PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: Noel Collier

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ADHS Fidelity Reviewers

Method

On June 1 and 3 - 5, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the CHOICES 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.

CHOICES Network provides case management and psychiatric services to over 7,000 residents of Maricopa County who live with a serious mental illness (SMI) and/or co-occurring disorder. CHOICES PSH services are provided through four Assertive Community Treatment (ACT) teams at South Central, West McDowell, Enclave and Townley clinics. ACT teams assist members in finding and securing permanent housing. They also provide wrap around services to help them retain their housing and avoid a return to homelessness, reduce hospitalizations, and increase stability in order to support recovery goals. ACT members receiving PSH services through their ACT teams live in a variety of housing types including ACT apartments and houses, community living placement (CLP), Section 8 housing, scattered site housing subsidized by Regional Behavioral Health Authority (RBHA) and ABC Housing Vouchers, low income housing offered through various community resources and unsubsidized market rate housing.

Although unrelated to the scoring of this review, it should be noted that as of August 1, 2015, CHOICES Network will discontinue operations. Clinical services will continue under other service providers. CHOICES ACT teams will be managed by Lifewell Behavioral Wellness and Terros, both of whom are currently contracted with the RBHA as PSH service providers.

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.

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

- Individual interviews with four ACT team Clinical Coordinators (CC) who serve as the PSH Administrators;
- Group interviews with four Housing Specialists (HS) and three Independent Living Specialists (ILS);
- Interviews with nine members who are participating in the PSH program.
- Review of housing related documents including RBHA housing applications, lease agreements, housing inspection reports, income/rent calculation forms, emails, and eviction notification letters.
- Review of 10 randomly selected records sampled across the four clinics, including charts of interviewed members/tenants.

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:

- Off-site services: ACT staff do not maintain satellite offices at member residences or apartment sites, nor do they conduct group activities or treatment services, other than medication observations, at those locations. ACT staff provide mobile services, meeting members where they need support, whether that is at their home, the property manager's office, at a medical appointment or elsewhere in the community.
- Flexible and voluntary services: Treatment and housing support services are flexible and voluntary, based on member needs and preferences. While services offerings predictably reflect ACT areas of specialization and stress independent living skills, interviews and

evidence found in member records suggest that staff makes efforts to assist members in creating individualized plans that can be modified upon request.

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

- Constriction of housing choice: ACT teams use the level of care system when making housing referrals, and while they said they respect member choice they may steer members to housing that reflect that level of care. ACT teams often apply for housing within any setting that will house members more quickly, using a first available approach. Opinion varies with respect to whether or not the wait for scattered site is shorter for CLP or ACT housing, and this approach appears to sometimes result in members being placed in housing that does not align with their original ISP housing goal. Ultimately, the choice between homelessness and the only housing available is not a real choice.
- Composition of households: Tenants of ACT housing or on the CLP waitlist are assigned housing in predetermined households; neither the system nor the ACT teams have an established process for ensuring tenants have a choice with whom they live. ACT teams may also be screening potential roommates of tenants, thus limiting their ability to control household composition.
- Housing integration: ACT housing and CLP is not community integrated and segregates people with an SMI and/or co-occurring disorder from the rest of the community. Most ACT staff interviewed do not believe ACT housing aligns with the evidenced based practice of PSH, and that the resource more closely resembles residential treatment. ACT Staff expressed their ideas on how ACT units could more effectively; primarily to provide immediate shelter and stability for members who are homeless or being discharged from inpatient psychiatric.
- Thorough and complete housing documentation: Efforts should be made by the ACT team to obtain copies of leases, HQS reports, and rent calculation forms, and those efforts should be well documented in the member record. This information provides staff with useful tools to assist members in advocating for their rights of tenancy. ACT teams should not rely on property management to hold this documentation since they have no role in tenant advocacy or social services.

