1a, and 7.1b) allow only a score of 4 or 1, indicating that the dimension has either been implemented or not implemented.

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The majority of tenants live in housing settings where they can choose their type of housing, unit, and household composition.
- Clinical and social service providers are based offsite in the majority of living situations.
- Most tenants live in housing units that are integrated into their surrounding communities.

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

- The agency had the income and rental information for only approximately 8% of all tenants on file. Tracking this information is an important method for monitoring housing affordability for tenants.
- The agency did not present HQS or other safety inspection data for any of the housing types occupied by tenants. In addition to going through the appropriate channels to obtain inspections from Regional Behavioral Health Authority (RBHA) affiliated programs, with the large number of tenants living outside of subsidized programs (e.g. in family homes), it may require this agency to research creative solutions to fulfill this requirement.
- Though the agency was clearly helping tenants to achieve their Individualized Service Plan (ISP) goals, the opportunities to modify those accompanying services were not documented in the records. Less than half of all records reviewed had any revised ISPs in the chart. Train staff to ensure that tenants are given opportunity to revise their plans. Additionally, verify that all ISP changes are filed in the tenant's charts.

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	The majority of tenants participating in the CPLC ACT program were able to choose the type of housing they preferred. Tenants discussed their home search process with reviewers, mostly stating that they were encouraged by staff to find apartments within their community. Staff explained their approach to housing search, often stating their focus on helping tenants to evaluate their own needs and resources as a way to narrow their available options. Data was provided for all ACT members served by the team. For the 78 tenants receiving housing support, the data suggests that approximately 47% of them live independently in the community. These tenants are receiving Scattered Site (SS) funding vouchers from the RBHA (Regional Behavioral Health Authority) or are self-pay. Approximately 35% of tenants live with family. About nine percent (9%) live in Community Living Placement (CLP) settings, five percent (5%) live in Assisted Living homes, two percent (2%) live in Halfway Houses, and two percent (2%) live in residential treatment settings.	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment	1 or 4 4	Based on the data provided, most tenants live in settings where they have a choice of housing unit. There are 47% of tenants who live independently in the community, primarily in rental apartment communities. All of these apartment settings are available to the general public. After reviewing available housing options with	• Actively track the number of members who want to transition from their family homes into their own residences. Continue helping them to achieve their housing goals by *actively* searching for affordable, independent housing options.

	programs, tenants are offered a choice of units		tenants, staff stated that some tenants elect to stay with family due to their concerns regarding the cost of independent living. Though 35% of tenants were identified as living with family, reviewers were unable to confirm the number of them who lived there out of necessity and/or the lack of available, affordable housing options. The remaining 18% of members are living in settings where they do not have a choice of unit offered (e.g. HH or CLP).	
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	Though a majority of tenants live in their setting of choice, both the tenants and staff described the challenges experienced with RBHA waitlist procedures. Of the tenants living independently in the community (47%), nine percent (9%) of them receive SS vouchers from the RBHA. Staff reports that there is currently a two-year waiting period for these vouchers. Once received, tenants are free to choose any property that will accept the voucher and pass the safety inspection. Another nine percent (9%) of tenants live in CLP settings. Staff report that the waitlist for these settings impose some limits to the number of units a tenant can refuse. For example, staff reported that tenants are able to refuse a unit if it is for a "disability need", such as inability to climb a flight of stairs to an assigned unit. Staff were unclear if tenants were placed at the bottom of the waitlist if they refused a defined number of units (e.g. after three unit refusals).	• The RBHA and agency should clarify the waitlist procedures with ACT teams and provide regular updates on the status of all member housing applications.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their	1, 2.5, or 4 4	The majority of tenants live in settings where they are in control of the composition of their household. Of the 78 tenants served, approximately 47.4% of them live in	

