

**PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT**

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To: Christy Dye, President/CEO

From: Georgia Harris, MAEd
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ADHS Fidelity Reviewers

Method

On January 12-13th, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Permanent Supportive Housing Program (PSH). This review is intended to provide specific feedback in the development of your agency's Assertive Community Treatment (ACT) PSH services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

The Partners In Recovery Network (PIR) serves individuals with Serious Mental Illness (SMI) through five locations in Maricopa County: Metro, West Valley, Hassayampa (Wickenburg), East Valley, and Arrowhead. Each of these locations provides services such as Psychiatric, Case Management, Transportation, Interpreter Services, and Health & Wellness Groups. PIR currently manages four ACT teams, all of which provide PSH services to members. This report focuses on PIR's provision of PSH services to ACT team members. The Arrowhead and Metro (Varsity) ACT teams were selected as the representative samples for this review.

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

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

- Orientation and tour of the agency.
- Individual interviews with the Arrowhead Medical ACT Clinical Coordinator and the Metro Clinic ACT Director.
- Group interviews with four case managers from the Arrowhead and Metro Clinics
- Group interview with four members who are participating in the PSH program
- Review of agency documents including the ACT team rosters and the PSH data collection form supplied by the reviewers to the teams.
- 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 seven 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:

- Tenants are not required to demonstrate readiness to gain access to Regional Behavioral Health Authority (RBHA) housing programs. Tenants in all stages of recovery were only required to provide documentation common for standard lease agreements (State I.D., SSN, etc.)
- Service plans are written in the tenant's own voice, using exact tenant quotes to capture the essence of the request(s) made. Also, tenants can change their services at any time, with a minimum frequency of six months.
- The ACT teams are available to provide crisis services for tenants 24-hours a day, seven days a week.

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

- Obtain leasing information for tenants in all settings, including tenants living 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 teams provide informal inspections during home visits, but were unfamiliar with HQS inspections. Moreover, the team administrators were unable to obtain HQS inspection data from the RBHA-contracted housing management providers upon request. The agency may benefit from training team members on HQS standards and/or contracting with another agency to ensure they are completed for members who live in independent settings. Also, the RBHA and agency should ensure that teams are informed of the process for obtaining third-party documents from RBHA-contracted agencies/companies.
- The PSH model places emphasis on the tenant's ability to partner with the service provider, to design and implement services in the ways they will be best received. Though tenants are able to provide individual feedback to staff, both the ACT teams and tenant groups were unable to identify regular opportunities to provide meaningful, collective input on the structure and type of services delivered. Though ACT teams may experience some limits on changing the types of services delivered, creating opportunities to involve tenants in decision making on other structural elements (i.e. co-facilitation of ACT groups or helping to interview new ACT staff) could help tenants progress toward their goals of greater community integration.

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>Some tenants are offered a restricted choice among housing types. Staff report that any tenant in need of housing can receive help obtaining it. Staff will work to find housing that is affordable and meets as many of the tenants’ preferences as possible (i.e. near a bus line).</p> <p>Of the 133 tenants sampled for this review, 61% of them lived in settings entirely of their own choosing (i.e. 25% with family and 36% in self-pay, market housing properties). Staff stated that if tenants in either of these settings wanted to change their residence, the teams would present them with all available RBHA and public housing options. Approximately 8% of tenants live in units subsidized by city housing programs of Section 8 vouchers.</p> <p>Subsequently, RBHA options are explored for tenants who are unable to locate affordable and suitable housing in the general community settings. Staff report they offer all available RBHA options, but will often lean towards those with “greater availability” when an immediate housing need persists.</p> <p>The most popular RBHA programs consist of Scattered-Site (SS) vouchers (7%) and Community Living Programs (CLPs). Approximately 17% of all tenants live in one of these RBHA funded settings. The remaining tenants live in a variety of settings including: residential treatment (5%), Halfway</p>	<ul style="list-style-type: none"> Permanent Supportive Housing should be viewed as the default option for tenants. Also, ACT teams should be empowered with resources and options for housing tenants who are unable to find decent, safe and affordable housing in independent settings in a timely fashion. Developing relationships with community landlords and other stakeholders may help to expand the amount of housing settings for tenants to choose from.

