PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: April 26, 2016

To: Holly Dedmon, Vice President of Operations

From: Jeni Serrano, BS
         T.J. Eggsware, BSW, MA, LAC
         ADHS Fidelity Reviewers

Method

On March 28-30, 2016 T.J. Eggsware and Jeni Serrano completed a review of the Southwest Network's (SWN) Assertive Community Treatment (ACT) Permanent Supportive Housing (PSH) program. 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.

SWN provides a range of behavioral health services to children and adults in Maricopa County, including housing support for adults. This PSH review focuses on the housing services offered to members through SWN's Assertive Community Treatment (ACT) programs. Three of the five SWN clinics with established ACT teams are included in this review: Osborn, Bethany Village, and San Tan. These ACT teams all have ACT affiliated housing; the Osborn and Bethany Village ACT teams each provide services to tenants in house model settings assigned to the teams, as well as small apartment complexes assigned to each team. The San Tan ACT team each has a house model setting, and shares one small apartment complex with another clinic not included in the review. The individuals served through the agency are referred to as "recipients", 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:

- Agency overview and discussion of fidelity process with ACT Manager and Quality Improvement Specialist.
- Two individual interviews with the Clinical Coordinators (CC) on two of the three teams; group interview with ACT Manager and Clinical Coordinator (CD) on the third team.
- Interviews with direct service staff, including Housing Specialist (HS), Independent Living Specialist (ILS), and Peer Support Specialists. Interview formats included one individual interview with Housing Specialist (HS) staff at Bethany Village and a group interview with ILS and PSS at San Tan; no direct staff was available at Osborn.
- Interviews with members/tenants who are participating in the PSH program, most of whom reside in ACT affiliated housing: group interview with two tenants, individual tenant interview with translator assistance, and individual tenant interview at Osborn (four members interviewed in total); group interview with three tenants at Bethany Village; and a group interview with two tenants at San Tan.

- Interview with the Regional Behavioral Health Authority (RBHA) Adult Housing Liaison.
- Review of agency documents including: ACT specialist job summaries of each specialty position on the ACT team, *Southwest Network Transitional Living Desktop Procedure*, *Southwest Network ACT Community Living Protocols, Southwest Network Housing Policy* issued January 28, 2016, ACT cleaning schedule and ACT housing rules utilized by one of the three ACT teams.
- Review of *Mercy Maricopa Housing and Treatment Options* flyer.
- Review of ten randomly selected records.
- Review of ACT team program data of three ACT teams for tenants in the PSH housing program.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the Permanent Supportive Housing (PSH) model using specific observational criteria. It is a 23-item scale that assesses the degree of fidelity to the PSH model along 7 dimensions: Choice of Housing; Functional Separation of Housing and Services; Decent, Safe and Affordable Housing; Housing Integration; Right of Tenants, Access of Housing; and Flexible, Voluntary Services. The PSH Fidelity Scale has 23 program-specific items. Most items are rated on a 4 point scale, ranging from 1 (meaning *not implemented*) to 4 (meaning *fully implemented*). Seven items (1.1a, 1.2a, 2.1a, 2.1b, 3.2a, 5.1b, and 6.1b) rate on a 4-point scale with 2.5 indicating partial implementation. Four items (1.1b, 5.1a, 7.1a, and 7.1b) allow only a score of 4 or 1, indicating that the dimension has either been implemented or not implemented.

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

Summary & Key Recommendations
The agency demonstrated strengths in the following program areas:
- Functional separation exists between housing management companies and the PSH agency. SWN staff only focuses on service concerns such as treatment planning and in-home supports. Tenants interviewed confirmed there are no overlapping roles and tenancy is not contingent on compliance with program provisions.
- Scattered site housing program allows for tenant choice and tenant privacy; SWN staff and tenants confirm that scattered site units are integrated in the community, and tenants select units of their choice in the communities where they want to live. In-home service providers are based off site, not in the unit, and staff does not have keys for entry. ACT staff does not conduct group activities or treatment services, other than medication observations, at ACT affiliated housing.
- All staff has optimal caseload sizes for effective service provision.
- There was no indication that members go to the bottom of housing waitlists when they turn down an option, and there was no report of a limit on the amount of times a member can decline options offered.
- Services are available 24 hours a day, 7 days a week.