	household		independently-obtained housing or used RBHA-funded, Scattered Site vouchers to attain housing in integrated apartment settings. The next largest group of tenants lives in the community with family members (34.6%).	
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	The majority of tenants live in settings where housing management providers do not have any formal role in providing social services. Staff and tenants report that the team is required to obtain ROIs to speak with landlords or any other entity. Even with an ROI, tenants must expressly provide consent for staff to discuss any housing concerns with housing management. Staff also confirmed their role with the CLPs, stating that they are not directly involved in the direction of a tenant's treatment (e.g. they are not involved in ISP goal development). The four percent (4%) of tenants who live in Halfway Houses (2%) and residential treatment facilities (2%) are in settings that can be more imposing.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 2.5	The majority of tenants live in settings where ACT staff do not have any responsibility for housing management functions. However, staff were malleable in their stance on their involvement in CLP housing. All staff interviewed reported that they were not required to deliver eviction paperwork or report property damage; however, some staff reported that they would "strongly encourage" tenants in these settings to "do the right thing" by self-reporting their damages.	• With regards to this matter, train staff to be equally obligated to housing management in all settings. Staff should not feel increased obligation to oversee the behaviors of tenants in CLP or other semi-structured settings over those who live in integrated, community settings.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	The majority of housing settings identified in this review had all social and clinical service providers based in separate, offsite locations. Staff reported that the CLP sites also did not have their services based in tenant homes; rather, these services were mobile, and brought to tenants upon request. The two percent (2%) of tenants who reside in residential treatment had in-house treatment providers.	
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 1	Of the 77 tenants served, 7.79% of them had rental/income data available for review. Of the tenants with data, 66.67% of them were living in settings whose cost exceeded 50% of their total income.	• The ACT team should consider actively updating tenant living expense data into their regular, service contacts (e.g. ILS skills training, home visits, etc.) Tracking this information is a clear method for monitoring housing affordability for tenants. • Ideally, tenants should not spend more than 30% of their income on rent.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	The ACT team was unable to provide reviewers with any HQS reports to review. Staff stated they had requested them from a couple of the housing agencies; however, they were redirected to the RBHA, due to their lack of appropriate authorization to tenant documents. Also, staff did not obtain any HQS reports for members living in independent settings. The lack of HQS reports was reflected in the score.	• Obtain the appropriate Request for Information (ROIs)/Authorization for Disclosure (AUDs) needed to verify the decency and safety of tenants' residences. Staff should discuss with tenants the benefits of allowing staff to keep copies of HQS reports. • For residences that may not require inspections (i.e. family homes), the agency could partner with an agency that provides this service.
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				

4.1.a	Extent to which housing units are integrated	1 – 4 4	Based on the data provided, approximately 18% of all tenants lived in settings that were set-aside for people with disabilities. These settings included Community Living Placements (CLPs), Assisted Living facilities, and Halfway Houses. The remaining 82% lived in independently-obtained housing, with family members, or in apartment units subsidized by the RBHA's Scattered Site voucher program.	
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	The ACT team was unable to provide any lease agreements or other documents to verify that tenants had full rights of tenancy. Staff did not report any formal process for obtaining leases at lease signings or directly from the tenants in case management appointments.	• The team must explore and/or develop a system for obtaining leasing information from tenants. For example, work with housing staff to track lease renewals, so they can incorporate the obtainment of leases into regular visits. Ideally, ACT specialists offer to attend lease signings with members to provide support, and to ensure that members understand the terms of their lease and their rights of tenancy.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	Approximately 82% of tenants live in settings that traditionally do not make tenancy contingent upon program compliance (47% SS/Self-pay; 35% with family). However, leases were not available for review. Moreover, there was no leasing information available for nine percent (9%) of tenants who live in CLP settings; these settings may or may not have rules of contingency in place. The four percent (4%) of tenants living in residential treatment and HH settings were deemed by staff as "at risk" for losing their housing should they experience a drug relapse. There was no documentation provided for the five	• See recommendation in 5.1.a.

			percent (5%) of members in assisted living settings.	
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units.	1 – 4 2	Though the majority of tenants are given the opportunity to live in integrated, community-based settings, some tenants have been required to demonstrate housing readiness prior to conducting an unrestricted search. Most staff reported that the most significant factor in a housing search is affordability; staff will attempt to help all tenants to find housing within their budget. However, it was noted in the staff interviews and in the tenant record review that some of the tenants who were residing in residential treatment or any partially-staffed settings had ISP goals that were gradual in nature; these tenants would eventually be moved into community settings once they were "stabilized". This is not true for all tenants, as one tenant reported that he went directly from the hospital into the integrated home where he currently lives.	• Be consistent in approach to readiness requirements. PSH is designed to create successful housing situations for tenants with the greatest housing obstacles. Therefore, no tenant should be required to demonstrate readiness prior to searching for integrated community settings.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	The ACT team is required to complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) with all tenants referred for housing. The VI-SPDAT is used to gauge the skills and the services needed for housing stability. Staff also said that members who were hospitalized received housing through RBHA programs more promptly. Though the VI-SPDAT is being used to create a priority listing of tenants for RBHA programs, the ACT team generally treats all housing needs with equal levels of urgency. When asked about prioritization of tenants who have obstacles to housing, staff stated "every need is	• Continue to orient staff to the purpose of prioritization in a housing program. Expand their understanding of tools (such as the VI-SPDAT) as a way to provide direction on how to prioritize housing needs.