			Houses (0.75%), Hospitals (1.5%), Hotels (1.5%), Supervisory Care Homes (3%), Shelters (0.75%), and 1.5% had no data provided.	
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	The majority of tenants live in settings where they have a choice of unit in the housing model. Approximately 68% of tenants live in settings where they can select their own unit. This includes the RBHA scattered site voucher programs, self-pay open-market housing, or with family members. Both staff and tenants report only tenants living in scattered site and independent settings are able to choose their unit. Both groups also report that tenants living in CLP programs, residential settings and other staffed settings are not offered opportunities to choose their unit.	<ul style="list-style-type: none"> Though the majority of tenants live in settings where choice is granted, continue working towards housing all tenants in housing settings that promote choice of unit.
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	1 – 4 3	The majority of tenants are living with family (25%) or in self-pay (36%) settings. Tenants in both of these arrangements did not experience waitlists. Tenants interviewed reported very minimal wait times for housing with the RBHA. One tenant said the wait list experienced was for the income-adjusted apartment itself, and not from the RBHA or ACT program. Staff had differing opinions on the waitlist procedures for housing placement at the RBHA. For CLP housing, some staff believe that tenants who refuse a unit are placed at the bottom of the waitlist. The majority of staff believed that tenants were given approximately three choices before needing to reapply for housing. When asked about the wait list for scattered site housing, most staff were unsure of the procedure due to what was reported as “limited success” with getting tenants placed through that program.	<ul style="list-style-type: none"> 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	The majority of tenants (approximately 68%) have a choice in household composition. According to the data provided by the ACT teams, these two groups live in settings partially funded by RBHA scattered site vouchers, in market-rate (self-pay) housing, or with family members. Approximately 7% live in CLP/ACT settings. The remaining 25% of tenants live in shelters/hotels (2%), Residential (8%), Halfway houses (1%), Co-Occurring programs (7.5%), Supervisory Care Homes (3%), and Section 8 housing (2%). The tenants living in these settings often have few opportunities to choose household composition, although in CLP settings, there have been occasions when property managers have moved tenants at their request. The remaining 1.5% of tenants had no data.	<ul style="list-style-type: none"> Continue to work towards housing all tenants in settings that promote independence and self-sufficiency.
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 companies may have overlapping roles in the provision of social services. Staff and tenants report that housing management and housing management providers in most settings do not have any authority over social and/or clinical services; however, staff were not unanimous in reporting the involvements of a few providers. Some staff believe that one housing management provider in particular holds didactic groups onsite for those who live in their properties. Also, staff reports they are required by the same provider to participate in weekly staffings.	<ul style="list-style-type: none"> 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	1, 2.5, or 4	The ACT team has overlapping roles with some housing management providers. Staff and tenants confirm that ACT teams primarily provide	<ul style="list-style-type: none"> ACT teams should not be made responsible for any level of reporting to housing management companies. Well-

	have any responsibility for housing management functions		clinically-related services to tenants living in most settings. ACT staff also provide eviction prevention services in all housing types. The ACT houses seem to be the exception to these practices; staff and tenants report that some housing management providers require ACT staff to report maintenance issues on behalf of the residents.	defined boundaries should be set between housing management companies and the ACT teams regarding their level of involvement in housing management functions. Tenants should be taught how to 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 4	The clinical services provided by the ACT team are mobile and aimed to meet the tenants in the community. The ACT staff are housed at the behavioral health clinic, and do not have remote offices in any housing setting (including the ACT houses). Tenants report that staff are remote and provide services wherever they can.	
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 establish tenant rental payments with the data provided. Staff report that CLP and scattered site housing vouchers cap tenant payments at 30% of the tenants' incomes. However, staff also report that with respect to tenant payments in open-market housing and family rooming situations, there are no limits on what tenants can be charged. Tenants reported paying between 30% and 50% of their income for rent. Data was provided for 45% of tenants; rental payments vary between 30% and 100% of the reported tenant incomes. Though data was provided for 45% of tenants, reviewers were not provided any tenant leasing documents for rental price verification.	<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. Moreover, local landlord/tenant laws may require all the names of tenants over 18 years of age to appear on leasing contracts.
3.2 Safety and Quality				
3.2.a	Whether housing meets	1, 2.5, or 4	The ACT team was unable to provide data on Housing Quality Standards (HQS) inspections for	<ul style="list-style-type: none"> The RBHA and agency should collaborate to discuss appropriate

	HUD's Housing Quality Standards	1	<p>tenants receiving PSH services. When asked about the HQS inspections, staff stated that they were unable to obtain any HQS data from housing management companies, though it was requested prior to review.</p> <p>ACT staff stated that they are not trained in HQS standards, but they conduct a safety inspection for each member during home visits.</p>	<p>guidelines for obtaining HQS data from RBHA contracted housing management companies.</p> <ul style="list-style-type: none"> 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 3	<p>Overall, a majority of tenants live in units that are integrated with the community. Each housing type occupied by ACT tenants has its own level of integration. 65% of tenants live in settings that are fully integrated into the community. The remaining 35% of tenants live in units that have been set aside for people with disabilities or may be experiencing unintentional clustering, due to the nature of the occupancy regulations governing those properties (i.e. subsidized, income-adjusted, single-site properties). Staff report that some of their greatest clustering challenges are with tenants who have criminal histories. Staff report that these tenants often have a limited selection of suitable places to rent, and therefore find themselves in the same places as others with similar backgrounds.</p>	<ul style="list-style-type: none"> The agency and RBHA should explore methods of updating staff with new resources for housing members with backgrounds that create difficulty for obtaining housing. Housing staff should 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 who have more stringent requirements. Focus on sharing success stories and references for former tenants.
Dimension 5				
Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have	1 or 4 1	<p>Reviewers were unable to confirm the legal rights of tenancy for tenants. Staff interviewed reported</p>	<ul style="list-style-type: none"> See recommendation on 3.1.a

