

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

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To: Tom McKelvey, CEO
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AHCCCS Fidelity Reviewers

Method

On March 7-8th, 2017, Georgia Harris and Karen Voyer-Caravona completed a review of the Lifewell Assertive Community Treatment (ACT) Permanent Supportive Housing Program (PSH). This review is intended to provide specific feedback in the development of your agency's PSH services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Lifewell Behavioral Wellness (Lifewell) is a multi-faceted, behavioral health service provider for the Regional Behavioral Health Authority (RBHA) of Maricopa County, Arizona. Lifewell services include: outpatient counseling, Vocational Rehabilitation, residential care, transportation and multiple housing options. As a housing provider, Lifewell provides Community Living Placement (CLP), Transitional Living Placement (TLP), many Flex-Care options, and tenant-based housing voucher programs. Though Lifewell is a distinct, RBHA-wide housing provider, this review is focused on the Lifewell ACT team as a housing services provider. The Lifewell ACT team recently moved to the new South Mountain clinic and obtained a new Clinical Coordinator (CC) in January 2017.

While the fidelity review was in process, it was brought to the attention of the reviewers that the onsite staff misinterpreted the parameters of the data collection process. Rather than of providing information on all of their defined PSH ACT tenants, the team provided data on the tenants whose charts were requested for the record review sample. To provide optimal opportunity for the review of accurate data, reviewers extended the data collection period to March 9th, 2017. With this extension, reviewers received data for 39 of the 81 tenants identified with this agency. Consequently, the data submitted for this review was extrapolated to reflect the entire population served.

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

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

- Interview with the ACT team Clinical Coordinator.

- Interviews with the ACT Independent Living Specialist (ILS) and the Housing Specialist (HS).
- Interviews with five tenants who are participating in the PSH program.
- Review of agency documents including the ACT team brochure.
- Review of 10 randomly selected records.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The leasing management teams in all settings maintain a clear separation of their services. They are strictly involved in property management functions such as repairs, lease enforcement, and rent collection.
- The ACT team is sufficiently staffed to provide the full range of PSH services to tenants.
- The ACT team is available to provide assistance to members 24 hours a day, 7 days a week. The team is available to serve as the first responders for any crisis situation.

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

- Reviewers received data for 39 of the 81 tenants identified with this agency. Therefore, 51% of tenants did not have data available for review. The lack of data available to reviewers impacted many areas for scoring, particularly in the areas related to housing independence, tenant rights, and decent/safe/affordable housing. The ACT team must equip themselves with current and accurate rental data as a primary effort toward ensuring suitable housing for tenants.
- In an effort to help tenants who live with family to further cultivate their independence, discuss the potential for constructing written agreements and/or outlining parameters for their living arrangements.
- Housing Quality Standards inspections do not have to be conducted by ACT staff, but they should be familiar with its standards. Moreover, ACT staff should have access to inspection information for tenants who are participating in multiple Lifewell housing programs.
- Staff are unable to verify rights if tenancy because they do not continually maintain leasing information. One of the most effective ways to educate tenants on their legal rights as an occupant is to explain it in the context of their own lease agreement.
- The ACT team should limit their reliance upon ACT houses. Currently, the ACT houses are used as a default option for tenants who are

low income or have no income at all. Explore opportunities with the RBHA and within the community that will provide tenants with more independence.

- Few of the tenant charts reviewed had current Individualized Service Plans (ISPs). As the ISP is the ruling document for services delivery for the ACT team, it is imperative that tenant files are updated regularly with their current goals.
- Train all program staff on the basis for PSH. Teams can only be as effective at implementation as their commitment to the guiding principles of the model.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1				
Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 2.5	Tenants are offered choice among types of housing, however some restrictions still exist. Staff interviewed stated that the options offered to tenants are often based on their ability to pay. Some staff report that a tenant moving directly into the community from a hospitalization or a higher 'level of care' may need temporary housing until they can afford or maintain a home on their own. Tenants interviewed lived in various housing types, but some of them lived in housing programs that are limited in nature (i.e. Community Living Placement- CLP). The available data for all PSH program participants indicates that 21% of ACT tenants live independently, with family, or in voucher-based programs (i.e. RBHA Scattered Site or Section 8). Around four percent (4%) of tenants live in assisted living and Supervisory Care Homes (SCH), and 23.4% of tenants live in Community Living Placement (CLP), ACT CLP, and Halfway Houses. Approximately 51% of tenants did not have data to available review.	<ul style="list-style-type: none"> • Even with data constraints considered, it is evident that a large portion of tenants do not live in settings of their choice. Ensure that tenants' preferences are being solicited and supported in all cases. • Ensure that all ACT staff are trained on the principles of PSH; namely the conclusion that tenants prefer and have better outcomes when choice has been solicited and supported. • Maintain up-to-date records on tenants and their housing conditions.
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within	1 or 4 1	With the data provided, it was determined that tenants do not have choice of unit within the housing program. Approximately 27.4% of tenants live in settings where tenants are assigned a unit or a room. About 18.5% of tenants currently live in CLPs or ACT housing; both programs assign units and/or bedrooms to tenants. Some tenants stated	<ul style="list-style-type: none"> • Work towards moving as many tenants as possible into independent settings. This may require ACT staff to network with private landlords and affordable housing opportunities in the community. • See recommendations in 1.1.a, Extent to which tenants choose among types of