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	The types of housing available to members include ACT housing (a CLP where the ACT team is the PSH service provider), CLP, scattered site housing through ABC Housing and the RBHA vouchers, Section 8 housing, market rate (unsubsidized) housing, and income eligible housing provided through other community resources. Most ACT teams report decreased referrals to CLP, with one CC reporting that the team primarily uses it to transition members out of supervisory care homes (SCH). ACT teams operate under a "level of care" system, and housing recommendations often reflect this. While, all ACT teams said that they prioritize member choice of housing type, all use the system's level of care determination in referring members for housing. Members may be steered toward the level of care with which the team recommends. At the time of the review, the four ACT teams reported assisting 100 members with	• The RBHA, providers and clinical teams should reconsider the continued use of the level of care system as applied to housing referrals because it does not support tenant choice due to steering members in to housing that does not align with their stated preferences. The system should redirect its focus on increasing opportunities for community integrated housing for people with disabilities. • Scattered site, community integrated housing should be the default housing option for members seeking housing. ACT teams should seek out and honor tenant choice in type of housing. • The RBHA and the provider should continue to support CC efforts in training staff on how the Housing First approach to Permanent Supportive Housing supports recovery and improved outcomes.

			housing in the 12 months prior. Across the ACT teams 43 members live in ACT apartments or houses. The ACT teams assisted seven individuals gain housing at an unstaffed CLP, 20 in voucher-based scattering site housing, 16 in Section 8 housing, two living with family, one person in a half-way house and three people in an unsubsidized apartment. The nature of housing could not be verified for 15 of the members. Viewed by many staff view as primarily a treatment setting and short term placement (two years or less), ACT housing is seen as the default option on several ACT teams, because referrals are offered based on membership to the ACT team. Members can reject the clinical team's recommendation for ACT housing or CLP in favor of scattered site or other independent living options but may be warned of a long wait. ACT staff said more housing units of all types are needed; clinical teams often default to whatever housing option they think is the most readily available because they prioritize getting members off the street.	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within	1 or 4 1	In ACT housing and CLP, most, but not all, staff agree that members do not have true choice in units because units are offered one at a time in a "take it or leave it" approach. Members interviewed said that because of the long wait and their urgency to find housing, they often take whatever is offered.	• See recommendations for Item 1.1.a. Extent to which tenants choose among types of housing. • With clinical teams reporting that the pool of residences accepting the RBHA voucher is declining, the PNO and RBHA should explore opportunities to educate property

	apartment programs, tenants are offered a choice of units		Members who receive a scattered site voucher can select their choice of unit as long as it is within their budget and passes the HQS inspection. For members who have a poor credit or criminal convictions history, choice is often significantly limited by property managers and landlords who refuse to rent to them. Some staff and members report that choice is increasingly limited to them by property managers and landlords who will not accept housing vouchers.	managers and owners in the community on the benefits to renting units to members.
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	Staff reported that members receiving the scattered site subsidy have 30 days to find housing before the voucher expires. Members can seek an extension for up to 90 days. If the voucher expires and an extension is not granted, a new scattered site housing application must be submitted. Staff across all clinics said that often members who are homeless, and at times difficult to locate, need more time to find their preferred housing. Although many staff encourage members to make thoughtful and informed choices that reflect their needs (i.e.: geographical location, proximity to public transportation, environments that support recovery), members, particularly those with felony histories, will frequently accept the first unit that comes along due to concern about the voucher expiring. There is general confusion among ACT staff regarding the number of times members can	• The RBHA should clarify waitlist procedures to clinical provider staff.