			the same" and "everyone is a priority".	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 4	The CPLC staff do not have access to tenants' units in any housing scenario. The team reports that they do not have keys or agreements with tenants that allow them to access units, under any circumstance. Staff reported that they are required to contact the property manager and/or local authorities to conduct wellness checks in situations where they may be concerned for a tenant's wellbeing.	
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	Based on the evidence provided, it was determined that tenants are the primary authors of their service plans. Both the staff and tenant groups interviewed referred to the service plan as the guiding document for tracking and measuring the outcomes from goals established by tenants. The Individualized Service Plans (ISPs) evaluated by reviewers reflected goals established by tenants; this was further confirmed by the housing and living skills outcomes reflected in the chart review, such as living independently in an apartment or learning to budget.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	Staff reported that ISPs are modified every six months, or upon the tenants' request. Tenants stated that they were actively involved in the service planning process, but were unable to recall the frequency of their revision(s). Of the charts selected for review, less than half of them had ISPs updated in the past year. The lack of updated ISPs in the charts was reflected in the score.	• Ensure that each tenant has an updated ISP in his or her chart. • If ISPs are not being updated on a regular basis, staff should be trained to follow the agency policies for updating these documents. See 7.2.b for more discussion on service plan updates. • In addition to discussing the role of ISPs with tenants, educate members on the importance of regularly updated

				service plans.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants must be clinically enrolled in order to maintain tenancy in scattered-site voucher or RBHA contracted housing. Staff said they can choose any service they want or decline services, including case management. However, tenants who no longer want RBHA enrollment must find other methods for funding their housing. At this time, approximately twenty-seven percent (27%) of program tenants are in settings which would be affected by RBHA disenrollment. These settings would include CLP, Halfway houses, Assisted Living, Residential Treatment and SS vouchers.	• Due to the structure of the current RBHA system, the ACT team may have a limited capacity to influence this area beyond their current efforts. To the extent possible, the ACT team should continue to respect member choice to participate in the services that reflect their needs and priorities, including the choice to participate in no services.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 2	The evidence provided suggests the service mix on the ACT team can be adapted in minor ways. ISPs reflected that tenants could choose from the selection of ACT-affiliated services, such as: independent living skills, substance abuse treatment, psychiatric treatment, vocational, and housing support. Though the array of services is many, some ACT staff reported that they intentionally kept the objectives of the services "broad". Reviewers were told this is done to reduce frequent, minor updates to the ISP. Though ISP goals were clearly in the tenant's voice, the objectives attached to their fulfillment were often grouped into themed categories (e.g. common behavioral stabilization goals for all tenants).	• Staff should not intentionally write ISP objectives in broad terms to reduce the frequency of ISP updates. ISPs should be updated in accordance with agency policy and reflect members' goals and progress.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Tenants have some input into the design and provision of services. Tenants and staff stated that tenants most often provide feedback individually, often discussing programming changes as they relate to ISP goals and/or their frequency of contact with ACT staff. Neither tenant or staff	• Help tenants to become acquainted with any existing boards, forums, or councils that provide tenants with a regular outlet for providing feedback on services. • For services to be truly member-driven,

			groups interviewed mentioned any existing outlets for tenants to collectively share feedback on the program's structure or delivery. Additionally, the role of peer staff in shaping member services was not highlighted to reviewers.	create forums or settings where ACT tenants can directly provide regular feedback on services as a group. • Explore options for integrating tenants or peer staff into leadership roles on ACT teams, when possible. Peer staff can provide valuable insight on the needs and concerns of tenants.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	The ACT staff are provided with optimal caseloads for service provision. Staff reported their caseload sizes to be approximately 12 tenants per ACT staff.	
7.4.b	Behavioral health services are team based	1 – 4 3	The tenants receive their behavioral health services via the ACT team. Staff and tenants reported that the ACT team is primarily responsible for the provision of housing, independent living skills, substance abuse treatment, medical coordination, and psychiatric care. Though 18% of tenants live in residences with overlapping case management services (e.g. CLP, HH, etc.), ACT staff provide regular assistance to these tenants for certain ACT services, such as medication monitoring.	• The team should continue to offer services to members in the least restrictive environment, which should be based on member preference and preferably through the ACT team.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The ACT team is available to provide services to tenants 24 hours a day, seven days a week. Staff reported that they follow their agency's ACT protocol for after-hours service provision, which includes having an on-call staff and an on-call backup staff available for tenants at all times.	

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	3
1.2.a: Tenants have control over composition of household	1,2.5,4	4
Average Score for Dimension		3.75
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	4
Average Score for Dimension		3.5
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	1
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	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	2.5
Average Score for Dimension		1.75
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	2
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
Average Score for Dimension		2.83
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	1
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	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		2.88
Total Score		19.71
Highest Possible Score		28