	apartment programs, tenants are offered a choice of units		they were not offered a choice of unit in any setting outside of voucher programs and independent apartment communities. Staff reported that the nature of the housing would always determine the tenant’s ability to choose a unit.	housing (e.g., clean and sober cooperative living, private landlord apartment).
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists	1 – 4 2	According to staff and tenants, tenants who live independently or with family do not participate in waitlists. Tenants who live in CLP and ACT house settings reported quick placement, but limited opportunity to refuse the unit(s) offered to them. In fact, both the staff and tenants interviewed reported that when a unit is refused, the RBHA could decide to place you at the bottom of the list. Voucher-based programs (whether RBHA or otherwise sourced) were reported to have initial waitlists, but once a voucher became available, tenants were given ample time to find the unit of their choice. Reviewers were unable to determine the distribution of units affected by these stipulations for the tenants whose data was deemed incomplete.	<ul style="list-style-type: none"> ● If the ACT team and tenant perceptions of the RBHA waitlist functions are incorrect, the RBHA should continue to educate both groups on the workflow of the housing waitlist.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 1	Due to the lack of data provided, the housing composition of approximately 51% of tenants identified in the PSH program could not be determined. For the remaining tenants listed, about 21% of them lived in settings where they could control their household composition. Staff reported that tenants were unable to choose household composition for any congregate care setting or unit that has other RBHA enrolled tenants residing in it (e.g. CLP, ACT houses, SCH, etc.) Those enrolled in RBHA voucher programs are able to add family and significant others to their lease, provided they have the support of their clinical team.	<ul style="list-style-type: none"> ● Clarify with tenants the rules surrounding RBHA housing programs. ● See recommendations in 1.1.b.

			Tenants interviewed were unsure of the rules surrounding the addition of tenants to their leases.	
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	Data gathered from clinical records and interviews suggest that housing management providers do not have any authority to provide social services to tenants. Staff reported that landlords of tenants living independently or within voucher programs strictly maintain a property management role with the tenants. Tenants who live in congregate settings (such as ACT housing) also reported having landlords who maintain a commitment to providing only property management services. Staff reported that tenants are consistently encouraged to call property managers directly for repairs, payments, and questions regarding lease enforcement. Staff also stated that they are required to obtain a Release of Information (ROI) before interacting with property managers on the behalf of tenants.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 2.5	Though landlords and property management companies maintain separation from clinical roles, ACT staff occasionally involves themselves in property management functions. Tenants who live independently said ACT staff is only involved in their clinical treatment and independent living skills development. However, staff report that property managers from congregate settings (especially the intra-agency Lifewell PSH program) will ask them to help with property concerns. For example, one member was given a 10-day notice from a CLP for bed bug infestation. The leasing agency gave the ACT team a list of things they wanted the ACT team to complete before they	<ul style="list-style-type: none"> ● Continue to educate property managers on the ACT team’s role in PSH. ● Since the ACT PSH program interacts with intra-agency housing providers regularly, the agency must educate each program on the parameters for collaboration with other programs. Intra-agency programs cannot assume cooperation on functions that are outside of the scopes of work.

			would treat the unit. ACT staff report they attempt to educate property managers on their role as a service provider whenever they request assistance beyond their scope of work.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 2	Tenants who live in independent settings do not have onsite staff. The ACT team performs regular visits, multiple times a week, in-home and in the community. Tenants who live in CLP and Halfway House (HH) settings report that staff are not based onsite; however, the property program staff may conduct groups and staffings at the housing units. Tenants who live in SCHs and similar settings have staff available onsite 24 hours a day, seven days a week. Due to the lack of data, reviewers were unable to account for 51% of the tenants served. This was reflected in the score.	<ul style="list-style-type: none"> To help tenants achieve greater independence, continue to educate and help tenants to move into settings that do not require a clinical or social staff presence onsite.
Dimension 3				
Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 1	Staff and tenants interviewed said tenants who lived in subsidized, voucher-based, affordable income properties (e.g., Section 8, RBHA scattered site) and congregate settings paid approximately 30% of their income. Of the data provided, nearly 36% of tenants identified lived in these settings. Staff said that tenants living independently could pay up to 80% of their income for rent. Staff also said that tenants who live with family often do not pay rent. These tenants will sometimes help with the general monthly living expenses of their household (e.g. groceries). The review team was unable to verify rental rates for about 83.5% of the total number of tenants served.	<ul style="list-style-type: none"> Rental data should be tracked for all tenants participating in the PSH program. Tracking rental rates is a necessary function for ensuring housing affordability for tenants. In an effort to help tenants who live with family to further cultivate their independence, discuss the potential for constructing written agreements, outlining parameters for their living arrangements.

