

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

Date: May 5, 2017

To: Amy Henning
Crystal Domblisky-Klein

From: Georgia Harris, MAEd
Jeni Serrano, BS
AHCCCS Fidelity Reviewers

Method

On April 3 -5, 2017, Georgia Harris and Jeni Serrano completed a review of the Southwest Network Assertive Community Treatment (ACT) Teams' 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.

This PSH review focuses on the housing services offered through Southwest Network's (SWN) Assertive Community Treatment (ACT) programs. SWN is a behavioral health service provider within the Maricopa County Regional Behavioral Health Authority (RBHA). SWN provides services to both children and adult populations. Housing supports are considered part of the services offered to ACT members. Three of the five SWN ACT teams were included in this review: San Tan, Mesa Heritage, and Osborn. All three ACT teams have designated house model and apartment style ACT properties. SWN defines its PSH program members as ACT members who require and/or request assistance with obtaining and/or maintaining a permanent residence of choice.

The individuals served through the agency are referred to as "clients", 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(s) with the SWN ACT Program Director in place of the vacant Clinical Coordinator positions at both the Mesa Heritage and Osborn Clinics. Interview with the ACT Clinical Coordinator at the San Tan clinic.
- Interviews with one Housing Specialist (HS) at San Tan, one HS at Osborn and one HS at Mesa Heritage.
- Interviews with nine members who are participating in the PSH program.
- Review of agency documents including SWN intake procedures, eligibility criteria, wait list and criteria, team coordination and PSH program rules.
- 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 ACT team does not have overlapping roles with property management. Staff and tenants reported that PSH staff are not involved in housing management functions such as collecting rent or reporting lease violations.
- All behavioral Health/psychiatric services are directly provided through the ACT team. Each ACT team delivers the full range of ACT services to tenants in the PSH program.
- Each ACT team provides crisis/emergency assistance to tenants 24 hours a day, seven days a week. The staff view themselves as first responders and are prepared to intervene when called upon.

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

- With over 37% of tenants living in assigned units, the PSH program should increase efforts to help tenants find housing that allows them to choose their own accommodations and decide their own living arrangements. The PSH program may want to consult with the RBHA on developing opportunities to build relationships with landlords and leasing management companies in the community, with the intention of expanding housing opportunities available to tenants.
- Though over 90% of tenants live in settings that are typically affordable by their nature (i.e. low income properties, Scattered Site housing), rental data was absent for over 60% of tenants listed. The PSH program should maintain up-to-date records of all relevant tenant information (such as rental calculation and inspection data) as they convey the decency, safety, and affordability of tenant units.
- Though copies of Individualized Service Plans (ISPs) were located in tenant charts, less than half were updated within six months of each other. Moreover, many of the ISPs had the same treatment plan goals and interventions listed in each ISP revision. Ensure that ISP goals are personal and that changes are reflected in every revision of the document.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1 Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 2.5	<p>Tenants in the SWN ACT PSH program have a restricted choice of housing types. ACT staff report that the housing search always begins with the tenant’s list of preferences, such as neighborhood of choice. Once tenants have identified their housing preferences, the ACT staff will provide and help to find options that match their preferences and are considered affordable to the member. Staff report that this ideal process is not always possible, due to a recent decline in affordable housing options in the community. Staff report assisting tenants who have limited or no source of income to apply for city, county, and RBHA based voucher programs. Tenants with evictions and/or criminal backgrounds often have a more difficult time finding housing. For these tenants and those who are immediately at risk for homelessness, the staff will consider an ACT property, if available. ACT housing was also touted as an option for tenants who do not want to live alone. Between the three teams reviewed, the data provided suggests that 89 tenants were served by the PSH program. Of the 89 tenants, 62.91% of them live in independent settings of choice. These can include voucher programs like the RBHA Scattered Site (SS) program or Section 8, an affordable income property, or an independent, self-pay option. About 24.71% live in ACT housing, and 10.11% live in Community Living Placement (CLP). The remaining 2.27% tenants live in fully-</p>	<ul style="list-style-type: none"> ● To provide more housing options to tenants, the RBHA and/or SWN should assist teams with training and/or resources to help them develop relationships with community landlords in integrated housing settings. ● Though ACT housing is considered permanent per SWN, staff should continually work toward moving tenants into preferential housing that is fully-integrated in the community. This includes tenants who are interested in living with roommates. Assist them in finding affordable properties in the community to share with persons of their choosing.