The following are some areas that will benefit from focused quality improvement:
- Efforts should be made by the ACT team to obtain copies of leases, Housing Quality Standards (HQS) reports, and rent calculation forms; those efforts should be well documented in the member record. This information provides staff with useful tools to assist members in

advocating for their rights of tenancy. ACT teams should not rely on property management to hold this documentation since they have no role in tenant advocacy or social services.

- Tenants of ACT housing or on the CLP waitlist are generally assigned housing in predetermined households; neither the system nor the ACT teams have an established process for ensuring tenants have a choice with whom they live. ACT teams may also be screening potential tenant roommates, thus limiting their ability to control household composition. Support services are available to all members on the teams, but limited RBHA affiliated vouchers or subsidized housing appears to constrain member access to housing due to lengthy waitlists. Also, ACT housing and Community Living Placement (CLP) is not community integrated and segregates people with a diagnosis of Serious Mental Illness (SMI) and/or co-occurring disorder from the rest of the community. Provide additional skills training to HS on how to actively seek safe housing with tenants. ACT staff can work to increase availability of affordable, scattered site options by establishing relationships with landlords, educating them on ACT services, and orienting members to options available in the service area; in this effort ACT staff can serve as marketers of PSH services.

- SWN should explore opportunities to increase tenant voice into the design and provision of services. Platforms such as tenant advisory councils only for PSH tenants and program improvement forums provide agencies opportunities to gain valuable insight into the tenants' view on the effectiveness of their services.

- The RBHA and Southwest Network should work with ACT teams to define PSH services for members/tenants of ACT teams. System partners may benefit from further consultation, guidance and training to identify what essential elements must be present to identify an ACT team member as part of a PSH program. Data provided for this review varied per team under the same agency; Osborn identified 28 members, Bethany Village identified 82 members (including tenants residing with family, in non-subsidized housing, or in other community settings), and San Tan identified 23 members. These counts exclude members who were hospitalized, incarcerated, or homeless. The agency housing policy issued January 28, 2016 identifies types of PSH that include: scattered site, subsidized housing, community placement, and ACT housing. It is not clear if PSH services are provided to tenants who do not fall into one of these categories.

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)	Staff interviewed reported that when members ask for housing, they are then asked what kind of housing they want. Staff report that they present the different options such as scattered site, CLP, or ACT housing, and then they review a member's financial status. If members want to be placed on the housing wait list they then complete the appropriate housing application and send a Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) to the RHBA. Staff reported there is no wait list for ACT housing; it is usually only offered once a unit becomes available and after the team has determined the individual would benefit from living in that unit with the extra supports that are in place for ACT housing.	• SWN should offer training and guidance in developing resources and relationships with the community landlords in integrated housing settings, thereby offering more options to members who may not be prioritized for RBHA affiliated or other housing voucher programs for independent living. • SWN should establish targeted training on the Permanent Supportive Housing model and offer choice of all housing options, regardless of a tenant's ability to pay. • Due to reportedly extended wait times for RBHA affiliated voucher programs, the ACT team should continue working with tenants to identify and develop housing options outside of RBHA funding sources.
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)	Choice of unit is constricted through the program if a tenant does not receive a housing voucher. Members who choose to live in ACT affiliated properties and CLP housing are not offered a choice of unit, but usually are presented with one available option. If a tenant receives a voucher through RBHA scattered site, Section 8, or ABC Homeless Housing program then they are offered choice of unit, within limitations due to market factors (e.g., landlords who accept housing vouchers, landlords who do not rent to tenants with felony histories), but staff report generally long wait times for those types of financial	• Provide additional training and guidance to clinical staff regarding PSH principles related to options for affordable housing, how to access those affordable options, and offering members a menu of options rather than one or two options at a time. • The RBHA should collaborate with the agency regarding the sharing of resources amongst ACT HS staff to determine if a similar sharing of resources can occur with other providers to better serve members throughout the community who are seeking safe, affordable, and integrated

