

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

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To: Frank Scarpati, CEO

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AHCCCS Fidelity Reviewers

Method

On February 21-22, 2017, TJ Eggsware and Karen Voyer-Caravona completed a review of the Community Bridges, Inc. (CBI) Permanent Supportive Housing Program (PSH), as delivered by the agency's Assertive Community Treatment (ACT) teams. 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.

Community Bridges, Inc. has a 31-year history of providing comprehensive, medically-integrated behavioral health programs which include prevention, education and treatment services. CBI operates four ACT teams in Maricopa County, including three Forensic ACT (F-ACT) teams in their downtown Phoenix clinic at the Human Services Campus, and the ACT team in Avondale. Two sites were selected as the units of measure for this review, the F-ACT 1 and ACT Avondale teams. For the F-ACT 1 and ACT teams combined, 74% of members are housed. Twelve percent of members are homeless, and staff are working with most to attain housing. Eleven percent of members on both teams are incarcerated. The individuals served through the agency are referred to as clients or members; for the purpose of this report, the term "tenant" or "member" will be used. Also, both the F-ACT and ACT teams, unless otherwise noted, will be referred to as ACT teams in this report.

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

- Individual interview with the ACT Clinical Coordinators for FACT 1 and ACT Avondale teams;
- Group interview with the Independent Living Specialist (ILS) and the Housing Specialist (HS) of the FACT 1 team;
- Group interview with the ILS and the HS from the ACT Avondale team;
- Group interviews with a total of eight members from both FACT 1 and Avondale teams;
- Review of agency documents and resource material provided by the teams including: F-ACT 1 Permanent Supportive Housing Plan; externally created Occupational Therapy Kitchen Assessment; Checklist for Home Visit; CBI SMI – F/ACT PSH Program Referral Workflow 2017; documentation of CBI trainings in Clinical Oversight, Permanent Supportive Housing, and Service Priority Decision Assessment Tool (SPDAT); CBI job descriptions for ACT Housing Specialist and Independent Living Specialists; CBI Skills and Knowledge Verification Form – ACT Housing Specialist; and

- Review of 10 randomly selected records, including one chart of an interviewed member/tenant.

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:

- Housing options: The ACT teams provide members with information regarding the range of housing options available. Housing searches are based on member identified priorities and preferences, and the majority of tenants are able to choose their unit. Members receiving a subsidy voucher through the Regional Behavioral Health Authority (RBHA) or ABC Housing are provided extensions to search for the unit of their choice without losing their voucher.
- Choice/no readiness requirements: The ACT staff interviewed were knowledgeable about the Housing First philosophy; rather than imposing readiness standards, staff view housing stability as the base upon which to build and sustain recovery.
- Marketing the PSH program: ACT staff interviewed described ongoing efforts to create a structure for marketing the benefits of the PSH program to landlords and property managers through networking, relationship building, and holding themselves accountable for providing services that support sustained tenancy.
- Peer component: Multiple members of both ACT teams self-identify as people with the lived experience of recovery and share their stories with members.

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

- Evidence of housing affordability and safety:
 - Continue efforts to obtain copies of leases/rental agreements to verify rental costs, as well as income information to verify percentage of income paid, with a goal of 30% or less regardless of unit type.
 - Continue efforts to obtain copies of HQS reports from all RBHA affiliated/scattered site and Section 8 units. Ensure that all staff are familiar with HQS guidelines to support safety of housing units regardless of presence or source of a housing subsidy.
- Rights of tenancy: Housing Specialists should attend lease signings to ensure and provide education to tenants on rights of tenancy, and obtain copies of leases and lease addendums. Securing a signed release of information (ROI) may help ACT staff to coordinate acquisition of rental leases from voucher administrators and property managers.

- Services provided by a team: Reduce the number of members residing in locations with service or treatment components by educating influencers and decision makers (such as guardians and probation/parole officers) on the range of services available through the ACT team. When tenants are externally mandated to reside in staffed or semi-staffed settings, ACT staff should continue efforts to coordinate care with external service providers and in home supports.
- Tenants develop service plans and design: The ACT teams and the agency should enhance efforts to communicate member voice in the identification of housing and other goals, needs, and objectives rather than rely on generic language and clinical jargon more suggestive of staff priorities, such as "psychiatric stability". Staff may benefit from specific training on how to engage members in creating person-centered goals and objectives that are specific and meaningful to each member's unique recovery vision. Also, the ACT teams should explore opportunities to develop boards or committees for tenants to have a voice in service design at the program level, as opposed to only through individual service plans or services they receive directly.
- Availability of affordable housing: Due to the limited availability of subsidy vouchers, the system should partner with other entities who have a stake in affordable and workforce housing to develop policies that will help increase the availability of more affordable units for lower income people.