			staffed, residential settings. SWN does not consider members living with family as part of their PSH program unless they are helping them to learn skills to maintain their home or in transition from their family home to their own residence.	
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	Tenants have a restricted choice of unit within the PSH program. Although 62.91% of tenants living in independent settings have a choice of unit, tenants living in any of the remaining settings do not have a choice of unit. As CLP and ACT housing is based on availability, staff and tenants reported that people living in these settings must take the unit offered to them.	<ul style="list-style-type: none"> As stated in 1.1.a, helping tenants to find housing in the community will improve the tenants' chances of residing in homes of their choosing.
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	According to staff and tenants, those who live independently are not subject to waitlists. The RBHA, city and county voucher programs were said to have initial waitlists; however, once a voucher became available, tenants were given up to 90 days to find a new home. Tenants reported receiving quick placement in the CLP and ACT programs. The ACT team identifies tenants who would benefit from ACT housing and applies to the RBHA for a unit. Staff reported that tenants are able to refuse as many units as they like from any program without being placed at the bottom of the 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 2.5	Tenants living independently (including those with vouchers) are able to decide their household composition, granted they adhere to the terms of their lease agreement. According to staff, The clinical team may provide feedback to the housing	<ul style="list-style-type: none"> As more tenants are moved into independent settings, they will be given the ability to decide household composition for themselves. As stated in 1.1.a, the team should assist

			<p>provider, but the ultimate decision is left to the tenant. Tenants living in residential settings are unable to control their household composition. Tenants living in CLP units with housemates or ACT housing are unable to choose their housemates, as units are assigned to each tenant. The ACT staff said they attempt to “match” tenants within the ACT houses based on personality, temperament, and progress toward recovery. When asked to give an example, one staff stated that the team “would not place a person who is struggling with addiction into a home with tenants who have been actively working towards sobriety”. Each person residing in CLP or ACT housing- whether living in a single unit or a house setting- has their own private bedroom.</p>	<p>tenants who desire roommates to find affordable properties in the community with the person(s) of their choosing.</p>
<p>Dimension 2</p> <p>Functional Separation of Housing and Services</p>				
<p>2.1 Functional Separation</p>				
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 2.5	<p>The majority of tenants live in settings where the roles of housing management and social services are separated. Staff reported that tenants living in independently settings and/or within voucher programs maintain their property management role with the tenants. Staff also reported that tenants living in CLP and ACT housing are afforded that same separation of roles by property management and the ACT team. Tenant records and interviews suggest that housing management providers do not have any authority to provide social services to tenants. Though the majority of statements made by tenants mirror the previously mentioned claims, some tenants noted landlord behaviors that were incongruent. For example, one tenant stated that he receives social and mobility services from his residence. Another tenant lives in a residence that has a disability advocate onsite to assist tenants. Both of these</p>	<ul style="list-style-type: none"> ● Review rental agreements with all tenants to ensure that tenancy is not hinged upon participation in social services offered by landlords/property managers.

			tenants live in physical “disability-friendly” apartment complexes. Some tenants reported that they receive counseling services from the agency that also holds their lease. None reported that these services were required to maintain housing.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4	The ACT team does not have overlapping roles with property management. Staff reported that they are not involved in housing management functions such as collecting rent or reporting lease violations. Tenants interviewed said that staff assists with advocacy and with eviction prevention when necessary.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	In general, the ACT team services are based off site. Approximately 2.27% of members live in settings where clinical or social service providers maintain space onsite. Staff report that all ACT services are mobile and readily available to tenants in all the other settings, including the ACT houses. Tenants and staff had similar statements regarding this item; however, it was noted in a clinical record that the team Psychiatrist conducted a recovery group for ACT tenants in the home.	<ul style="list-style-type: none"> • Social and clinical services should not be based in the housing units. Consider moving all group services to locations in the community, preferably in settings where behaviors naturally occur and/or where skills will be used.
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 report rental rates in voucher programs, CLP and ACT housing to be around 30% or less of tenants’ income. Though over 90% of tenants live in settings that are typically affordable by their nature (i.e. low income properties, Scattered Site housing), rental calculation data was absent for over 60% of tenants listed. The lack of data provided was factored into the scoring of this item.	<ul style="list-style-type: none"> • The PSH program should maintain up-to-date records of all relevant tenant information (such as rental calculation and inspection data) as they convey the decency, safety, and affordability of tenant units.

3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Reviewers were able to view the HQS reports for 18 tenants, nearly 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. Evidence in progress notes show that staff do make note of living conditions during home visits. Lack of verifiable data is reflected in the score.	<ul style="list-style-type: none"> See recommendations in 3.1.a regarding the maintenance of relevant documents. The agency and the RBHA should consider partnerships with agencies that conduct HQS inspections and/or training opportunities for staff to learn HQS standards. This could be beneficial for inspections of independent dwellings in the community.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 2	Based on the data available, 62.91% of all PSH program tenants live in integrated settings, with 24.71% of the members residing in ACT housing. Staff reported that ACT housing often becomes the primary option for members who are agreeable to living with roommates, have criminal backgrounds/bad rental history, or do not have an income to independently support themselves in the community.	<ul style="list-style-type: none"> The ACT team should not rely on ACT housing as the default option for tenants with insufficient income. Work with the RBHA to explore all possible options and programs in the community 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 access to 55% of the tenant leases. Tenants interviewed from all housing types felt their leases were standard rental agreements. The leases inspected by reviewers followed standard leasing agreements. Some of the leases were expired; the majority of leases provided were connected to ACT housing. Staff reported that they do not collect leases from tenants on a regular basis, even for those living in independent settings.	<ul style="list-style-type: none"> Staff should proactively request leases from tenants. 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 2.5	The data available to reviewers suggests that nearly 47% 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. Tenants also stated that there were minimal rules in ACT housing; however, one tenant reported finding a notice posted on the fridge of the home reminding tenants that smoking is against the house rules. The tenants did not know who posted the sign and felt it was an inappropriate act.	<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. Property management and/or clinical staff should refrain from prompting tenants regarding issues unrelated to leasing requirements.
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	Reviewers found inconsistency between staff and tenant reporting in this area. Based on the staff 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. Though staff report making efforts to find independent housing in the community, tenants across all settings reported that they are required to engage in ACT services to gain access to housing units.	<ul style="list-style-type: none"> Tenants should not be required to participate in any level of services aside from the requirements in a standard leasing agreement.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	SWN ACT 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 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	<ul style="list-style-type: none"> Based on the current system structure, SWN may have limited ability to fully align with this area. However, PSH services are not just limited to members who qualify for RBHA affiliated housing vouchers SWN should continue all efforts to find community-based, independent housing options for tenants who do not qualify for RBHA housing programs.