			supports. Agency ACT Housing Specialists reportedly meet, and have begun to share information about areas of town where housing options may exist. A HS from the West Valley can contact a HS in the East Valley to discuss housing options in the area, potentially expanding choice for ACT members.	housing.
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)	Staff report there are waitlists for ACT affiliated housing, but when asked, they reported no one is on the waitlist and could not specify how potential tenants were prioritized. When teams anticipate an opening, or if a tenant moves out, the teams discuss members in need of housing or support. Generally, a member is selected based on the team's assessment of the member's needs. Once assessed, the team then offers the unit. Staff and tenants interviewed reported that in order to be considered for ACT affiliated housing they must be agreeable to a high level of contact and be a good fit with current residents in the units. When a member requests assistance with housing, staff reports they submit a housing application and a VI-SPDAT to the RBHA. The RBHA manages the housing waitlists for scattered site and CLP housing. Members can turn down a unit without going to the end of the waitlist. During interviews it was reported that the tenants are prioritized by the VI-SPDAT score; however, there remains difficulty informing members about their spot on waitlists, and estimated length of wait.	• The RBHA should continue to brainstorm opportunities to provide waitlist timeframes to members so they can make informed choice of projected wait times for voucher based RBHA affiliated housing, including whether to wait for housing support through that avenue, or seek alternative housing with support of ACT staff. • Consider transferring management of waitlist for ACT affiliated housing to the ACT team; if this occurs, the team should ensure members with obstacles to housing stability have priority. If the VI-SPDAT is used as a factor to manage waitlists at the RBHA, using that data for ACT affiliated housing waitlists may also be beneficial. See recommendation for item 6.1.b for information.
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)	Generally, members living in ACT affiliated housing or CLP do not control the composition of their household; households are predetermined and one option is offered. ACT staff interviewed report that the team makes efforts to offer ACT housing	• Continue working towards helping members obtain housing options that promote choice in the composition of their households.

| | | | to members who will be the best fit for the setting. For example, staff on one team reported those members who do not require residential treatment, or those with a history of sobriety resided in ACT housing; on another team, staff referenced clinical criteria or need for medication observation support as factors considered by the team when making the decision to offer ACT affiliated housing. They also stated that if the current tenant does not approve of a potential roommate then the unit will remain open until the tenant agrees to who moves in.

Tenants with scattered site vouchers are allowed more flexibility in determining household's composition. Most tenants are in settings where they control the composition of their household. One clinic provided data for members living with family and other integrated settings, and per staff interviews tenants can elect to live alone in ACT affiliated apartments. | • Consider developing a roommate matching program for those tenants who are seeking housing support, are interested in a roommate, and might consider living with one or more people of their choosing. ACT staff, in collaboration with other providers, may be able to facilitate meetings between groups of potential roommates to afford those members with more control over the composition of their household. |
|---|---|---|---|---|
| | | | **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) | Staff and tenants interviewed all reported that housing management staff has no authority or role in providing social services. There was no evidence of housing management or landlords engaging in social service functions found in records reviewed. Staff reported that they only interact with housing management, if needed, to support or advocate with a tenant. | |
| 2.1.b | Extent to which service providers do not | 1, 2.5, or 4 (2.5) | Staff interviewed reported they do not feel it is their role to inform housing management of issues such as alcohol use, smoking in unit, or house | • Eliminate any house rules or cleaning schedules used by SWN ACT teams. Staff should be familiar with tenant leases and |