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PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1 Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 4	<p>Staff interviewed indicated that members are more successful if they live in the housing type of their choice. Staff said that the least restrictive environment, which usually refers to independent housing integrated in the community, is the default option when members identify housing as a need. However, members choose among a range of housing options that may include sober living environments or settings such as community living placement (CLP) with some level of on-site staff support. Staff said that they also educate members on the processes involved in obtaining certain housing types, such as income requirements, application processes, eligibility requirements, and wait times so that they can use this information in determining the type of housing sought.</p> <p>One staff said members who have developmental concerns (about 6%) would benefit from living in a staffed residence (e.g., Flex Care).</p>	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment programs,	1 or 4 4	The majority of tenants (75%) had choice of unit. Tenants of independent units (e.g., self-pay, subsidy voucher based, Section 8, and with family) have the greatest choice of unit. Staff interviewed said that they engage members in conversations about needs and priorities at the beginning of a housing search, considering such factors as proximity to natural supports, access to public transportation, and availability of grocery stores	<ul style="list-style-type: none"> • The agency staff and system partners should continue engaging with landlords to expand the pool of potential housing for PSH members. • The system should identify and evaluate any policies or practices in the administration of the scattered site voucher program that may act as a disincentive to participation by property

	tenants are offered a choice of units		<p>and other services within walking distance. Staff said they encourage members to look at more than one unit before making a decision.</p> <p>Staff said there was a limited pool of landlords willing to rent to members with sex offenses, convictions for violent crimes, and eviction histories. Staff reported that choice is increasingly constricted by rental costs beyond what vouchers will cover and fewer numbers of landlords who accept vouchers, sometimes sighting bad experiences with previous PSH tenants or not receiving payments from the voucher administrators in a timely manner. Further, many property managers require verification of income to cover three months rent (five months if there is a co-signer). Staff said that it is necessary to understand landlord priorities and concerns, and they described networking and relationship building efforts to market the benefits of renting to PSH program participants to landlords.</p> <p>Staff reported that 16% of tenants (residents of 24 hour residential, CLP, Flex Care) are assigned a unit. Community housing application prompts for preferred geographical location and household needs but usually, no more than one unit is offered at a time. A smaller number of tenants (8%) are in settings that are transitional or temporary (e.g., transitional living placement and recovery homes).</p>	managers.
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on	1 – 4 4	Per staff and member interview, tenants can wait for the unit of their choice without losing their place on wait lists. Subsidy vouchers awarded through the Regional Behavioral Health Authority (RBHA), ABC Housing, Bridge to Permanency and Section 8 are issued for a 30 day housing search	

	eligibility lists		<p>but can be renewed for up to 90 days. Some staff reported that vouchers can be renewed over 90 days under extenuating circumstances. Some staff reported that members can be removed from the RBHA affiliated housing voucher waitlist for temporarily living with family or friends, even for a short time.</p> <p>CLP recipients can tour the property before accepting it and decline if it does not suit them and maintain their position on the waitlist.</p>	
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	<p>Slightly over half of housed members control the composition of their household. Tenants of independent, self-pay, and Section 8 units have the greatest control over household composition. Tenants of scattered site voucher units have considerable control over household composition. Staff said that the system accommodates members who have dependents, spouses/domestic partners, or roommates who serve as caregivers. Other unit residents must be added to the lease. Staff said roommates must be approved for the voucher recipient by both the RBHA/ABC Housing and by the clinical team. One staff said the clinical team only requires that roommates be able to pass a criminal background check. Members interviewed were not all sure whether or not other people could be added to scattered site leases. However, one member said he was allowed to have two family members on his lease.</p> <p>The review team was unable to determine the amount of control those living with family have in determining household composition. Residents of CLP and TLP units do not have control of</p>	<ul style="list-style-type: none"> • System partners should clarify policies regarding approval of roommates in scattered site settings so that, to the extent possible, they conform to those consistent with standard lease agreements. • For members living with families, encourage discussions about the potential benefits for independent living and self-sufficiency as attainable recovery goals. • In order to ensure that members have the greatest opportunity to control household composition, continue to approach independent units in integrated settings as the default option in PSH.