			for RBHA voucher housing. Aside from the VI-SPDAT requirement, the SWN ACT team views all housing needs as equal and treats them with equal urgency. The ACT staff also said they attempt to “match” tenants within the ACT houses based on personality, temperament, and progress toward recovery.	<ul style="list-style-type: none"> The agency should educate ACT staff on the benefits of prioritization in the PSH model. Tenants who are difficult to house should have priority placement. The status of being an ACT member does not denote inability to remain housed. Each person’s risk level can be different.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 3	The majority of tenants reside in settings where tenants control access to their units. 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. Staff and tenants reported that staff do not use keys to enter the ACT house on a regular basis; however, a small portion of tenants lives in specialty housing for tenants with physical disabilities, where staff are able to enter if they suspect danger. These tenants and those in similar residential settings (2.2%) live where staff has access to tenants throughout the day.	<ul style="list-style-type: none"> Continue efforts to place tenants in housing settings that promote independent tenant control of access to their homes.
Dimension 7				
Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose	1 or 4 1	Many of the Individualized Service Plans (ISPs) reviewed were written in the tenants’ voices;	<ul style="list-style-type: none"> The tenant’s voice should be identifiable throughout the ISP and in all treatment and

	the type of services they want at program entry		however, service interventions did not always align with treatment goals. In one instance, the tenant expressed a desire to move from the ACT house into his own place. The treatment plan was solely then focused on the tenant learning to maintain tidy living quarters and meeting with the clinical team regularly. None of his objectives were focused on helping him to find a new residence.	programming decisions made on their behalf. Services in a PSH program should always be voluntary and flexible.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	PSH 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, less than half of the tenant charts had evidence of ISP adjustments within the past year. Moreover, many of the ISPs had the same treatment plan goals and interventions from member-to-member.	<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 with their current goals regularly.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	As a part of the SWN PSH program, tenants receive standard ACT services. 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. If members refuse the intensity of services offered by the ACT team they can be stepped down to a supportive level of care. In order to retain housing through RBHA contracted or scattered site housing, members must remain clinically enrolled; having no service is not an option.	<ul style="list-style-type: none"> The RBHA should consider options to help tenants in RBHA affiliated housing who disenroll 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 3	In general, the PSH staff will adapt services to fit tenants' needs. PSH Staff report that they will adjust services for the individual, upon their request. The majority of tenant charts primarily displayed instances of routine clinical team appointments and ACT team home visits.	<ul style="list-style-type: none"> Continue to seize opportunities to provide personalized care whenever possible. Find creative ways to meet treatment goals by soliciting input from the tenants themselves.

			Occasionally, more specific requests from tenants were also addressed by the team. In one instance, a tenant expressed desire to obtain a fishing license. The ACT staff incentivized him by agreeing to find him places to fish, should he obtain his fishing license.	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	The ACT tenants have minimal input into the design and provision of PSH services. Tenants mostly provide their feedback regarding PSH services on an individual basis. Tenants are able to speak with any staff or the ACT Program Director at any time. 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.	<ul style="list-style-type: none"> ● Consider developing opportunities for ACT tenants to provide feedback on PSH services as a collective group. ● 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.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	The SWN ACT teams are adequately staffed to provide PSH services to all tenants. Two of the ACT teams are without Clinical Coordinators; however, the SWN ACT Program Director is filling these positions in the interim. Caseloads for ACT staff are less than 15 tenants to each staff member.	
7.4.b	Behavioral health services are team based	1 – 4 4	The ACT teams provide the full range of ACT services to tenants. Staff and tenants reported that all behavioral health/psychiatric services are provided through the ACT team. The clinical records reviewed also provided evidence to support these claims.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	The SWN ACT teams are available to all PSH tenants 24 hours a day, seven days a week. Each of the teams has an on-call phone that is rotated weekly between the staff. Each tenant is given the list of staff phone numbers to call.	

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	2.5
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		3.17
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	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	2
Average Score for Dimension		2
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: Extent to which services can be changed to meet the tenants' changing needs and preferences	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	4
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		2.75
Total Score		16
Highest Possible Score		28