3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	<p>Reviewers were able to view the HQS reports for seven tenants, all of which were for tenants living in ACT housing. Staff report conducting their own general safety checks at their weekly home visits, but none of them report being trained on the HQS standards.</p> <p>Staff said that every tenant who receives a housing voucher from the RBHA, county and Section 8 program can not move into a unit until it passes the HQS inspection. The team does not receive copies of the completed inspection.</p> <p>Inspections for tenants who live in other settings, such as CLPs, have their inspections completed by the leasing agency. Though the team has some tenants residing in the intra-agency CLP, it was reported that the other program rarely shares this type of information with the ACT team.</p>	<ul style="list-style-type: none"> ● Though it is not required for service staff to be trained in HQS inspections, it would be beneficial for housing-related ACT staff (i.e. ILS, HS) to be familiar with these standards. ● Provide ACT staff with inspection (and leasing) information for members who are living in all unit types. ● See recommendations in 3.1.a.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 1	<p>Due to the lack of data for 51% of PSH members, reviewers were limited in their ability to assess this dimension. Based on the data available, over 27% of all PSH program participants those tenants live in non-integrated settings, with 16% of the all members residing in ACT housing. Staff reported that ACT housing often becomes the primary option for members who do not have an income to independently support themselves in the community.</p>	<ul style="list-style-type: none"> ● The ACT team should not rely on ACT housing as the default option for tenants with insufficient income. Commit to exploring all possible options in the community with the tenant. Work with the RBHA to explore all options and programs that may be available to tenants. ● Continue to develop relationships with private landlords in the community who may be willing to work with tenants on fixed incomes.
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	Reviewers had limited access to current tenant leases. Some of the leases were expired, and the majority were for ACT housing. The inspected leases followed standard leasing agreements. Tenants also stated that their leases were standard rental agreements. Staff felt the CLP/ACT housing leases were more lenient than standard leases because they do not require extended notice or fees if your agreement is terminated. Staff do not collect leases from tenants, nor do they request them from tenants.	<ul style="list-style-type: none"> Educate tenants on the benefits of sharing their leasing information with the team. ACT staff should attend lease signings whenever possible, and request copies of them from the tenants. Maintaining housing information is an essential feature for any PSH program.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 1	The data available to reviewers suggests that 23.4% of ACT PSH tenants live in units that may have additional program rules. Staff report that tenants who live in ACT housing are not subject to additional rules; however, they are unable to have overnight guests for an extended period of time. Staff could not confirm the absence of rules in any of the other settings, such as Halfway Houses or Supervisory Care Homes. Tenants living in independent settings did not experience any extra requirements, due to their program participation. The lack of available data was reflected in the score.	<ul style="list-style-type: none"> See recommendations in 1.1.a and 2.1.c.
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	Based on the staff and tenant interviews, tenants are not required to demonstrate readiness prior to gaining access to housing and housing programs. Some staff expressed a commitment to helping tenants find their best, most affordable option. However, some staff felt that the requirements were not strict enough and some tenants should be required to participate in step-down programs, due to their level of functioning. The client records	<ul style="list-style-type: none"> Educate all staff on the principles of PSH. To run a high fidelity, effective PSH program, staff must cohesively embrace the need for all members to have permanent and safe housing outside of institutionalized settings.

			did not reflect restrictions to housing opportunities due to tenant behavior.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Lifewell staff report that all tenants are evaluated with the Vulnerability Index-Service Prioritization Assistance Tool (VI-SPDAT). The VI-SPDAT is required through the RBHA; it is used to prioritize candidates for housing placement on the RBHA waitlist for Scattered Site (SS) and Community Living Placement (CLP). Per staff report, tenants are required to be homeless and have a VI-SPDAT score of eight or higher to receive consideration for RBHA voucher housing. Aside from the VI-SPDAT requirement, the team views all housing needs as equal and treats them with equal urgency.	<ul style="list-style-type: none"> Based on the current system structure, Lifewell may have limited ability to fully align with this area. Lifewell should continue all efforts to find community-based, independent housing options for tenants who do not qualify for RBHA housing programs.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 2	Both the staff and tenants interviewed said that staff do not hold copies of keys to the units of any tenant, or in any housing setting. Staff also reported that in cases of emergency, they would contact the landlord and/or the police for a wellness check. There was no evidence found in the charts to dispute this claim among identified tenants. A small portion of tenants lives in Assisted Living and similar settings (3.7%) where staff has access to tenants throughout the day. The lack of data for the remaining tenants was factored into the score, as reviewers could not determine their housing distribution.	<ul style="list-style-type: none"> See recommendations in 1.1.a.
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	Though tenants are active in the service planning process, it doesn't appear that their goals are always reflected in their service plans. Many of the Individualized Service Plans (ISPs) reviewed were	<ul style="list-style-type: none"> The tenant's voice should be solicited and honored in all treatment and programming decisions made on their behalf. Services in a PSH program should always be voluntary

