PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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ADHS Fidelity Reviewers

Method

On November 17-18th, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the La Frontera Arizona's (La Frontera) 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.

La Frontera is a long-standing behavioral health agency in Southern Arizona. La Frontera's services include mental health, housing, family and children's services, employment, crisis intervention, and community and cultural education. In addition, La Frontera EMPACT has been a joint partner in crisis and mobile team services for mental health emergencies. In recent months, La Frontera acquired the Capitol Center and Comunidad Clinics from the People of Color Network. The clinical services and two of the currently-operating ACT teams were included in the acquisition. For the purposes of this PSH review of the agency's ACT teams, the Comunidad ACT team was selected as the representative sample for the agency's services.

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 and tour of the agency
- Interview with the ACT Clinical Coordinator
- Group interview with five ACT Specialists: Rehabilitation Specialist, Housing Specialist, two Substance Abuse Specialists, and one ACT Specialist
- Interviews with two members who are participating in the PSH program
- Interview with a Regional Behavioral Health Authority (RBHA) housing representative
- Review of agency documents including the fidelity review data collection sheet
- Review of 10 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 ACT team works directly with tenants to find housing options that meet their individual needs. The search for ideal housing extends beyond affordability; members will often choose places that have community amenities that enhance their lifestyles (e.g. housekeeping services).
- The ACT team is responsible for 24-hour, seven days a week service coverage, including crisis.
- ACT staff expressed commitment to sharing responsibility for meeting the needs of all tenants; they work together to solve complex member needs, in hopes of avoiding or mitigating the impact of crisis situations.

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

- Tenants should not reside in treatment programs longer than required for successful treatment of the presenting condition. The RBHA and provider agency should further explore the housing challenges experienced by tenants in community settings. Create opportunities to educate and collaborate with property managers, with the goal of increasing prospective housing opportunities for members in community settings. In addition, the development of a comprehensive resource for staff to locate available housing could also be beneficial.
- Discuss and verify rights of tenancy, decency, safety, and affordability of housing for tenants who do not reside in RBHA-contracted housing. Living with family does not guarantee rights of tenancy, or the decency, safety, and affordability of housing for tenants. In tracking these items, staff becomes equipped to assist tenants in identifying and maintaining the ideal living situation.
- The RBHA and provider agency should coordinate with each other to ensure that teams are informed of the process for obtaining third-party documents from RBHA-contracted agencies/companies. The ACT teams expressed much confusion regarding the process for obtaining tenant leases and HQS inspections. Teams may benefit from explicit instructions on how to obtain documentation necessary for establishing the decency, safety, and affordability of tenant housing.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1 Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 2.5	Tenants have a restricted choice of housing options. According to staff, the housing search begins with assessing the needs and wants of the tenant. Tenants state what their needs and housing preferences are, and staff educate them on the available options that could fulfill their request. These options could include the RBHA-voucher (scattered site) programs, the ABC Homeless Housing program, the RBHA's Community Living Program (CLP), or living independently in the community without RBHA-voucher/housing program assistance. Non-RBHA voucher/housing may include county or city funded subsidized programs such as Section 8, or self-pay, market housing situations. Of the 83 tenants on the ACT team, 8.4% live in halfway houses, 1.2% live in an assisted living setting, 10.8% live in ACT houses, 39.7% live in RBHA scattered site programs and 8.4% live in CLP housing. There were 10.8% of tenants living with family and 10.8% living in residential placement. The remaining 20.7% of tenants live in independent settings. Ultimately, nearly 78% of all tenants live in scattered site or independent living settings in the community. Staff discussed their obstacles to housing tenants in preferred settings. Some staff perceived that there was a reduced availability of housing vouchers through the RBHA in recent months.	• The RBHA and provider agency should further explore the housing challenges experienced by tenants in community settings. Create opportunities to educate and collaborate with property managers, with the goal of increasing prospective housing opportunities for members in community settings. • Continue working with tenants to explore permanent housing options for tenants that are outside of RBHA funding sources. Continue to research and apply for subsidized housing programs and vouchers that are funded by other municipal sources (I.e. City of Phoenix, City of Tempe, Section 8, etc.) • The agency should consult with the RBHA and ADHS to clarify any HUD policy or program changes that may be affecting the acceptance of scattered-site vouchers.

