PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT
People of Color Network for Healthy Communities (PCN)

Date: 2/19/15

To: Tomás Leon
CEO
People of Color Network (PCN)

From: Jeni Serrano
T.J. Eggsware
Georgia Harris
Karen Voyer-Caravona
ADHS Fidelity Reviewers
Mimi Windemuller
WICHE Mental Health Program
Ann V. Denton
Consultant

Method

On January 13, 14, 15, 2015, Fidelity Reviewers Jeni Serrano, Georgia Harris, Karen Voyer-Caravona, and T.J. Eggsware, along with Ann V. Denton and Mimi Windemuller, consultants, completed a review of the People of Color Network (PCN) Permanent Supportive Housing (PSH) efforts. The review included housing activities conducted by four Assertive Community Treatment teams stationed at PCN Health – Adult Services locations: two teams at Comunidad; one team at Centro Esperanza; and one team at Capitol. This review provides information about the housing activity of the ACT teams; it is not an ACT fidelity review. Also, this review is intended to provide specific feedback in the development of your agency's Permanent Supportive Housing services, in an effort to improve the overall quality of behavioral health services in Maricopa County. In order to effectively review PSH services within the current behavioral health system, the review process includes evaluating the working collaboration between each PSH provider and referring clinics/teams/agencies with whom they work to provide services. The relationship between PCN and housing unit owners is also included. Due to the system structure, issues surrounding the implementation and delivery of PSH services are found at many levels, and therefore, will be noted as such throughout this report.

PCN is a non-profit Integrated Community Network providing holistic behavioral and physical health services through collaborative approaches, delivering culturally and linguistically responsive services for nearly 6,000 children, youth, and adults living in Maricopa County. The Adult Services division of PCN provides: Psychiatric Services – Medication and Nursing; Assertive Community Teams & Supportive Case Management; Specialty Team Services (Forensic , Supervisory Care Home, Arizona State Hospital Transition Services, Homeless, and General Mental Health); Peer and Mentor Services; Rehabilitation Services; and Family Support.

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

- Separate interviews with members receiving services at the Comunidad, Centro Esperanza and Capitol clinics.
- Separate interviews with ACT direct service staff at Comunidad (two teams, including Forensic), Centro Esperanza, and Capitol.
- Individual interview with the PCN Housing Coordinator, and separate interviews with program administrators and leadership staff at the three clinics noted above.
- Separate interviews with the ACT Clinical Coordinators at Comunidad, Centro Esperanza and Capitol clinics.
- Phone interview with RBHA housing staff.

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

In general, this baseline assessment shows that the agency is not providing Permanent Supportive Housing according to the evidence-based practice fidelity model, although many key elements are present. The primary finding is that the agency and staff have not had training or support for this implementation. Most staff has a basic idea that PSH involves financial support for housing and the provision of ACT services, but crucial concepts such as rights of tenancy, choice, access to housing and integration are not part of their understanding. The agency and the Regional Behavioral Health Authority (RBHA) would benefit from further training regarding the PSH model.

The agency demonstrated strengths in the following program areas:

- There is a solid understanding that choice in the provision of services and choice of housing is important to recovery.
- The ACT teams have the capacity to provide intensive, housing-focused services.

The current system of referrals, assessment and assignment to housing and services has barriers to proper implementation of PSH. Specific areas related to the PSH model that will benefit from focused quality improvement include:

- Choice: Choice in housing is restricted. Choice of type of housing (RBHA referral vs. ABC referral, for example) and choice of specific units are severely constrained.
- Separation of housing and services: For many of the RBHA-controlled settings, housing and service functions become blended.

- Integration: Many RBHA-controlled housing options are not integrated into normal housing settings (i.e. non-disability-specific housing), scattered throughout the community.
- Rights of Tenancy: In many settings, rights of tenancy are compromised by program agreements that link tenancy to continued occupancy of the unit.
- Access to housing: There is a strong pattern of requiring readiness for independent living, and clinical team/case managers can and do guide placement based on perceptions of readiness or ability.