			household composition. Most residents live in shared units where roommates are pre-determined, but all have a private bedroom. A few CLP residents have their own units. Residents of recovery homes/half-way houses and 24 hour residential usually share a bedroom.	
Dimension 2				
Functional Separation of Housing and Services				
2.1 Functional Separation				
2.1.a	Extent to which housing management providers do not have any authority or formal role in providing social services	1, 2.5, or 4 4	The majority of members live in settings where property managers have no role in social services: independent/self-pay, scattered site voucher, CLP without staff support settings, or with family. Staff described many instances of landlords being motivated to work with staff and tenants to avoid eviction. Staff said that landlords accepting vouchers sometimes reach out to HOM Inc. for assistance resolving issues that could lead to eviction. HOM Inc. will then contact the clinical team to engage in eviction prevention activities such as talking to tenants about problematic houseguests or repairing property damage. When relationships have been established, property managers sometimes contact ACT teams directly regarding problems or concerns. Sometimes tenants request that staff include landlords in staffings if they need assistance advocating for themselves.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Staff said that they do not involve themselves in property management functions. Staff reported that they encourage members to deal with landlords and property managers directly, providing them with support when necessary. Staff said they are under no pressure to report lease violations but do talk to members about potential consequences to tenancy if they see	

			evidence of situations or behaviors that violate lease agreements.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	<p>Per data provided, most members reside in settings where social services staff are based off site; are accessible by phone, email or text; and are brought to the members at their request. These locations include independent self-pay and scattered site units, Section 8 units, family homes, and CLP without staff support. Approximately 14% of members live in CLP with staff support, TLP, and recovery homes where staff may regularly provide services, such as groups, and/or maintain some form of office space on site. A small number of members live in settings where staff are on site 24 hours, seven days a week.</p> <p>Per staff interviews, some members live in CLP with service staff support that is not located on-site. In those cases, service staff may come to the units about once a week to check on tenant needs. Tenants are not required to accept staff support, and the ACT teams set up periodic staffings for coordination of care.</p>	<ul style="list-style-type: none"> To the extent that members prefer independent settings and are not legally mandated otherwise, ensure that choice is supported rather than referring to residential or semi-staffed settings.
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 3	<p>Staff interviewed describe affordability as increasingly challenging for members due to low income, increasing rents, and fewer landlords willing to accept scattered site vouchers. Timeliness of monthly voucher payments and payment of deposits were identified as concerns of property managers. Some staff reported that vouchers were not keeping up with rising rental rates. Staff encourage members to look for units</p>	<ul style="list-style-type: none"> The ACT teams should continue efforts to track rent payments and incomes, regardless of setting, , with the goal that tenants pay no more than 30% of income toward rent. Continue to build networks of affordable housing options that can be explored with members. Continue efforts to market the benefits to

			<p>that include utilities into the monthly rent and to budget for regular expenses. Staff also assist members in identifying resources such as food pantries to ease the financial burden.</p> <p>Both teams were able to verify that residents of scattered site voucher and CLP units paid 30% or less of income in rent. However, because the data provided by both teams was incomplete, it was not possible to determine an average percentage of income that tenants pay in rent. Limited data accounts for the score for this item.</p>	<p>property managers of participation in the PSH and scattered site voucher program.</p>
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	<p>Staff interviewed report that most members, particularly those living with family or in units subsidized by the RBHA or with vouchers, are living in safe conditions. Per interview, staff conduct at least weekly home visits and monitor safety of the living environment. Most, but not all, staff interviewed were familiar with HQS. While no staff reported formal training in the area, some staff have received informal internal trainings and reported attending unit <i>walk-throughs</i> with members and having obtained literature on potential hazards and common maintenance issues.</p> <p>Due to incomplete data, it was not possible to verify HQS for all housing units. Combined, the teams were able to show that 36% of units met HQS. Most scattered site voucher units and CLP units provided documentation supporting HQS. Limited data is reflected in the score.</p>	<ul style="list-style-type: none"> • Work with housing providers, voucher administrators, and property managers/landlords to obtain copies of HQS inspections. • Ensure all staff is familiar with HQS criteria, and continue to educate tenants on maintenance and safety issues that require attention. • Consider options for formal training in assessing non-subsidized housing (independent/self-pay and family settings) for HQS.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				

