

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

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To: John Moore, CEO
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From: Georgia Harris, MAEd
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ADHS Fidelity Reviewers

Method

On April 25-26th, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Marc Community Resources 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.

In operation since the 1950s, Marc Community Resources, Inc. (Marc) is a non-profit agency, providing educational, rehabilitative, therapeutic, and social services to people with physical and/or behavioral health challenges. For over six years, Marc's Hope Network program has sought to provide PSH services to Maricopa County residents experiencing a Serious Mental Illness (SMI). In previous years, the Hope Network operated with three branches: Hope East, Hope West, and Hope Central. Though they provided the same service and have the same leadership, each of the network branches are distinguished by their funding sources. In the past year, the three branches were amalgamated into a single program. Marc does not own or manage any properties; they provide in-home support/PSH services to tenants who are currently housed or are starting their housing search. Marc's Hope Network program engages in ongoing provision of over \$12,000 in furniture vouchers and over 300 home starter kits annually. The kits are designed to provide tenants with the basic accessories needed to live independently (e.g. dishes, utensils). At the time of review, the program was serving 87 tenants.

PSH services are reviewed starting with the moment a Regional Behavioral Health Authority (RBHA)-enrolled SMI tenant voices a need for housing. The review process then continues through the RBHA system, to the provision of PSH supports. In order to effectively review PSH services in Maricopa County, the review process also includes evaluating the working collaboration between the PSH provider and the referring clinics with whom they work to provide services. For the purposes of this review at Marc, the two referring clinics included were the Partners in Recovery (PIR) Gateway and East Valley clinics.

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

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

- Orientation of the agency.
- Group interview with the Chief Operations Officer, the Director of Recovery and Resiliency Support Services, the Quality Assurance Manager, and two Program Directors.
- Group interview with five direct support staff (Recovery Coaches/Peer Support Specialists/Program Specialist/ Program Coordinator).
- Group interviews with PIR Case Managers: two from the East Valley clinic and two from the Gateway clinic.
- Interviews with three tenants who are participating in the Marc PSH program.
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules.
- Review of 20 randomly selected records, including charts of interviewed 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 program provides tenants with a true choice among available units in the community. Though tenant choice is often restricted at the clinic level, Marc staff encouraged tenants to be selective in the unit they choose, often compelling tenants to view multiple units prior to making a final decision.
- Most tenants have choice in household composition. Approximately 93% of all tenants live in housing situations where they can decide their household composition.
- Functional separation exists between property management and the PSH program in all housing settings. Both the staff and the tenants interviewed affirmed that Marc may work in tandem with property managers for eviction prevention, but will not provide services that are related to leasing obligations.

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

- Reviewers were unable to accurately measure the affordability of housing due to a lack of data. Tracking affordability can include lease agreements, rental calculation forms, rate increases and other documents. It will be helpful for the tenant and the program stay abreast

of changes that may cause a cost burden, which could potentially lead to a tenant's financial instability.

- Reviewers were unable to accurately measure the rate of safety and quality compliance of the tenants' units. Housing Quality Standards (HQS) inspections were listed for 37% of all tenants served. More than half of all tenants reside in homes funded by RBHA Scattered Site vouchers. Though agency staff reported that Scattered Site units should have HQS inspections conducted annually, the team provided just 46% of Scattered Site HQS reports. Though related records can lead to a safety determination, HQS inspections are the U.S. Department of Housing and Urban Development (HUD) minimum quality standards for tenant-based programs. The PSH program should collaborate with the RBHA to determine the best method for maintaining these records.
- Reviewers were unable to accurately track rights of tenancy due to a lack of data. Leasing data was maintained for 21% of all program tenants. Reviewing lease agreements (and other addenda) helps to ensure the landlord-tenant relationship does not become restrictive and coercive while the tenant occupies the unit. By having a lease on file, staff are equipped to evaluate with tenants any changes to the relationship between landlord and tenant, particularly if their actions become improper and/or illegal.