			reject a unit on the CLP list without losing their place on the list. Most staff believed it is up to three times. The ACT teams do not report maintaining a wait list for ACT housing. Vacancies occur infrequently, and the teams generally fill the member in the most pressing need and who is ready to move.	
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	Members in ACT housing or CLP do not control the composition of their household. Households are predetermined, and there is no formal process by which members can meet one another before-hand to ensure compatibility. In some cases at the ACT properties, the ACT team will make efforts to reassign members among units in order to better ensure a good fit or respond to conflicts among residents. Members in ACT and CLP have private bedrooms with locks on the door. Staff report that in one ACT house for women, the bedroom doors only lock from the inside, which was a property management decision. Tenants with scattered site vouchers are allowed more flexibility in determining household composition. However, some staff and members reported that potential roommates must be interviewed and approved by the ACT team. The system requires that potential roommates have an income, have their name on the lease, and agree to pay half of the rent.	• Ensure that scattered site housing is offered as an option. • If the system continues to use ACT housing and CLP, the system and provider should consider developing a roommate matching program to increase member choices in the composition of households. It may be necessary to involve property managers in such a program.

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	Property managers provide primarily property management services and have no direct role in social or clinical services. Some staff reported that Lifewell staff at ACT housing attend staffing occasionally "based on need" such as behavioral issues that threaten tenancy. One team reported having a monthly staffing with Lifewell for members living in Lifewell managed CLP. One staff member reported that, while the ACT team would prefer that members only use ACT team services, Lifewell offers and sometimes requires that ACT members participate in, housing and behavioral health services at CLP locations where they reside.	• The RBHA and provider should consider developing a forum for RBHA contracted property managers and clinical teams to clarify their roles in the housing system. The clinical teams report on their relationship between members and PM companies varies greatly. Some report that the property managers are quick to evict without taking the population served into consideration, while other report that the same property managers exhaust all avenues prior to eviction. • Ensure that property managers are not attending clinical staffings. Meetings between ACT staff and property should be explicitly focused on eviction prevention.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 2.5	Most ACT teams reported that they have no role in housing management functions such as collecting rent or delivering eviction notices. Some ACT staff said that Lifewell, who manages several ACT properties, expects ACT staff to report back to them on property damage and use of illegal drugs on the premises. Additionally, some staff and members reported that, with respect to scattered site housing, potential roommates must be interviewed and approved by the ACT team.	• See recommendation in 2.1.a, extent to which housing management providers does not have any authority or formal role in providing social services.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	The ACT team does not have office space located within the ACT housing/CLP sites. ACT staff visit ACT housing and scattered site housing at regularly scheduled times for med observations, and periodically through the week for wellness/safety checks, to offer engagement, and upon request to help with independent living skills, provide rehabilitation services, help with transportation or assist with other needs identified by the member. Treatment groups and other psychiatric services are also provided at the members' clinic locations.	
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 2	Staff and members living in ACT housing said that they pay no more than 30% of income toward rent. However, housing affordability was difficult to verify because most ACT staff could verify income and rent for approximately 50% of the 95 members who were assisted with housing in the last 12 months. ACT staff reported that they had not typically held copies of tenant leases, and one property management company was unresponsive to their requests for copies of tenant leases. Of the 95 members for which data was provided, 51% of members pay 30% or less of their income for rent. Staff prioritize getting members off the street by whatever means necessary and use non-RBHA	• It is recommended that the RBHA develop a process or understanding by which ACT teams can receive copies of lease agreements to ensure that staff are able to effectively monitor housing affordability and assist members in advocating for themselves in this area. • ACT teams should retain rent calculation forms in member records, and review for changes in income on at least an annual basis to ensure that tenants are paying no more than 30% of income. • It is recommended that the clinics assist ACT teams with developing a consistent system for organizing in one location all

			affiliated housing options to accomplish that end. Staff report that those options often consume 50%-90% of member income toward rent. Those other housing options, referred to by ACT staff as "community resources," include: halfway houses, supervisory care homes, and on the housing private market.	relevant documents related to housing, including leases and rent calculation forms so those materials can be easily accessed for purposes of member advocacy.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Most ACT teams were able to provide copies of HQS documents for ACT housing units managed by Lifewell. Staff reported problems obtaining HQS documents from both Biltmore managed properties, scattered site properties, private market housing, and community resources units.	• In order to align with the evidence based practice of PSH, the provider and the RBHA should develop a process and understanding with property managers and voucher administrators to ensure that ACT teams have copies of annual HQS inspection reports. ACT teams should have copies of HQS inspections reports in member records so that they can be prepared to effectively assist members in advocating for themselves in this area. • With respect to community resource housing available on the private market, the provider and the ACT teams should develop a home inspection protocol, including documentation, which aligns with HQS. • It is recommended that ACT teams explore options for certification in performing HQS inspections.
Dimension 4 **4.1 Housing Integration**				

