PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: March 29, 2016

To: Stephanie Brown**,** Clinical Director South Central

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ADHS Fidelity Reviewers

Method

On February 29, 2016 T.J. Eggsware and Jeni Serrano completed a review of the Lifewell Behavioral Wellness Assertive Community Treatment (ACT) 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.

Lifewell Behavioral Wellness services include outpatient counseling, community living, vocational rehabilitation, residential, transportation, and housing. Lifewell Behavioral Wellness is a system housing provider, with a distinct housing management role similar to that of a landlord; approximately 48% of tenants identified for review reside in Lifewell Behavioral Wellness managed properties. The South Central clinic is one of three clinics operated by Lifewell Behavioral Wellness, but the only one of those three clinics with an ACT team, and as a result is the focus of this review. Lifewell Behavioral Wellness assumed management of the South Central and the two other clinics from the Choices Network on August 1, 2015.

The team experienced a change in supervisor at the time of review. The prior Clinical Coordinator (CC) left the position, and the new CC started the week of the review. Additionally, a new Housing Specialist (HS) joined the team on the day of the review. In preparation for the review data was requested for all members on the team who receive supportive housing services (i.e., members who requested assistance from the team). Although the program serves 96 members, data was provided for 21 members whom the team identified as having requested housing assistance or support through the team, and as a result the extent of PSH services for the remaining 75 members could not be verified. Due to the change in CC, the provider was offered the option to revise the data sheet provided to include data for other members who may receive PSH services, but the data was not revised. For the 21 members identified by the team as receiving PSH services, 62% reside in ACT affiliated house or apartment model residences, 5% reside in Regional Behavioral Health Authority (RBHA) affiliated Community Living Placement (CLP), 14% receive a voucher or are in scattered site housing, and 19% receive a Section 8 voucher.

The individuals served through the agency are referred to as *client*, *consumer*, *behavioral health recipient (BHR)*, but for the purpose of this report to ensure consistency, the terms *tenant* or *member* are used.

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

- Interview with the Clinical Director (i.e., Program Administrator) due to change in CC position;
- Interviews with three ACT staff specialists: the Peer Support Specialist (PSS), Independent Living Specialist (ILS), and Employment Specialist (ES);
- Interviews with five members who reside in ACT team affiliated housing;
- Review of agency documents including job descriptions, and *Lifewell Behavioral Wellness Program Description* for the South Central clinic;
- Review of seven randomly selected records, as well as all HQS and leases provided.

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:

- Staff report that Lifewell Behavioral Wellness provided training on the PSH model, and how treatment is no longer tied into member's housing. Staff report the training was helpful in clarifying the role of ACT service staff and the role of ACT affiliated and CLP property managers (i.e., housing providers). The Clinical Director (CD) reports she hears ACT staff talking with members about housing, including discussion of options (e.g., whether they want a house, roommates), allowing for more personal choice whereas in the past options offered were limited and presented a "take it or leave it" basis.
- There was no indication that members go to the bottom of housing waitlists when they turn down an option, and there was no report of a limit on the amount of times a member can decline options offered.
- Housing cost data was provided for 21 members; those tenants pay less than 30% of income on average for housing costs.
- Tenants in ACT affiliated housing are not required to allow service staff to hold copies of keys to their residences.
- The staff to member caseload ratio is within fidelity measures, and services are available 24 hours per day, seven days per week through the ACT team.
- Tenants interviewed voice their gratitude for the ACT affiliated housing the team helped them secure.

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

- The RBHA should work with ACT teams to define PSH services for members of ACT teams. System partners may benefit from further consultation, guidance and training to identify what essential elements must be present to identify an ACT team member as part of a PSH program. For this review, data was provided for only 22% of ACT members, but staff reports the team will assist anyone who wants housing and estimates that 80% to 90% of ACT members receive some type of PSH services, such as maintaining housing, or eviction prevention support. In the data provided for review, only tenants in ACT affiliated housing, CLP, scattered site, voucher or Section 8 were identified as members of the PSH program. It is not clear if the review captured

the full scope of PSH services provided by the ACT team, including fully assessing: whether tenants live in integrated settings and the extent to which the ACT team supports tenant choice of type of housing and arrangements; whether tenants reside in settings where functional separation of housing and service functions exists; whether tenants reside in settings that are affordable, that meet HUD's HQS, and that provide legal rights to housing units; and whether flexible services are offered to all PSH tenants. Based on interviews with staff, it appears the ACT team provides PSH services to tenants in other settings; if data for those tenants had been included in the review it may show the team is more closely aligned with the SAMHSA evidence-based model of PSH.