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	<p>Tenants are given a restricted choice of housing types at the clinic level. Staff at both clinics described many housing options for tenants requesting housing assistance. The housing types and programs mentioned were as follows: RBHA or ABC Housing -funded Scattered Site vouchers (SS), Community Living Placement (CLP), City/County voucher programs (Section 8/Bridge to Permanency), Independent living (self-pay), shelter programs and Transitional Living Placement (TLP). Of those tenants enrolled in the Marc PSH program, 93% are either self-pay, or are funding homes in the community through SS, City or County voucher programs. Approximately three percent (3%) of tenants live in shelter programs, and another three percent (3%) live in CLP. Slightly above one percent (1%) are temporarily residing in the homes of friends or family.</p> <p>Though the vast majority of tenants affiliated to Marc reside in homes of their choosing, interviews with the clinical teams revealed that not all tenants in the larger RBHA system are initially given the choice to search for housing in independent settings. The majority of Case Managers interviewed discussed residential treatment (Flex-Care) as a primary consideration for tenants who have not demonstrated independence or psychiatric stability. Moreover, a few Case Mangers told reviewers that they use the</p>	<ul style="list-style-type: none"> • This PSH agency should continue to partner with the RBHA and clinical providers to offer guidance on the available PSH options available to tenants. Clinical teams should be fully aware of the benefits of PSH for tenants; notably the reduced readmission rate to hospitals and other inpatients settings when successfully engaging with wraparound supports. • PSH agencies should continue to provide guidance to clinical teams on the supports and availability of flexible supports to meet ever-changing needs of those with an SMI. • Empower clinical staff to welcome PSH programs as the primary choice for SMI tenants.

			prospective tenant’s answers on the Flex-Care application as a guide for determining the type of housing initially offered to them. If a tenant declines the offer presented by their clinical team, the Case Manager will subsequently offer assistance in applying to the setting which most closely aligns with the tenant’s housing goals.	
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	Tenants enrolled in the Marc PSH program may choose among multiple units. Approximately 52% of Marc’s tenants are subsidizing their homes through county/city/RBHA voucher programs. The vouchers are used to find open market housing, in the tenant’s community of choice. Clinical staff explained that they will offer Marc’s services primarily to tenants who are in need of home location services and ongoing community integration support. Tenants expressed satisfaction with the Marc program’s approach to home search and confirmed that they were encouraged to tour multiple units prior to making a final decision.	
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	1 – 4 4	Approximately 47% of Marc’s tenants receive scattered-site vouchers from the RBHA. The tenants and Marc and clinic staff describe the waitlist for scattered-site vouchers as “long”. However, once received, tenants can wait for their choice of unit. Once a tenant receives the voucher, they are free to look at all open market housing options that will accept the subsidy. The initial search period for apartment finding is 30 days; however, clinical and Marc staff report that tenants can have this search period extended up to 90 days. Tenants living with family or in self-pay settings (42%) do not experience waitlists 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	The majority of tenants have control of the composition of their household. Approximately 93% of all tenants live in housing settings that allow them to decide their housemates. This includes members with scattered-site vouchers, city/county voucher programs, market rate (self-pay) housing, or with family members. Of the remaining tenants, 2.7% live in shelters, 2.7% live in CLP housing, and 1.3% are identified as squatters. The tenants living in these settings have limited opportunities to choose household members.	
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	Housing management has no role in providing social services to tenants. Tenants and staff groups report that the property managers are focused solely on property management functions such as: lease and/or eviction execution, collection of tenant payments, and property maintenance.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4	The PSH agency does not have any authority to perform any property management functions for its residents. Marc staff and tenants interviewed affirmed that Marc staff are unable to collect rental payments, enforce lease requirements, or initiate evictions. Marc staff will collaborate with property managers for eviction prevention, but solely at the tenant's request.	

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Both the clinical and social services providers are based offsite in most housing situations. Tenants and Marc staff groups both stated that social and clinical services are brought to the tenant as needed. Marc staff also reported that referrals for all treatment-based specialty services were forwarded to the clinical teams for processing.	
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	Reviewers were unable to accurately measure the affordability of housing due to a lack of data. Based on the data provided, affordability could be calculated for 35% of all program tenants. Staff and tenants explained to reviewers that just over half of program tenants receive Scattered Site vouchers from the RBHA, and they are required to pay 30% of their income for rent. However, data was provided for just 46% of those units to perform the affordability calculation.	<ul style="list-style-type: none"> • Maintain documentation in tenant records to verify affordability. Tracking affordability can include lease agreements, rental calculation forms, rate increases and other documents; helping the tenant and the program stay abreast of changes that may induce a cost burden, potentially leading to financial instability.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD’s Housing Quality Standards	1, 2.5, or 4 1	Reviewers were unable to accurately measure the HUD Housing Quality Standards (HQS) due to a lack of data. Based on the data provided, HQS inspections were available for 37% of all tenants. Staff told reviewers that tenants receiving Scattered Site vouchers had initial and annual HQS inspections performed by the housing voucher administrators (i.e. HOM Inc., Biltmore Properties). However, data reflected HQS inspections for approximately 51% of all Scattered Site properties.	<ul style="list-style-type: none"> • The RBHA and agency should collaborate to discuss appropriate guidelines for obtaining HQS data from RBHA contracted housing management companies. • The RBHA and/or agency should consider developing partnerships with agencies who conduct HQS inspections and/or training opportunities for staff to learn HQS standards. This could be beneficial for the inspection of homes that are independent dwellings in the community.
Dimension 4				