4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 2	ACT housing and CLP are not community integrated but set aside for people with disabilities. Based on the information provided, at least 53% of members assisted with housing reside in units set aside for people with disabilities. Scattered site housing is available to anyone seeking housing on the open market. Community resource housing is sometimes set aside for people with disabilities but, along with Section 8, is usually reserved for people meeting income eligibility requirements. Staff consistently agreed that unintentional clustering of people with an SMI, co-occurring disorder or other disability status may occur as a result of segregation of the community by income, as well as criminal history. Staff and some members said that limited choices sometimes put them in social environments that do not support recovery.	• The system should make necessary adjustment to ensure integration by making scattered site housing the default option for permanent supportive housing. • The system has limited ability to impact the availability of affordable units on the private market. ACT teams and the RBHA should continue efforts to develop relationships with private landlords in integrated settings. Emphasis should be placed on education to reduce stigma associated with SMI, and how wrap around services provided by the ACT team can support their business model by reducing tenancy problems, nonpayment of rent, and vacancy rates. • The system may wish to consider collaborating with other community stakeholders and key influencers concerned about the availability of affordable housing options for individuals and families of all income levels. Solutions may be found at the government policy and legislative level.
Dimension 5 Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have legal rights to	1 or 4 1	There was significant variation between ACT teams and among staff as to whether or not members had full rights of tenancy in ACT and CLP	• As per Recommendation 3.1.a, Housing Affordability, it is recommended that the RBHA develop a process or understanding

	the housing unit		units. Most staff appeared only marginally familiar with the content of member leases and were not certain if the leases resembled those found on the private rental market. The ACT teams provided most but not all of the tenant leases for ACT housing units. One property management company would not cooperate with the ACT teams' request for copies of leases. ACT teams have collected very few rental agreements from members living in scattered site or other independent housing.	by which ACT teams can receive copies of lease agreements to ensure that staff are able to effectively assist members in advocating for their legal rights of tenancy. • The ACT teams should continue efforts to move members who live in supervised care homes, halfway houses and similar settings without leases to integrated environments as they become available
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	For members residing in scattered site housing, tenancy is not contingent on compliance with program rules or special program rules; they must, however, remain RBHA enrolled. ACT housing and CLP tenants can be evicted for breaking property management rules related to visitors and overnight guests. ACT staff and members described varying interpretations of the rules regarding visitors and overnight guests. Some believed the rules were common to standard lease agreements; others felt they were not. Some staff reported that members must get permission from roommates/house mates as well as property management in order to have overnight guests. Staff and members said that tenants are not required to participate in groups or other services	• It is recommended that the RBHA review and revise provisions that compromise rights of tenancy, such as mandatory participation in treatment or compliance with rules not normally found in standard tenant leases. ACT teams and the RBHA should clarify with CLP housing providers that behavioral health and housing support services are to be provided by ACT staff. • As recommended in Item 4.1.a, Extent to which housing units are integrated, the system should make necessary adjustment to ensure integration by making scattered site housing the default option for permanent supportive housing. ACT teams should continue efforts to move members to scattered site and other affordable integrated settings as they become available.