			Staff also identified tenants who have any criminal history as difficult to house. The remaining Availability of housing, vouchers and status such as felonies restrict housing. Additionally, staff identified newly-implemented United States Department of Housing and Urban Development (HUD) housing programs as causes for the non-renewal or non-acceptance of RBHA vouchers in communities that would previously take them.	
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	According to tenants and staff, only the tenants living in scattered site and independent settings are able to choose their unit. Tenants living in CLP programs, residential settings and other staffed settings are unable to choose the unit they want; 20.2% of all tenants live in settings where they are assigned a unit.	• Continue working toward housing tenants in settings that support their choice of unit. Also, see recommendations in 1.1.a.
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	Staff report that tenants living in independent settings do not encounter waitlists for housing. In contrast, both tenants and staff agreed that the waitlist for RBHA housing programs was lengthy. For scattered site vouchers, tenants wait for their name to appear at the top of the list. Staff were unclear on the waitlist procedures for CLP housing; most staff perceived that tenants are urged to pick a unit once they have been offered two to three units, partly due to their limited success in receiving subsequent openings from the RBHA. Some staff reported having RBHA representatives urge them to "reevaluate the appropriateness of their referral" if tenants make three refusals.	• The RBHA should clarify waitlist procedures with teams and provide teams with regular updates on the status of tenant housing applications.
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	Approximately 43% of tenants live in settings where the composition of household is predetermined. This includes halfway houses, Transitional Living Placements (TLPS), CLPs, residential facilities, assisted living homes, and ACT houses. In all of these settings, tenants have housemates, but are given their own rooms. Staff perceived that tenants living independently or with RBHA vouchers are able to choose who they live with.	• Continue working towards helping members obtain housing options that promote choice in the composition of their households.
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 2.5	Housing management providers may have overlapping social service roles. Staff and tenants report that housing management providers generally do not involve themselves in clinical affairs. Typical interactions between housing management and the ACT team are eviction prevention discussions. Though according to staff and some tenants, the roles of housing management and clinical teams seem distinct, one member reports that he is required to participate in groups provided by his residence on a daily basis as a part of his housing contract.	• The RBHA/agency/ACT team should verify if tenants are required to participate in groups as a condition of housing. If so, this requirement should be eliminated.
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 ACT team has overlapping roles with some housing management providers. Staff report that they provide eviction prevention services for members in all housing types. However, staff acknowledged that they are required by one housing management company to report drug use and property damages at their homes. Staff did not perceive this same requirement from any of the other housing management companies.	• The ACT team should set clear boundaries with property management companies and tenants regarding their level of involvement in housing management functions. While staff are made available for guidance, tenants should assume full responsibility for activities in their homes.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	The ACT staff are housed at the behavioral health clinic, and do not have remote offices in any housing setting. Though the ACT staff provides mobile, in-home services, approximately 22% of tenants live in settings where non-ACT staff are available in some capacity. Reviewers received inconsistent information and data on the number of housing settings where non-ACT staff has remote offices onsite: however, it was clearly determined that 10.8% of all tenants lived in 24-hour treatment facilities.	• Continue working towards housing tenants in settings where services are based offsite and not at tenant residences.
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	Staff estimated that tenants in all types of housing settings (CLP and RBHA-voucher program) are paying between 30-40% of their income. Staff also assumed that tenants who live independently or with family could potentially may more than 30% of their income for rent. The ACT team was able to provide leasing information for members living in one of the RBHA-contracted housing management companies. Staff were unable to collect data on members living in another RBHA-contracted housing management company, or those who have been living in independent and/or family settings. The lack of data for this item is reflected in the score. Reviewers spoke with a RBHA housing representative about the process for acquiring leasing information from RBHA contracted housing management companies. The RBHA representative stated that it was incumbent upon ACT teams to acquire the necessary authorizations from tenants for the release of housing information, prior to	• The RBHA and agency should coordinate with each other to ensure that teams are informed of the process for obtaining third-party documents from RBHA-contracted agencies/companies. • Discuss and verify affordability of housing for tenants who do not reside in RBHA-contracted housing. Living with family does not guarantee the affordability of housing for tenants.