4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	<p>The majority of Marc’s tenants live in integrated communities. The data provided to reviewers suggests that approximately 94.6% of all tenants do not live in units that have been set aside for those with disabilities. The remaining 5.3% live in CLP or shelters that are unquestionably set aside for those experiencing disabilities.</p> <p>Though the program is designed to integrate tenants into the community, clinical staff, Marc staff and tenants agreed that the pool of landlords accepting the voucher is limited; crime-free communities and local rents being raised above the voucher limits consequently creates a type of clustering, especially for those who have criminal convictions in their history.</p>	<ul style="list-style-type: none"> • The agency and RBHA should continue to explore methods for updating staff with new resources for housing members with backgrounds that create difficulty for obtaining housing. • Housing staff should continue to work in the community to develop relationships with more landlords. Staff may find that smaller, family-owned complexes may be more open to working with this population than larger, corporate agencies that have more stringent requirements. Focus on sharing success stories and references from former tenants.
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	<p>The reviewers were unable to verify if tenants had full rights of tenancy due to insufficient data. Marc staff and tenants reported that the leases signed in all housing settings were not dissimilar to those who are not receiving housing assistance. Marc staff also stated that tenants’ leases are free from any program-specific addendums or attachments. However, the data provided to reviewers showed 21% of tenants’ leases were in the PSH program’s possession.</p>	<ul style="list-style-type: none"> • Maintain complete and accurate records of leasing information for tenants in all settings, including those living with family and significant other(s). Living with family does not guarantee rights of tenancy.
5.1b	Extent to which tenancy is contingent on compliance with	1, 2.5, or 4 2.5	<p>Though Marc does not require clinical program participation, tenants must remain connected and enrolled in RBHA clinical services in order to retain their scattered-site housing voucher.</p>	<ul style="list-style-type: none"> • The agency may have limited ability to affect change in this area within the RBHA system. The agency may have more flexibility to offer services funded

	program provisions.			from other sources such as private or public grants (i.e. SAMHSA, etc.)
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 many tenants experienced minimal requirements for access to housing, this experience was not unanimous. Both clinical staff groups indicated that some tenants are screened for their appropriateness for Flex-Care (residential treatment) prior to discussing PSH programs. One tenant stated that he was in residential treatment and had to “graduate” before being considered for a less-restrictive, PSH program. Once enrolled with Marc, the tenant is free to choose any unit they can qualify for under the requirements listed by the voucher administrator and/or the property management company.	<ul style="list-style-type: none"> Empower clinical staff to welcome PSH programs (i.e. scattered site vouchers, income-adjusted properties) as the primary option for SMI tenants.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 4	Both Marc and the RBHA place priority on tenants with obstacles to housing stability. Both the Marc and clinic staff groups report that the RBHA is primarily focused on using the Vulnerability Index-Service Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine urgency of housing placement. Clinic staff are required to complete the VI-SPDAT prior to submitting an application for any of the various RBHA housing programs. Marc staff discussed their use of the VI-SPDAT with the reviewers. Marc staff report that they use the VI-SPDAT with all enrolled tenants; they often train clinical Case Managers on how to resubmit score changes to the RBHA, especially when a score change improves the tenants’ position on the RBHA housing waitlist.	

6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 3	<p>The majority of tenants have privacy in their housing units. Marc staff and most tenants stated that Marc staff does not have keys or any access to tenant homes. Staff notified reviewers of their entry process, stating they will contact landlords or emergency responders (e.g. police) for wellness checks. Staff stated that they have been asked by members to enter their homes while hospitalized, but have declined.</p> <p>Though the statements from staff and most tenants matched, some tenants relayed a different experience. One tenant openly stated that he signed a document giving Marc staff access to his unit (through a landlord) in an emergency.</p>	<ul style="list-style-type: none"> • If staff are truly prohibited from entering tenant units, clearly outline the boundaries of staff service with tenants. Ensure they fully understand the limits of their service agreement with the PSH program.
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 are the primary authors of their service plans. All tenant records reviewed at the clinics indicated that the tenant(s) desired to live independently. All tenants who receive services from Marc for housing supports either live independently, or are in the process of finding independent housing. Tenants interviewed were aware of the details of both their clinic and PSH service plans, stating they are receiving the services they requested.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Tenants have regular opportunities to modify service selection. Tenants, clinical and Marc staff stated that tenants are able to modify their clinical service plans annually or upon request. The clinical chart review indicated that services are modified at the frequency stated; goals were updated and periodically changed. At the PSH program, Marc staff stated that	