	have any responsibility for housing management functions		guest; however, they do assist members with reporting maintenance issues that pose safety concerns. Although staff do not report lease infractions, in some settings they appear to enforce perceived lease requirements or implement additional rules for tenants, including chores. It appears these additional rules affect a subset of tenants on one team, but not all tenants on the three teams reviewed. For example, a tenant on one of the other teams resides in ACT affiliated housing and uses alcohol (sometimes in front of staff); staff focused on engaging the member in treatment, discussing the impact of substance use on the tenant's health, potential impact on housing, etc. without enforcing or citing additional rules prohibiting the behavior.	not enact or enforce additional rules outside of those leases but rather provide eviction prevention.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (3)	Based on data provided, the majority of tenants (66%) are in settings where service staff are based off-site, and provide services to tenants at their requests. The ACT team does not have office space located within the ACT housing/CLP sites, or scattered sites. However, ACT staff visit ACT housing frequently, including daily for med observations and wellness/safety checks for some tenants, to offer engagement and upon request to help with independent living skills, to provide rehabilitation services, to help with transportation or to assist with other needs identified by the tenant. As a result, approximately 18% of all members reside in settings where clinical service providers are based off site but may regularly offer some services on site, but not always at the request of each tenant in shared residences. Approximately 16% of members reside in settings where service staff are on site or where other limits on tenant privacy exist (e.g., some Flex-Care and other community-based staffed transitional	• In ACT affiliated housing, provide services to tenants at their request; inherent challenges exist where tenants reside with others who receive services at a higher frequency or intensity. • For tenants in other settings where service staff are on site up to 24 hours a day, review alternative living arrangements, identify member preferences, and seek to support those preferences.

			living settings). It is difficult to determine how reported lengthy voucher or subsidized housing waitlists contribute to members seeking transitional housing while waiting for financial assistance.	
**Dimension 3**   **Decent, Safe and Affordable Housing**
**3.1 Housing Affordability**
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 (2)	Staff and tenants interviewed reported tenants who live in ACT housing pay no more than 30% of income or less; others may pay nothing due to having no income. However, due to lack of data for the other tenants in the PSH program, it was difficult to verify housing affordability; data was provided for a minority of tenants, some of whom pay 30% or less for housing, while others 50% or more. Staff reported that they do not typically request copies of tenant's leases unless they are at the lease signing, which is usually for tenants moving into ACT affiliate housing.	● It is recommended that the RBHA develop a process or understanding by which ACT teams can receive copies of lease agreements to ensure that staff are able to effectively monitor housing affordability and assist members in advocating for themselves in this area. ● ACT teams should retain rent calculation forms in member records, and review for changes in income on at least an annual basis to ensure that tenants are paying no more than 30% of income. This may allow staff to identify members who pay 50% or more for housing costs to determine their interest in pursuing more affordable alternative housing; some tenants may elect to pay more than 50% toward housing costs to live in a specific residence of their preference.
**3.2 Safety and Quality**
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (1)	The ACT teams have not obtained copies of the HQS inspections from housing management. Staff report that in order for tenants to move in with a voucher the unit must meet HQS inspections; however, staff do not obtain copies of inspection reports. As a result, there is no evidence all housing units meet HQS standards. SWN reported	● Work with housing providers to obtain copies of HQS inspections to ensure tenants live in safe housing. ● Provide additional skills training to HS on how to actively seek safe housing with tenants. Task the HS with obtaining and maintaining housing related

			that they have a check list they use during home visits, but this is an informal inspection by clinical staff that are not qualified as inspectors.	documentation such as HQS, leases, and rental payments.
**Dimension 4** **4.1 Housing Integration**
**4.1 Community Integration**
4.1.a	Extent to which housing units are integrated	1 – 4 (3)	For the three teams reviewed, 38% of tenants reside in settings that are not integrated in the community but set aside for people with disabilities including ACT house model residences, or small apartment complexes (ACT housing and some CLP residences). Scattered site housing is available to anyone seeking housing on the open market. Some members reside with family or in other independent non-subsidized housing, and these tenants are largely integrated in the community. Staff interviewed reported that unintentional clustering of people with a disability status may occur as a result of segregation of the community by income (e.g., some landlords require evidence of income to cover two to two and a half times rent prior to move-in), fewer landlords accepting vouchers, history of evictions, as well as criminal history. Tenants may have limited choices resulting from living in social environments that are not desired, similar to half-way houses, or other transitional settings. Two of the three teams provided limited data for tenants in housing not affiliated with the ACT team or RBHA; the extent of housing support services for other members of the team could not be determined. One team provided data for the majority of members on the team, suggesting a broader view of what constitutes PSH services; for that team there was evidence of a higher level of tenant integration in	• The system has limited ability to impact the availability of affordable units on the private market, but may be able to cultivate relationships with community stakeholders. The ACT teams and the RBHA should continue efforts to develop relationships with private landlords in integrated settings. Emphasis should be placed on education to reduce stigma for persons diagnosed with SMI, and how ACT teams can support landlords by working with tenants to develop budgeting and other independent living skills. • The RBHA may assist providers by seeking consultation from housing experts, and setting regular meetings where direct service staff can develop skills to interact with landlords, learn about new resources, or share changes in housing practices in the community.