			in order to retain their housing. However, one staff member reported that Lifewell offers member case management and behavioral health services at CLP properties they manage, and one member living in Lifewell-managed CLPs felt pressured to participate in a Lifewell group.	
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 2	Variation exists between ACT teams as to the extent to which level of care designation is used to make housing referrals. Most staff recognized that when operating according to fidelity to the evidence based practice of PSH, service providers do not require members to meet housing readiness standards in order to gain access to the housing of their choice. Furthermore, staff said that members can successfully live independently regardless of symptomology if given the necessary wrap around supports delivered by the ACT team. Said one HS, "When we make the choice, it never goes well." Screening takes place on the clinical team level. Some staff members stated that members who are good candidates for PSH should be stable, have insight about their illness, symptoms and medication compliant. The reviewers found	• It is recommended that the provider and the RBHA provide further training and education to staff at all levels in how to support member choice through person-centered based wrap around services that capitalize on strengths and competencies, build members skills and assist them in learning new behaviors for retaining their housing. • When members request assistance with finding independent housing, ACT teams should make referrals reflecting the member's preference. The provider and the RBHA should provide training to staff at all levels to ensure a shared and accurate understanding of available housing options have been explained to members so that they can make an informed choice regarding level of care.

			evidence in records and in member interviews that even though member ISPs frequently identify "I want to live on my own" and "I want a place of my own" as a goal, members are referred to segregated apartment and house model situations. However, several ACT staff said that scattered site, independent housing was best suited for members who are progressing in their treatment, can administer their own medication, and can live alone. Some staff said that the system erred in removing staff from CLP locations.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 4	Staff and teams reported prioritizing members who are homeless or at immediate risk for being homeless. Staff said that the system prioritizes individuals who are homeless, at immediate risk for being homeless, and hospitalized for assistance with housing. They reported prioritization on the system level leaves individuals who have accepted housing simply to get a roof over their head waiting for a long time on the wait list. Perception among staff and members that members must be as "sick as possible" (homeless, hospitalized) before they can receive housing. Staff reported that some members have gotten themselves hospitalized in order to obtain housing.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into	1 – 4 2	The ACT team does not have keys to scattered site and market rate housing units where members reside. Members living in those settings have full	• The provider should establish a common procedure by which ACT staff may enter ACT apartments and house model

	the unit		control over entry into their residences. Some staff said that the ACT team makes efforts to have discussions in advance with members as to when it might be appropriate to seek entry into units, such as to feed a pet. One staff member has entered the apartments when requested to do so by hospitalized members, and only do so when in the company of a member of the tenant's support network. Within ACT housing and CLP, there appears to be significant variation across the ACT teams as to how much control tenants have over staff entry into their residences. Staff have keys to three ACT houses. Eleven tenants reside in the three houses. Staff also have keys to rooms at the two men's ACT houses. The four tenants living in the women's ACT house cannot lock their doors from the outside since the property management company is unwilling to change out the flip locks currently installed. Staff reported that they will knock before entering ACT units when doing med observations and wellness checks. Some staff said they enter if there is no answer, while others said they do not enter. Other staff reported that they will enter units if they have reason to be concerned about a member's safety, in a potential emergency situation or if a member is hospitalized and has requested that staff enter to obtain medication or clothing. One member reported coming home to find property management staff	programs without explicit tenant consent, such as the use of an Advance Directives that identify contacts within the tenant's trusted support network. Similar provision should be made with respect to independent housing including scattered site, Section 8, and market rate housing. • The provider and the RBHA should revise provisions with ACT property management to retrofit bedrooms that do not lock from the outside in order to further member privacy and ability to control access. Members should also have keys to the front door of the house model properties.