	legal rights to the housing unit.		that tenants housed with RBHA housing vouchers had full rights of tenancy, but the same rights were not guaranteed for those living in RBHA-contracted CLP properties. One staff said “Each program is different. Each site is different. [CLP] Houses may be more difficult for visitors [to gain access]”. Reviewers were not provided any tenant lease agreements or other records, therefore rendering them unable to verify tenant rights through acceptable documentation.	
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	Though most tenants live in housing that does not require compliance with program provisions, approximately 35% of tenants live in settings where program compliance could affect housing eligibility. According to staff, tenants living in CLP or residential program settings face the potential for eviction if they are not enrolled in clinical services. The ACT (CLP) houses also have additional restrictions such as limitations on overnight guests in the home. There was no indication that tenants have been evicted for non-compliance with ACT house rules, except in instances where the tenant was abusing substances or became a safety concern for the other housemates.	<ul style="list-style-type: none"> 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.
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 4	Tenants are not required to demonstrate readiness to gain access to RBHA housing programs. Tenants affirmed that they were not required to complete any prerequisites prior to being housed. Tenants reported needing to provide only what is required in a standard lease (i.e. SSN, income statement, etc.)	

6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4	The PSH program proactively seeks to serve tenants with hindrances to maintaining stable housing. Staff report that the RBHA prioritizes housing for tenants who were hospitalized, homeless or were recently incarcerated. ACT teams report that they work to keep every tenant housed, but they work especially hard to house members who are assessed to be at risk for chronic homelessness.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 3	Service staff may enter certain properties uninvited in a crisis. Certain ACT teams provide services to tenants who live in ACT housing. Staff have keys to the front door of the ACT house, but do not have keys to tenant bedrooms. Staff affirmed that they are not allowed to enter ACT housing units, unless there is a safety concern. Staff and tenants report that staff do not have entry access tenant units in any other housing arrangement.	<ul style="list-style-type: none"> 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 are the primary authors of their service plans. Both tenant and ACT staff groups agreed that members could choose their services at program entry. Service plans examined during the review were written in the tenant’s own voice, using exact tenant quotes to capture the essence of the request(s) made.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Tenants are offered regular opportunities to modify their service plans. Both the tenant and ACT staff groups reported that tenants can change their services at any time, with a minimum frequency of six months. Charts reviewed included	

			multiple copies of service plans; each plan was updated with the current service requests from the tenant(s).	
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 from the available ACT services, which include independent living skills, employment, rehabilitation, housing, substance abuse treatment, psychiatric and medication monitoring. It is unclear if tenants are able to maintain housing without services attached. Some ACT staff reported that tenants are able to retain housing regardless of their participation in services. However, other ACT staff report that the housing providers associated with RBHA vouchers require tenants and be enrolled in services to maintain their housing. Tenants also reported that they would lose both their housing and medical benefits upon disenrollment from the RBHA.	<ul style="list-style-type: none"> • ACT staff must clarify the RBHA policies regarding PSH program enrollment and withdrawal from services. Staff must understand these stipulations in order to accurately convey them to tenants. • Housing should not be contingent upon service enrollment. Programs should seek to house tenants in living conditions that fully allow independence from systemic constraints.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	Tenants are able to choose from the ACT services provided by the team. The ACT team offers substance abuse treatment, employment, independent living skills, housing, rehabilitation, psychiatric treatment and medication monitoring. ACT staff are able to make variations to services at the tenant's request, however, staff and members report that choosing no services should indicate the need to transition to a less intensive level of care.	<ul style="list-style-type: none"> • ACT teams should evaluate their approach to service requests, working to ensure that they are highly flexible and can adapt the type, location, intensity and frequency to the tenants' preferences and needs.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	ACT services are not entirely tenant-driven. Staff and members were unable to confirm any formal opportunities for tenants to provide specific program feedback on the overall implementation of ACT/PSH services. Staff identified a few clinic-wide feedback outlets such as a feedback box and a member forum, but staff reported that they no	<ul style="list-style-type: none"> • Though ACT teams may experience some limits on changing the types of services delivered, creating opportunities to involve tenants in decision making on other structural elements (i.e. co-facilitation of ACT groups or helping to interview new ACT

			longer have other previous outlets (i.e. feedback surveys). One staff stated that, “all feedback is individual, and our members have no problem giving it to us [individually]”.	staff) could help tenants progress toward their goals of greater community integration.
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 teams maintain caseloads that are less than 15 tenants per staff. 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	Behavioral health services are provided in a team setting. Both staff and tenants interviewed reported that the staff members are assigned to tenants based on needs rather than dedicated caseloads. Staff discussed coverage rotations and how their ACT specialties often influenced the tenants they served on a regular basis.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The ACT teams are 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	4
1.1.c: Tenant can wait without losing their place in line	1-4	3
1.2.a: Tenants have control over composition of household	1,2,5,4	4
Average Score for Dimension		3.38
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2,5,4	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	4
Average Score for Dimension		3
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	4
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		3.67
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
7.1.b: Extent to which tenants have the opportunity to modify services selection.	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extent to which services can be changed to meet the tenants' changing needs and preferences.	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	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		19.3
Highest Possible Score		28