			the community. Across the three teams reviewed, 62% of tenants are integrated in the community.	
**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)	ACT teams are not obtaining copies of all leases; they were not available for most tenants (97%) included for review. The extent of tenants' rights could not be verified in all cases. Staff interviewed reported that they do not ask for copies of tenant leases; they are unclear as to why this applies to fidelity, and most reported they felt it was a violation of Health Insurance Portability and Accountability Act (HIPPA) to obtain a copy. Some staff say that if something is reported by the tenant or landlord, they may obtain a copy or review the lease.	● ACT teams need to attempt to obtain tenancy documentation, including leases or addenda to leases. If individuals do not have rights of tenancy, SWN can help tenants to establish those rights and improve the quality of the housing. ● Starting with new lease signings, ACT staff should attend all lease signings.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (2.5)	For tenants living in RBHA affiliated scattered site housing, tenancy is not contingent on compliance with program rules; they must, however, remain open with the RBHA. Some members reside in settings where engagement with treatment is required (e.g., flex-care), and though data was provided for some of these members, it is not clear if all agency staff or administrators consider these individuals part of PSH services. Staff interviewed reported that tenants are not required to participate in groups or other services in order to retain their ACT housing or RBHA affiliated housing. However, SWN did submit an ACT house rule list and cleaning schedule, developed and utilized by one of the three teams for ACT affiliated housing, which listed additional	● Review and revise provisions that compromise rights of tenancy, such as requiring participation in programs or compliance with rules not outlined in a standard lease. Eliminate any house rules or cleaning schedules used by SWN ACT teams. Staff should be familiar with tenant leases and not enact or enforce additional rules outside of those leases.

			tenant rules in addition to what is in their lease. Tenants interviewed reported that they do feel they have choice in engagement and activities, stating that although ACT staff encourage them to participate, they do not feel they will be evicted for not participating. However, tenants did report that they believe there are rules they must follow to remain living in ACT housing, such as: no drinking alcohol in their housing, restrictions on guests, including no overnight guests, must maintain a clean apartment, maintain contact with clinical team and allow for unannounced home visits.	
**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 (3)	Clinical staff interviewed reported that when a member requests housing, the team does assess living goals with financial status, as well as the services needed, but it is not clear if all options are always discussed. Staff reported that ACT housing is rarely discussed until there is an opening, stating that ACT housing openings are rare and members are only offered this option if the team has all agreed this member would benefit from living in this environment. Conflicting agency documents regarding this issue were provided. Though agency administrators report the standards no longer apply, the *Southwest Network ACT Community Living Protocols* that was provided by the agency in preparing for the review states: excerpts include; "members must be able to safely store and self-administer medication with or without ACT team prompting or supervision; be able to participate in	• When members request assistance with finding independent housing, ACT teams should make referrals reflecting the member's preference. The provider and the RBHA should provide training to staff at all levels to ensure a shared and accurate understanding of available housing options have been explained to members so that they can make an informed choice regarding level of care. • SWN needs to ensure the revised housing policy is widely distributed to staff; inform staff that the prior ACT Community Living Protocol standards no longer apply. • On the revised agency housing policy, under CLP, consider revising or rephrasing information that notes "if a member is able to safely live independently with supports, staff will explore community placement living options with the member." This