4.1.a	Extent to which housing units are integrated	1 – 4 3	<p>Staff interviewed said that most members live in integrated settings but that some clustering may occur unintentionally due to low-income and limited availability of housing that accepts individuals with certain types of criminal offenses or eviction histories. Staff said they attempt to counter those barriers by increasing their knowledge about the rental housing market and by developing relationships with property managers and landlords throughout the Valley community. Per the data provided, most members live in integrated settings such as scattered site or other subsidy voucher units; independent, self-pay; or with family. Approximately 25% of members live in settings such as CLP, TLP, and recovery houses, where 76% - 100% of tenants meet disability related eligibility criteria.</p>	<ul style="list-style-type: none"> • Continue efforts to build a network of integrated housing options throughout the community. • System partners should collaborate to educate landlords about the benefits of PSH services and the voucher subsidies so that a larger number of housing options are available to members.
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**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 two teams combined had leases for 53% of housed members. Teams were able to obtain most leases for scattered site and CLP units, and they were able to obtain many leases for independent/self-pay units. Residents of those options all appear to have rights of tenancy under standard lease agreements. Members interviewed who live in RBHA affiliated housing said they signed standard leases.</p> <p>Some members living with family may have leases but most do not. Staff reported that families who rent themselves often do not want the member to have rights of tenancy and potentially jeopardize their own housing. Family members usually have informal agreements. Teams have attempted to</p>	<ul style="list-style-type: none"> • ACT teams should obtain rental documentation including leases, lease addendums, and community rules to ensure rights of tenancy. • Continue efforts to attend lease signings to assist tenants in reviewing terms of lease; when unable to attend lease signings, obtain a signed release of information (ROI) to get a copy of the lease. • When members choose to live with family, continue efforts to educate family on the value of rights of tenancy, and provide the option for an informal written agreement where preferred.
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			ensure some level of understanding or agreement between members and their families with whom they are living by encouraging both parties to sign a nonbinding rental agreement outlining expectations and conditions of residency.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	Tenants of scattered site housing lose their voucher if they dis-enroll the RBHA; however, they can retain their housing as long as they pay their rent. Staff interviewed reported that members living in 24 hour residential and Flex Care require some level of program participation to maintain residency even though they may sign a regular lease. People living in recovery homes often must comply with a curfew and are required to attend 12-step meetings. Staff said that tenants of CLP are not allowed to bring alcohol on to the property. Some members living with family must agree to be compliant with treatment in order to live in the family home.	<ul style="list-style-type: none"> • Continue to educate members of the legal/criminal justice system on how the ACT's PSH program supports independent community living. Identify and find solutions to any barriers to effective collaboration in this area. • Strive to support member choice and default to least restrictive settings such as scattered site and independent self-pay units when not otherwise legally mandated. • Continue efforts to develop a network of affordable housing options through marketing and relationship building with area property managers in order to reduce reliance on programs that use housing to coerce treatment participation.
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	Staff interviewed from both teams were knowledgeable of the Housing First approach and described stable housing as a cornerstone upon which recovery is often built. Staff said that members are ready for housing when they ask for it and teams default to independent housing unless mandated otherwise by guardians or the legal system.	
6.1.b	Extent to which tenants with obstacles to	1, 2.5, or 4	Staff interviewed gave varying assessments of how the system prioritizes members with the most significant obstacles to housing stability. Per staff	<ul style="list-style-type: none"> • With the current system structure, the teams have limited capacity to fully align housing priority with the EBP criteria.