Improvements to PSH fidelity might be achieved through the following system-level interventions:
- Examination and adjustment of current system that assesses and assigns people to types of housing and services;
- Development of system that supports individual choice as the default option, with deviation from expressed choice only in extraordinary circumstances;
- Develop guidance for separating housing and service functions;
- Improve the availability of integrated units;
- Decrease reliance on readiness requirements.

In the interim, PCN should identify areas within their control that can be improved from the PSH fidelity scale.

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 **(1)**	Members do not have and are not offered a real choice of types of housing. Choice is constrained by availability of types of housing resources, clinical criteria related to RBHA controlled options, and perceptions of lack of readiness for scattered site living. Staff would like to offer choice, but as a practical matter, choice of type of housing is not part of current activity. At best, the clinical team makes a recommendation and the individual is offered the recommended option. While an individual can refuse the type of housing, the perceived consequence is that they then have to wait longer.	Seek out and honor member choice in type of housing. System level changes are needed in this area. For example, seeking member input regarding type of housing desired, including members in the final decision making process, and honoring member choice in type of housing will require change to current processes of intake, assessment, level of care determination, clinical staffing events, etc. PCN can expand member choice in this area by explaining options, pros and cons, and supporting choice of type of housing wherever possible. When someone says they want independent living, every effort needs to be made to honor that choice.
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)**	Members do not have a choice of housing units. For example, if an individual is assigned to ACT housing, they must take the unit offered. For house model approaches, people are offered an available slot. For the majority of member, in the current system, members rarely have a choice of units.	Expand scattered site options, and consider the use of rental assistance. Develop procedure that includes choice of multiple units.

Item #	Item	Rating	Rating Rationale	Recommendations
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	1 – 4 **(3)**	While the RBHA says that people who refuse a type of housing or a specific housing unit don't go to the bottom of the list, the ACT team staff believe otherwise. There is competition on the waiting list for units. Hospital discharges are prioritized, and people leaving the hospital have been told they must take one of the first two placements offered or they will be discharged with no placement. It appears that staff feel pressured to get people to accept what is offered, and this practice puts staff in the position of steering choice.	Clarify waiting list procedures.
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)**	In house model settings, members do not control the composition of their household. In scattered site apartments, many people choose to live without roommates.	Ensure that scattered site housing is consistently offered as an option.
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 **(2.5)**	Within the RBHA affiliated housing, some housing providers focus exclusively on property management. Others have a more blurred role. For example, Lifewell provides some services to persons in community living placements. Ideally, individuals in scattered site settings with private landlords experience true separation of these functions. In some private landlord options, such as places that accept people with barriers to tenancy but charge very high rent ($500 for a bedroom, for example), the landlord and service providers have a blurred relationship.	Clarify roles at the system level.
2.1.b	Extent to which service providers do not have any responsibility for	1, 2.5, or 4 **(2.5)**	Within the RBHA, specifically within ACT housing, case managers sometimes conduct informal housing inspections on behalf of property management. For example, some case managers described themselves as in a liaison role to	Eliminate the practice of ACT team members conducting inspections. Support members as they interact with landlords/property managers rather

Item #	Item	Rating	Rating Rationale	Recommendations
	housing management functions		the property managers. That is, case managers are expected to send in requests for repairs instead of the member. This is not true in every case; however, the blurring of roles does exist.	than doing it for them.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 **(3)**	In some cases, ACT staff have regularly scheduled times when they are visiting the house model programs, including ACT housing. The house model setting lends itself to this type of scheduling, rather than allowing individuals to request services in their home.	Limit the use of housing units for structured groups or services.
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)**	The majority of housing units are affordable (i.e. at or less than 30% of income); however, the documentation of rent and income was incomplete.	In order to achieve full fidelity in this area, ensure that documentation of rent and income for all members is complete.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 **(1)**	Housing units are not meeting HQS and/or PCN does not have copies of the inspections.	Work with housing providers to obtain copies of HQS inspections or have staff trained to conduct these inspections and document the results.
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 **(2)**	Housing units are not integrated. The house model is not integrated; ACT housing is not integrated. Two of the teams interviewed reported members living in non-system housing that targeted people with behavioral health disorders. These units are not integrated.	The system should make necessary adjustments to ensure integration through making scattered site housing the default option for permanent supportive housing.