			tenants review their services every six months or sooner if requested, and the PSH chart review confirmed this.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants, clinical staff and Marc staff confirmed that tenants must be connected to the RBHA in order to retain their housing placement. Tenants and Marc staff stated that there are no other service requirements for tenants beyond maintaining RBHA enrollment and clinical team services.	<ul style="list-style-type: none"> The RBHA should consider expanding the scope of the voucher program to include a provision that may extend the voucher benefit for a period of time after disenrollment. Efforts may include exploring alternative funding sources that do not require enrollment in the RBHA system for eligibility.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	The available services are somewhat predictable, but tenants can make changes at their request. Marc services are implemented using the Critical Time Intervention (CTI) model. In this model, tenants are engaged by service staff more intensely at the beginning of the service relationship, so the needs that could immediately affect their ability to remain housed are addressed. Services and supports are tapered off as tenants begin to achieve milestones in their progress. Though the program design inherently generates a priority for services rendered, Marc staff state that tenant requests can be accommodated at any time. One tenant's statement validated this claim; he explained that his Recovery Coach (RC) had a "little sheet" he worked from, but "we could make changes to it". Overall, tenants reported they were satisfied with the program and the results they have achieved.	<ul style="list-style-type: none"> As tenants progress through the program, they should have more flexibility to change the intensity of services they identify. Consider allowing tenants the opportunity to decide the level of intensity as a part of the service plan revision process.
7.3 Consumer- Driven Services				
7.3.a	Extent to which	1 – 4	Tenants have limited input into the design and	<ul style="list-style-type: none"> Consider developing a scheduled

	services are consumer driven	2	provision of services. When asked about the opportunities for tenant input, Marc staff often described individualized encounters such as phone calls to administrators, monthly surveys, and the RBHA grievance process. Marc does not currently have a tenant committee or regularly-scheduled opportunity for tenants to inform practice as a collective group.	opportunity for tenants to provide feedback on the effectiveness of services as a group. Consumer-driven services can help to emphasize choice, flexibility and community integration.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	Marc staff report having caseloads of approximately 16 tenants each. Staff report that the caseload sizes are usually lower, but they are in the process of recruiting for vacant positions.	
7.4.b	Behavioral health services are team based	1 – 4 2	In the current system structure, the individual case managers from the provider network clinics are responsible for all behavioral health coordination for tenants. As a result, the team approach is missing for those tenants who are not on ACT teams. In cases where the tenant is in need of services that can be provided by Marc (e.g. DBT) or another agency, Marc staff must notify the clinical team and can make a referral to the provider of their choice.	<ul style="list-style-type: none"> Based on the structure of the system, housing programs are handled as a specialty service referral, rather than an integral part of psychiatric case management services. Therefore, it may not be possible for Marc to provide services through a team. The RBHA, networks and PSH providers should explore the possibilities for integrating housing providers/specialists into supportive and connective level teams. For the time being, Marc should continue efforts to coordinate with the assigned SMI treatment teams.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 2	Services are not provided 24 hours a day, seven days a week. Marc’s services generally operate between the hours of 7:30am-4:30pm. Staff and tenants confirmed that occasional adjustments can be made for staff who meet with tenants who are employed during those times. Marc staff stated that they are able to obtain permission to	<ul style="list-style-type: none"> Explore the potential for providing after hours services through an employee pool or through collaboration with another agency. Consider fostering relationships with local peer run agencies to provide extended and/or weekend support

			provide services during weekend hours for special circumstances where support is requested. Tenants are often directed to speak with clinical teams of one on the RBHA/county support lines for after hours discussions.	opportunities for tenants.
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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	4
1.2.a: Tenants have control over composition of household	1,2,5,4	4
Average Score for Dimension		3.63
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	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	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		3
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	3
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	2
Average Score for Dimension		2.86
Total Score		20.24
Highest Possible Score		28