			requesting it from the housing management companies.	
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 data on Housing Quality Standards (HQS) inspections for tenants receiving PSH services. Staff stated that HQS data was requested prior to review: however, they were unable to obtain it from the associating property management organizations. Staff stated that one of the RBHA-contracted housing management companies has recently agreed to have the Housing Specialist (HS) attend the HQS inspections when they are being performed. Staff said they have no such agreement with Biltmore Properties.	• See recommendations in 3.1.a. • Discuss and verify decency and safety of housing for tenants who do not reside in RBHA-contracted housing. Living with family does not guarantee decency or safety of tenants. Consider training staff on HQS and other HUD standards so they are familiar with safety inspection criteria. • The RBHA should work with its contracted property managers to ensure requested documentation can be made available to providers.
Dimension 4 **4.1 Housing Integration**				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 3	Approximately 43% of tenants are living in housing settings where all units have been set aside for people with disabilities, such as halfway houses, ACT properties, CLP and residential treatment facilities. Staff also discussed unintentional clustering of tenants in neighborhoods which are more receptive of those with limited income, RBHA vouchers or other challenges such as criminal backgrounds. In addition, staff stated that tenants refer each other to the communities with the best amenities with their financial limits (i.e., apartments with a housekeeping service).	• The RBHA and agencies should work together to provide teams with an up-to-date and comprehensive resource or housing list of available communities that take RBHA funding. The resource should be monitored and revised as communities are added or removed.
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 currently serves 83 tenants. According to staff, 64 tenants are living in settings with leases; approximately nine tenants live with family or with significant others. The rental data/leases for 13 members were provided to reviewers. All of the leases were from CLP properties. Staff reported that they had much difficulty obtaining leases from one of the RBHA-contracted housing management companies, but found the other contracted company to be "helpful and responsive". Staff did not provide leasing data for members living in independent or scattered site settings. Staff perceived that tenants have full rights of tenancy in all of their identified housing settings. Though they felt the lease agreements in CLP, scattered site and independent settings were equal, they did identify some rules that did not reflect full rights of tenancy. For example, members in many CLP properties are unable to have significant other(s) stay overnight due to privacy concerns for their housemates.	• See recommendations in 3.1.a and 3.1.b. • Obtain leasing information for tenants in all settings, including with family and significant other(s). Living with family does not guarantee rights of tenancy. Moreover, local landlord/tenant laws may require all the names of tenants over 18 years of age to appear on leasing contracts. • The RBHA and agency should coordinate with each other to ensure that teams are informed of the process for obtaining third-party documents from RBHA-contracted agencies/companies. • The RBHA should work with its contracted property managers to ensure requested documentation can be made available to providers.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	Approximately 38% of all tenants live in CLPs and residential settings with 24-hours (or less) of staff availability. Staff report that all CLPs and residential settings require clinical enrollment in order for tenants to maintain housing. Staff also report that tenants abide by certain rules in order to maintain CLP and residential housing. For instance, in many CLP settings, tenants are unable to have overnight guests of the opposite sex if they reside with housemates. There was no indication that tenants have been evicted for breaking those types of "house rules";	• The RBHA should evaluate housing options available to tenants, ensuring that all permanent housing settings are unencumbered by rules that are not included in standard lease agreements.

			nonetheless, the rules exist.	
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	Interviews and available data suggests some members are required to demonstrate housing readiness to gain access to units. Though the team has nearly 75% of tenants living in the community, 13% of tenants reside in 24-hour residential facilities. Staff mentioned that they work to transition tenants to supportive case management teams when they enroll in treatment programs to avoid the duplication of ACT services to tenants. One tenant who is currently residing in a residential program states that he was "required to stay there until completing the program". Now that he has completed the program, the team is working on finding him a facility to "step-down" into. Staff attributed their lack of success in housing this tenant partly to their attempt to respect his housing specifications while navigating the constraints imposed by his felony history. In this and in similar situations, the team will recommend ACT houses or other CLPs as a temporary living arrangement.	• See recommendations in 1.1.a. As the access to resources, joint ventures and programming expands, teams will be better equipped to help tenants find suitable housing, rather than feeling forced to accept temporary situations due to lack of availability. Tenants should not reside in treatment programs longer than required for successful treatment of the presenting condition.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Tenants who meet program eligibility have equal access to housing. ACT staff perceived that RBHA housing procedures are focused more on tenants who appear to have an elevated rate of service utilization in emergency settings (I.e. inpatient hospitalization), and not all who have significant housing barriers. The team views each housing request as "important" and works towards meeting the expressed need. This approach often leads staff to explore housing settings that do not require vouchers from the RBHA.	• The RBHA and provider agencies should work towards making tenants with the most significant barriers to housing a priority. Though those who are hospitalized or homeless have significant barriers, priority extends beyond those measures (e.g. significant criminal background).