			meaningful community/daily activities with or without ACT team prompting or supervision; individual has the capacity to prepare meal or meet nutritional needs and understand health and safety guidelines with instructions from ACT team, etc.". It is not clear to what extent this protocol influenced staff determination of member access to ACT affiliated housing, but some of the concepts outlined in the document were referenced during staff interviews. However, the updated *Southwest Network* Housing Policy issued January 28, 2016 was provided, and it reflects concepts that more closely align with PSH.	suggests that a level of readiness assessment occurs prior to that housing option being offered to a potential tenant.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	Staff interviewed reported that the members are prioritized for housing based on the member's VI-SPDAT score and if a member is inpatient and homeless or recently released from jail or prison. Staff reported that some members received a scattered site voucher even though they had a lower VI-SPDAT score and were not inpatient or released from jail or prison, while other members with higher VI-SPDAT scores, were homeless, and had higher needs continued to wait on the list. It is not clear if members with housing obstacles are prioritized for ACT affiliated housing. As noted earlier, staff report there are waitlists for ACT housing, but when asked, report no one is on the waitlist, and could not specify how potential tenants were prioritized. When teams anticipate an opening, or if a tenant moves out, the teams discuss members in need of housing or support. Generally, a member is selected based on the team's assessment of the member's needs.	● The RBHA should continue to provide training and guidance to clinic staff to clarify prioritization of members for PSH services. Some clinic staff are familiar with the VI-SPDAT as a tool to prioritize members for voucher programs, but are unable to provide specifics on how prioritization is applied. Increased transparency on how members are prioritized may allow clinic staff to better inform members of their estimated waitlist timeframe for a voucher, and to understand the purpose of the VI-SPDAT. ● The ACT team should prioritize members with obstacles to housing stability for ACT affiliated housing; consider assigning the HS to manage the waitlist. Prioritize members with obstacles to housing stability, which may include factors such as: patterns of homelessness, difficulties maintaining housing, substance use challenges, poor rental histories, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social

				supports. The use of the VI-SPDAT may aid in this effort.
**6.2 Privacy**
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 (3)	Staff and tenants interviewed report tenants control entry to their units. No staff has keys or access to tenant units in RBHA affiliated housing (e.g., scattered site) or ACT affiliated housing. However, tenants living in ACT housing where they have a roommate do not control staff entry; staff may enter the unit uninvited to provide services to a roommate. Other members are in settings where social services or other staff may be on-site (e.g., Flex-Care, sometimes referred to as residential treatment). Staff reported that they do not enter the ACT affiliated apartments or house without permission unless there is an emergency or a wellness check is needed; then they will call the police to assist them with entering the unit for a well check. Of the tenants identified for review for the three teams, many (66%) reside in settings where it appears they have full control of staff entry to the units, and some (18%) reside in settings where staff may enter the unit uninvited only under certain circumstances. Approximately 16% of members reside in treatment or other settings (e.g., some Flex-Care and other community-based staffed transitional living residences) where service staff appear to be in full control of entry to the units.	● Review and revise ACT policies to ensure that tenants have total control of privacy in their units. Challenges inherent to multiple unit/tenant ACT affiliated residences may require further consultation and system-wide collaboration to resolve.
**Dimension 7** **Flexible, Voluntary Services**
**7.1 Exploration of tenant preferences**
7.1.a	Extent to which tenants choose the type of services they	1 or 4 (1)	Staff interviewed reported that the members are the primary authors of their service plans; however, members interviewed are not aware of the information on their service plans, and report	● ACT teams should ensure that ISPs, and subsequent referrals, reflect the members' voice, based on their stated needs and preferences. Referrals for housing should

	want at program entry.		that their housing goals were to live independently. Member records reviewed indicate that members with stated ISP goals of independent housing are not consistently being referred for scattered site placement, and it is not clear to what extent staff assist them to explore other housing options. Members may be instead referred to ACT housing. Some tenants interviewed stated their living goal was to live in their own apartment independently but were currently living in ACT housing. Some tenants reported they do not view ACT housing as independent living.	reflect the member's original ISP goals.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (1)	Staff interviewed reported that members are able to modify their service plans annually or upon request; however, evidence found in member records indicated plans were updated annually, often with the same content as the previous year's plan. Some staff reported a service plan addendum is available, but could not identify where it is located in the electronic file, or if it is only in the hard copy of the member record. Tenants interviewed stated they were not clear on the process of updating their service plans with new services, but they reported they are offered services as they request and may choose to change services if desired.	• When tenants change living situations or express a new goal, revise the service plan to reflect the change as soon as possible. • Review options affording tenants with roommates or housemates in ACT affiliated housing to modify the services each tenant receives. Challenges inherent to multiple unit/tenant ACT affiliated residences may require further consultation and system-wide collaboration to resolve.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	Staff interviewed reported that members can choose from an array of services that support their recovery and housing needs, and although members may choose to decline offered services, staff will continue to encourage engagement for their recovery. Tenants interviewed reported that they believe they may choose to decline participation in daily activities; however they do not believe they may choose to decline services	• The agency and the RBHA should provide clarification to tenants as to whether they can close from ACT services and remain in ACT housing, and if tenants can close from ACT or RBHA services yet maintain tenancy in RBHA affiliated housing (i.e., voucher based programs such as scattered site or CLP).