Item #	Item	Rating	Rating Rationale	Recommendations
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)**	Leases were not available for inspection; therefore, the extent of members' rights could not be verified.	Tenancy and HQS documentation was requested, but not provided. This documentation needs to be secured, if it exists. If individuals do not have rights of tenancy or are living in substandard units, PCN can work to establish those rights and improve the quality of the housing.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 **(1)**	Tenancy is compromised by formal and informal requirements, such as prohibitions on alcohol. In RBHA housing, such as the 'house model' settings, continued occupancy depends on compliance with program provisions. Even in apartment style ACT housing, long term occupancy is dependent on cooperation with program requirements. For the 17.5% of members who live in scattered site housing, it was not possible to determine the presence or absence of program requirements in each case.	Review and revise provisions that compromise rights of tenancy.
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to demonstration housing readiness to gain access to housing units.	1 – 4 **(1)**	Multiple staff reported that the assessment of level of care and housing needs includes housing readiness. A common remark is "not ready for independent living". This readiness assessment guides placement. Chart review revealed numerous instances of documentation that assessment of housing readiness drove selection of type of housing. For example, in one case, a letter from the case manager to the RBHA stated that the individual was not ready for independent living and	PCN can provide training and support to staff as they learn to support choice, expand options for people, and focus on housing retention.

Item #	Item	Rating	Rating Rationale	Recommendations
			recommended a more restrictive setting.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 **(4)**	People with housing complications are prioritized in that the system prioritizes homeless, hospital discharges and jail releases.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 **3**	House model programs can be entered by staff without member permission. Apartment-based settings seem to have more privacy, with entry controlled by the member.	Establish procedures that prohibit staff entry into house model programs without explicit member permission.
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)**	Assignment to the ACT team emerges from a level of care determination. ACT team assignment includes orientation to the team and requires member consent, which is consistent with honoring choice. However, ACT team membership requires participation in a fairly high level of services (1800 units of service per month). While member input is solicited in the development of the service plan, it is not always honored.	Review and revise current procedures for structuring member services. New procedures must include solicitation of member choice of TYPE of services.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 **(4)**	Once assigned to the ACT team, a member is evaluated to determine appropriateness for continued participation on ACT once a year. Staff report that there is an active focus on helping people to step down in their level of services.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services	1 – 4 **(3)**	The system emphasis on person-centered planning has been implemented by the ACT teams. However, the level of care assessment leads to a set of standard services and	Review and revise the level of care determination to maximize member choice. Develop procedures to ensure

Item #	Item	Rating	Rating Rationale	Recommendations
	they receive		supports.	informed choice.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 **(3)**	Staff reported that, within the basic units of service requirement, members can adjust or choose the level and intensity of services and supports. However, members must accept the level of services associated with ACT, which limits full freedom of choice.	Develop procedures that expand choice within the limits of ACT service unit requirements. This could include developing a monthly support plan in which members request specific help during the coming month.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 **(2)**	Advisory councils provide input in two of the three clinics visited. There is no member input directly to ACT programs.	PCN can work with members to expand their role in designing, assessing and determining services.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 **(4)**	Caseload sizes across the teams fell well within fidelity limits; that is, no more than 15 members per staff person.	
7.4.b	Behavioral health service are team based	1 – 4 **(2)**	Housing specialists have not been empowered to fill this role. Even though the ACT team is labeled as team, the reviewers have concerns that the team functions more as a collection of individual staff members with individual case loads, and specialists are not working on housing issues for the entire team. For example, one housing specialist said – "my case load is homeless people; when they get housed I transfer them to someone else."	Define the housing specialist role as resource for the team; focus on strategies to improve team-based approach. Provide additional training for housing specialists.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 **(4)**	Services are provided within fidelity limits.	

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	1
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	3
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		1.88
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	2.5
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	3
Average Score for Dimension		2.67
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	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	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	1
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		2.67
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: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		2.88
Total Score		**15.1**
Highest Possible Score		28