			in the unit without authorization or prior warning.	
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 and members across the four ACT teams stated that members are the primary authors of their service plans. However, evidence in member records indicates that members with stated ISP goals of independent housing are not consistently being referred for scattered site placement. Members may be instead referred to ACT housing, CLP, and 8 hour or 16 hour community placement.	• As per recommendation 1.1.a, extent to which tenants choose among types of housing, ACT teams should ensure that ISPs, and subsequent referrals, reflect the members' voice, based on their stated needs and preferences. Referrals for housing should reflect the member's original ISP goals.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Staff and members across the four ACT teams agreed that tenants are able to modify their service plans annually or upon request. ACT staff also stated that members are able to update and modify the service plan at any time.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Members can choose among an array of services that support their recovery and housing needs. Staff said that while members are free to decline offered services, staff will continue to offer recommended services that support the member's recovery. While members can decline services, they must remain enrolled in the RBHA in order to retain RBHA affiliated housing. One CC reported putting all ACT members on the Section 8 wait list so that they have the potential to retain that housing should they disenroll from the RBHA.	• The ACT team may have no ability to move forward in this area due to the limitation of the current system. Moving members to the voucher based system could help improve this area as increases in housing stability can lead to improved outcomes for members in other areas such as employment and self-sufficiency. • ACT teams should continue to investigate other income eligible housing options available to members, such as Section 8, the Housing Authority of Maricopa County, and City of Phoenix Public Housing, for

				those who decide to disenroll or become ineligible for the RBHA system due to shifts in policy at the State or Federal level.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	Staff and members interviewed said that service plans can be changed at any time to reflect their changing needs and preferences. One staff said when first housed, services are often focused on the basics of setting up the member's home and independent living skills, but that as they find stability that comes with being housed they begin to take an interest in other recovery goals such as sobriety, continuing their education and employment. Treatment mixes are fairly predictable and follow the ACT model. ACT specialists offer services that include ILS, housing, supported employment, education, and substance abuse; staff will also make efforts to accommodate unique concerns and interests. For example, one ACT team assisted in helping locate a social forum in which he could interact with other people who spoke his native language. A member said that her ACT team referred her to Art Awakenings so that she can express herself creatively through knitting.	• This area may be tied to caseload size and staff turnover during the 12 months preceding the review. See recommendation for Item 7.4.a, Extent to which services are provided with optimum caseload size.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	Staff and members report that members have significant control over services. Staff described services offered as being driven by individual member needs, which usually focus, at least initially, on independent living skills. Several staff	• It is recommended ACT teams establish regular forums, such as member advisory boards, specific to the clinics ACT cohorts, for the gathering of input and feedback about housing issues and the nature of

			stated that members are vocal about the types of services they want and needs they have. No evidence could be found of formal mechanisms by which members provided feedback and input into the types of services offered, such as ACT member advisory councils.	services provided. • The ACT staff and Clinical Coordinators should consider how the role of the Peer Support Specialists can be used to maximize opportunities to provide member/peer driven housing services. Partnerships with peer run organizations may be a valuable source of input in ensuring peer driven services.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	Due to staff turnover, caseloads for some ACT teams run between 16 – 25 tenants per staff. Several staff said that the high acuity of ACT teams and pressure to keep up with expectations for direct member contacts and completion of documentation are two factors contributing to high turnover and higher caseloads.	• ACT teams and the provider should make efforts to identify and respond to factors contributing to high staff turnover on ACT teams in order to ensure continuity of care and team capacity. Ideally, PSH programs should be staffed at a staff/member ratio of 15:1 so that staff can provide the intensity of service that is individualized to each member's needs.
7.4.b	Behavioral health service are team based	1 – 4 4	ACT teams are charged with providing all members' behavioral health services and are designated by the RBHA as permanent supportive housing providers. ACT teams reported that they are no longer referring members to staffed CLP locations. Housing Specialists reported that since the launch of scattered site vouchers, ACT staff understand that they have a role in actively participating in housing support, where as previously these duties were seen as primarily the domain of the HS and ILS.	
7.4.c	Extent to which	1 – 4	The ACT team is responsible for 24 hour, seven	

	services are provided 24 hours, 7 days a week	4	days a week service coverage, including crisis response for members and those participating in the PSH program.	

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	4
Average Score for Dimension		3
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	2

3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1.5
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	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	2
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	2
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	1,4	4

selection		
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	3
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		3
Total Score		15.80

Highest Possible Score		28