6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 2	Staff maintains limited access to tenant units. Staff affirmed that they are not allowed to enter tenant units, unless there is a safety concern. If a concern arises, staff is required to contact the landlord and/or police to perform a health and safety check. When asked about the level of access the team has to the ACT house, it was reported that the team has a key to the front door; however, no one has ever had to use it. In contrast, documentation was found in the record review detailing accounts when the ACT staff has entered a residence unannounced because "the front door was unlocked". The frequency of unannounced entries by ACT staff was difficult to determine.	• Review and revise ACT policies to ensure that tenants have total control of privacy in their units.
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	Tenants choose the types of services they want upon program entry. Staff view themselves as facilitators who "are here to give them [tenants] what they want". Tenants felt confident that their clinical teams were fully committed to helping them connect to the services they want. The results of the record review supported member and staff claims; all of the records reviewed displayed service plans that were written in the tenants' voice. In addition, all tenants who desired to live independently in an apartment received their request. In all, over 61% of tenants live in independent and voucher-based housing.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	According to both staff and tenants interviewed, tenants are offered regular opportunities to modify services. Tenants interviewed told reviewers they felt comfortable reviewing their service plans at any time. Staff also stated that	

			members have the right to update their plans "everyday if they want to. We [ACT staff] are just here to write down what they want".	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants are able to choose the services they desire from the ACT team. Available services include employment, rehabilitation, independent living skills, substance abuse treatment, housing, psychiatric and medication monitoring. Staff reported that tenants receiving a RBHA funded housing voucher are unable to retain their funding upon disenrollment or decertification of services. Staff discussed their recent focus on placing members in alternative voucher programs (such as county/city programs) that are not connected to RBHA funding. As the team attempts to navigate HUD programs and other community housing resources, some staff expressed their need for training on the impact of these entities on ACT tenants.	• Continue working with members to secure housing options that are affordable regardless of the availability of entitlement programs. • The RBHA and/or agency should provide staff with ongoing opportunities to receive updates and/or training on changes to housing options.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	The ACT team provides a standard mix of specialty-based, ACT services to tenants. Staff state that the intensity of engagement and staff involved in service delivery varies according to the needs expressed by the tenant(s). Tenants stated that ACT services can be modified by request. Staff additionally noted that tenants on court ordered treatment (COT) were legally required to meet with the team Psychiatrist and accept mandatory medication services.	• Though some services may be required for ACT tenants, the way they are delivered is adaptable. Use home visits and/or in-person meetings as opportunities to review service plans and discuss if their current services are being delivered in ways that are beneficial to the tenant.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Tenants have limited input into the design of the PSH program's services. Staff listed a couple of regularly-scheduled opportunities for members to provide feedback on the services provided by the agency. Tenants receive a quarterly survey or	• The agency should develop opportunities for members to provide direct group feedback regarding the structure and implementation of PSH services.

			attend the monthly member's council meetings through the RBHA. When discussing the effectiveness of these approaches, staff expressed that they felt the quarterly surveys were more effective when members were able to complete them in person at the clinic, rather than by mail. Also, the feedback received by tenants in both of these forums is either ACT or clinic specific. Staff and tenants perceive that service changes happen primarily on an individual basis.	
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	Each ACT staff has a caseload of 10-12 people. There is an adequate number of staff available to provide necessary PSH services to tenants.	
7.4.b	Behavioral health services are team based	1 – 4 4	The ACT specialists interviewed shared their strategies for servicing members as a team. Though assigned individual caseloads for paperwork purposes, ACT staff share responsibility for meeting the needs of all members. Staff gave examples of how they work together to solve complex member needs, in hopes of avoiding or mitigating the impact of crisis situations.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The ACT team is responsible for 24-hour, seven days a week service coverage, including crisis response for tenants, and those participating in the PSH program.	

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	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		2.25
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	2.5
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	3
Average Score for Dimension		2.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	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	3
Average Score for Dimension		3
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the	1,4	1

housing unit		
5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	2.5
Average Score for Dimension		1.75
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	2
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	2
Average Score for Dimension		2.17
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
7.1.b: Extent to which tenants have the opportunity to modify services 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: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	4
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		3.5
Total Score		16.34
Highest Possible Score		28