	want at program entry		written in the tenants' voices; however, reviewers encountered some ISP goals that were written in third person, and were directive in nature. For example, one individual's ISP goal stated that the tenant was on Court Ordered Treatment (COT) and needs to "adhere and accept all ACT team treatment recommendations for housing, income, and stabilization of illness".	and flexible.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	Staff report that tenants are given regular opportunities to update their goals. Staff and tenants reported that ISPs are updated every six months or at the tenants' requests. Of the records reviewed, few of the tenant charts had current ISPs or evidence of ISP adjustments attached.	<ul style="list-style-type: none"> As the ISP is the ruling document for services delivery for the ACT team, it is imperative that tenant files are updated regularly with their current goals.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants are offered the standard ACT specialty services as a part of their PSH program. The charts displayed evidence of tenants interacting with multiple ACT specialties, such as substance abuse treatment and independent living skills development, on an individualized basis. ACT tenants report that they are able to refuse services, but they will lose their housing and/or housing subsidies if they dis-enroll from the RBHA. Tenants who live independent of RBHA housing programs did not report any potential to lose housing beyond lease infringement.	<ul style="list-style-type: none"> The RBHA should consider options to help tenants who dis-enroll from services to assume full responsibility for their housing. Possibly, a transition period and limited services to assist with the transfer of responsibility.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 2	Staff report that they will adjust services for the individual, upon their request. Tenant charts primarily displayed instances of routine clinical team appointments and home visits; however, some instances were noted where staff would take members to multiple locations in a day to help reinstate benefits or payee services.	<ul style="list-style-type: none"> ISPs should reflect changes in needs/preferences related to housing status, including specific goals for maintaining independent or scattered site units.
7.3 Consumer- Driven Services				
7.3.a	Extent to which	1 – 4	The ACT tenants have some input into the design	<ul style="list-style-type: none"> Consider developing opportunities for ACT

	services are consumer driven	2	and provision of services. Staff report that the agency provides tenants with a Clinical Advisory Council (CAC) to discuss general concerns with other peers, but this forum was not defined as being ACT specific. Lifewell does provide tenants with individualized opportunities to render feedback on services. The staff and tenants report that tenants are able to discuss any of their concerns with the CC at any time. Reviewers also found evidence of Lifewell feedback surveys in some of the member charts.	<p>tenants to provide feedback on PSH services as a collective group.</p> <ul style="list-style-type: none"> ● In addition to giving voice to tenant concerns, create opportunities for tenants to receive feedback on the input they provide, presenting tenants with evidence that their suggestions are being incorporated into services. ● Consider partnering with Consumer Operated Services (COSP) and other local agencies to help advocate to the larger affordable housing agencies.
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 team has 11 staff currently serving 97 tenants; 81 of them are identified as receiving PSH services. The ACT team’s member to staff ratio is approximately 9:1.	
7.4.b	Behavioral health services are team based	1 – 4 3	The team provides services primarily through an ACT team model of care; however, staff report that they refer tenants to external providers for ACT services they are not currently staffed to provide (e.g. counseling). The team reports having all other ACT specialty roles filled at the time of review. Furthermore, there were notes in the charts that referenced staffings with external case management staff from some of the tenants’ residences.	<ul style="list-style-type: none"> ● Decrease reliance upon external providers by continuing current efforts to fill the vacancies in ACT specialties. ● Work towards moving tenants to non-restrictive settings that do not require additional case management services.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The ACT team makes services available to the tenants 24-hours per day, seven days per week. ACT staff view themselves as the first responders in instances of crisis or emergency. ACT staff rotates an on-call phone, with the CC being the primary backup person in any crisis situation.	

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	2
1.2.a: Tenants have control over composition of household	1,2,5,4	1
Average Score for Dimension		1.63
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	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	2
Average Score for Dimension		2.83
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	1
Average Score for Dimension		1
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	1
Average Score for Dimension		1
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	2
Average Score for Dimension		2.5
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: Extent to which services can be changed to meet the tenants' changing needs and preferences	1-4	2
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		2.5
Total Score		12.46
Highest Possible Score		28