			and remain living in ACT housing. Staff reported that members may decline ACT services and remain living in ACT affiliated housing, but they must remain enrolled in the RBHA in order to retain RBHA affiliated housing.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (3)	Staff interviewed reported that members on an ACT team are offered an array of services such as ILS, housing, supported employment, education, and substance abuse support. Services provided depend on what the member wants as well as what services the team recommends for the member ,as written in the member's service plan. Most tenants reside in settings where the service mix is flexible and can adapt type, location, intensity and frequency based on tenants' changing needs and preferences. However, tenants in ACT affiliated housing who live with roommates generally must agree to frequent in-home contact, sometimes as a result of staff providing services (e.g., medication observations) to their roommates in a shared residence. Although there is evidence services are adapted to meet tenant needs and preferences, due to the nature of ACT affiliated housing, where roommate situations exist, a high level of contact from staff occurs, not always at the request of the tenants.	• For tenants in ACT affiliated housing, develop procedures for expanding choice of services. This can include developing a monthly support plan in which tenants request specific help during the coming month. Challenges inherent to multiple unit/tenant ACT affiliated residences may require further consultation and system-wide collaboration to resolve.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (2)	Staff interviewed report that members of an ACT team have significant control over services they receive, and they report that services offered are driven by individual member needs. Staff report that the clinics do have Clinic Advisory Councils (CAC); however, staff are not clear on what is addressed in these meetings. Also, few staff have attended recent meetings and reported that other than one-on-one requests, they are aware of no formal forum that offers tenants a chance to	• It is recommended that ACT teams establish regular forums, such as member advisory boards, specific to the clinic ACT cohorts, for gathering input and feedback about housing issues and the nature of services provided. Support true member control (e.g., the board could be chaired by a non-member but should include significant numbers of members). Consider involving staff to collect information from

| | | | provide feedback and input into the types of services offered. | the member forum, so it can be factored into service development decisions. Also, offer training and support for board members, at their request.
● The ACT staff and Clinical Coordinators should consider how the role of the Peer Support Specialists can be used to maximize opportunities to provide member/peer driven housing services. Partnerships with peer run organizations may be a valuable source of input in ensuring peer driven services.
● Include peer staff in leadership positions. For example, involve individuals with a lived experience in quality assurance activities (at all levels in the organization). Tenant satisfaction can be measured in many ways (e.g., interviews by peers, group opportunities, and written opportunities).
● For tenants in ACT affiliated settings, solicit input from those tenants regarding how the program can structure services to best suit the goals and needs identified by the tenants. |
|---|---|---|---|---|
| **7.4 Quality and Adequacy of Services** |
| 7.4.a | Extent to which services are provided with optimum caseload sizes | 1 – 4 (4) | Caseloads are no more than 15 tenants to each staff member, with member to staff ratios ranging from 14:1 to 11:1 for the three teams reviewed. | |
| 7.4.b | Behavioral health services are team based | 1 – 4 (4) | ACT teams provide all members' behavioral health services and are designed by the RHBA as permanent supportive housing providers. ACT staff interviewed reported that all staff on the ACT team have an active role in participating in housing support and that it is not seen as primarily the domain of the housing specialist and independent | |

			living skills specialist. Some members may be referred to outside specialists, or receive services through Flex-Care or residential settings, but staff estimate it is less than 10% of the roster.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 − 4 (4)	Services are available 24-hours per day, seven days per week through the ACT team.	

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	4
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		2.5
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	3
Average Score for Dimension		3.17
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	2
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1.5
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 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	3
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	3
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	1
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	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		2.75
Total Score		17.5
Highest Possible Score		28