	housing stability have priority	2.5	interviews, the RBHA prioritizes: homelessness, people being discharged from hospitals and residing in TLP, transitional age youth, veterans, and Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) scores of eight or above. However, some staff said that the RBHA requires VI-SPDAT scores between at least 10 – 17 to be considered for scattered site vouchers, and one staff speculated that people were confused in their belief that the higher the score the higher the priority. Some staff said that the emphasis on homelessness penalizes those coming out of incarcerated settings, who have not been homeless for the last year. ABC Housing was said to strictly prioritize chronic homelessness.	<p>However, PSH services are not just limited to members who qualify for RBHA affiliated housing vouchers, so staff should continue their efforts to explore other independent housing options, promoting the benefits of PSH services and developing relationships with landlords and housing providers.</p> <ul style="list-style-type: none"> • System partners should clarify and have a shared understanding of how VI-SPDAT scores weigh into prioritization for housing.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 3	<p>The majority of members live in settings where they control access to their units: scattered site, Section 8, independent/self-pay, and with family. ACT teams do not keep keys to tenant units regardless of where they live, although they might have key pad codes to enter gated communities. If staff have concerns about a tenant’s welfare they reach out to families with whom they have a release of information (ROI) or contact the landlord and law enforcement. Staff said they never enter units alone.</p> <p>Staff said CLP staff often make uninvited entry into units. One staff reported seeing CLP managers enter units without permission. TLP and recovery home staff are reported to be able to enter units without permission.</p>	<ul style="list-style-type: none"> • The teams should continue efforts to build a network of affordable housing options where tenants, not program or service staff, control access to the unit.
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 1	Staff said they try to make service plans very individualized with goals based on what members say. Objectives are then designed around how they will meet goals. The record review showed that staff present identified goals within quotation marks, although some goals were written in third person. Some progress notes suggested obvious member priorities that were not identified in treatment plans. Some goals appeared individualized but many relied on generic language and clinical jargon; needs and objectives were often more suggestive of staff priorities such as healthy coping skills and increasing insight into mental illness and symptoms.	<ul style="list-style-type: none"> ACT staff should receive ongoing training regarding how to develop personalized goals and objectives with members stated in their voice rather than clinical jargon. Member service plans should reflect the housing goals, and the needs, objectives, and action steps that are specific to achieving the member’s recovery goals.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Staff interviewed stated members have the opportunity to review service plans every 90 days but may do so at any time upon request. Most members interviewed said that they have the opportunity to review or make changes to their services plans, although some said they have experienced delays in this at times.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Staff on the ACT teams said that tenants choose the types of services they receive. Tenants interviewed agreed that they choose the services they want and are not forced to accept services. Staff said that if members decline ACT services they can be stepped down to a less intensive level of care. Some staff and tenants were uncertain if members could retain housing vouchers or RBHA affiliated housing if they dis-enrolled from the RHBA. Other staff said that if a member wished to dis-enroll, the team should help the member prepare for alternative housing arrangements.	<ul style="list-style-type: none"> Providers may have a limited ability to fully align with fidelity in this area due to the structure of the system. To the extent possible, the ACT teams should continue to respect member choice to participate in the services that reflect their needs and priorities, including the choice to participate in no services.
7.2.b	Extent to which services can be	1 – 4	Staff interviewed said they provide services to align with members’ stated needs and	<ul style="list-style-type: none"> Work with members to develop personalized objectives related to their

	changed to meet tenants' changing needs and preferences	3	<p>preferences. Tenants provided mixed feedback on this, however. Some members reported lack of staff follow up with requests for services or assistance, noting that some staff appear to be "too busy" or distracted. One tenant reported receiving less staff attention than needed after becoming housed.</p> <p>The record review showed that some member's service plans were reviewed with staff every three to six months. One plan was reviewed four times in a 12-month period. Other member plans were reviewed at frequencies ranging from seven to 12 months. Most service plans did not change in substantial ways. However, some service plans reflected changes in housing status; others were modified to include employment goals.</p>	goals. Modify services and plans to the extent possible to honor member preferences.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	<p>Many staff on both teams have a lived experience of recovery which they use to encourage members and support choice. Consumer driven services appears more apparent on an individual level rather than as a combined voice. Staff use surveys with Likert scales to obtain member feedback. One team described implementing a round table staffing with individual members to obtain feedback on how the team is providing services. There is no ACT specific forum, such as an advisory council or board, through which members can shape services.</p>	<ul style="list-style-type: none"> • Create opportunities for members/tenants to participate in collective decision making within the ACT teams. Consider establishing ACT Advisory Councils at the other ACT locations within the agency. Review solutions found by other providers who scored well in this area.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum	1 – 4 4	Both the ACT teams participating in the review were operating fully staffed. Excluding the team Psychiatrists, caseloads were below 15 tenants to each staff member.	

	caseload sizes			
7.4.b	Behavioral health services are team based	1 – 4 3	Tenants receive most behavioral health and social services through their respective ACT teams. However, per data provided, approximately 20% of housed tenants may receive some level of services through their residences at CLP with staff support, recovery homes, 24 hour residential, Flex Care, TLP, or faith based facilities. Some members receive transitional housing support through CBI staff who are not on the teams during stays at the West Valley Transition Point. Some stays at the facility lasted a few days, or multiple weeks.	<ul style="list-style-type: none"> ● Reduce the number of members residing in locations that provide services or treatment by educating influencers and decision makers (such as guardians and probation and parole officers) on the range of services available through the ACT team. ● Continue efforts to coordinate care with external service providers and in home supports, when applicable.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The ACT teams provide emergency 24 hour/seven days a week on call services. Staff rotate the on-call phones. Staff said they are able to manage many issues over the phone but also go out on site. Staff said public safety officials also call them to respond to members in crisis.	

PSH FIDELITY SCALE SCORE SHEET

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2,5,4	4
1.1.b: Real choice of housing unit	1,4	4
1.1.c: Tenant can wait without losing their place in line	1-4	4
1.2.a: Tenants have control over composition of household	1,2,5,4	2.5
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	3
Average Score for Dimension		3.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	3
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2,5,4	1
Average Score for Dimension		2
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	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		3.17
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	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	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		3
Total Score		20.22
Highest Possible Score		28