- Continue efforts to refine ACT affiliated housing parameters; convey to staff, tenants, and prospective tenants, whether ACT affiliated housing is permanent, and if tenants who close from services can maintain tenancy or if limits exist (e.g., tenancy through the current lease timeframe). Orient members to tenancy in ACT housing, RBHA affiliated housing, scattered site, etc. Housing support is listed briefly in the *Lifewell Behavioral Wellness Program Description* for the South Central clinic; consider enhancing this section to outline expectations of the ACT team in providing PSH services that align with the SAMHSA fidelity measures. Collaboration to develop a tenant orientation manual or portal to outline expectations of various RBHA affiliated, ACT affiliated, integrated, and transitional housing options may be beneficial.
- The ACT team should make efforts to obtain copies of rental agreements, HQS, and rental cost information. Having this information will help the team to ensure tenants have full legal rights of tenancy under local residential landlord and tenant law. Whenever possible, ACT staff should attend lease signings where they can review rental agreements with tenants and obtain a release of information (ROI) in order to receive a copy of the lease; staff should obtain documentation necessary for establishing decent, safe, and affordable housing.
- Continue efforts to define the role of service staff and housing management in ACT affiliated housing so that functional separation exists. When service staff interacts with landlords it should be to advocate with, or on behalf of tenants, and to facilitate tenant communication with housing management at the request of the tenant. Staff should refer to leases as they educate tenants on rental obligations, but ACT service staff should not enforce terms of leases (e.g., restricting guests). If tenants request that housing managers and service staff meet to discuss a rental issue, those meetings may occur, but housing management (e.g., housing providers) should not request staffings because it may blur the role of housing management and service staff.
- Continue to expand integrated housing options, and develop procedure that includes choice of multiple units. The ACT staff (e.g., HS and ILS) can serve a vital role by cultivating relationships with landlords in integrated settings, and by developing relationships with affordable housing advocates throughout the community. The RBHA can support providers by offering education, guidance, and opportunities for ACT staff to interact with community partners. The availability of subsidies may be limited, with long waitlists, resulting in members moving between transitional settings; affordability is one element of PSH services. Programs can take steps to align with fidelity measures without obtaining subsidies or vouchers for all tenants.
- The ACT team should explore opportunities to develop boards, committees, or other opportunities for tenants to have a voice in service design at the program level, not only their individual service plans or services they directly receive.

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)	It appears some tenants are offered a restricted choice among housing types. Based on data provided for 21 members of the ACT team, housing options include ACT affiliated housing (house model and a small apartment complex), CLP, scattered site housing, vouchers, and Section 8 housing. This suggests a limited spectrum of options offered, with some dependence on availability (e.g., ACT affiliated housing), and extended wait times for some options (e.g., scattered site). Direct care staff reports the team will assist anyone that wants housing, and estimate about 80% of ACT members receive PSH services to maintain housing, with about 90% or more who receive eviction prevention support. Staff reports about 6% of members on the team's caseload remain homeless by choice; some have pending applications. However, staff provided mixed information regarding who determines the type of housing sought; when asked how staff knows when a member is ready for PSH, one staff reported when the member shows staff they are able to live independently on their own or with supports. Other staff report it is up to the members to decide when they are ready to live independently; another staff concurred and added staff tries to assist members to access housing and provide support services. Though the CD reported	• Ensure member choice is supported rather than relying on staff to determine what options will be offered. • The ACT team should continue working with tenants to identify housing options outside of RBHA funding sources. • Consider implementing staff training and development focused on how staff can engage community partners, landlords, housing managers, etc. to build a network of affordable options not reliant on ACT affiliated housing, subsidized housing, or voucher programs. As teams build relationships with housing landlords, they may be able to offer a wider variety of options to prospective tenants. Some teams report success engaging landlords of smaller apartment complexes with more flexibility in rental policies. They seek to market the support services they offer to tenants, with the goal of opening more complexes as options that can later be offered to ACT members seeking housing.

			that if members are hospitalized staff discuss to determine where the member should be referred (e.g., ACT houses, substance abuse treatment, residential), she added she hears ACT staff discussing housing options with members. Based on documentation and tenant interviews, it is not clear if all tenants of ACT affiliated housing were offered alternative housing options; though tenants report satisfaction with their housing, some report the ACT affiliated housing was the only option offered. Availability of ACT affiliated housing (due to vacancies or pending vacancies) at the time members sought support appears to be a primary factor in determining access to that housing type.	
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)	Most tenants identified by the team as part of the PSH program reside in ACT affiliated housing, accounting for about 62% of the data provided. In those settings, most of the time there is one room open, and if members decline the unit, they can wait for other options. Waitlists for voucher or subsidy programs were reportedly between three to six months. Though staff report they also assist members to look for other options in the community, data for tenants in those alternate settings was not provided for review. It appears tenants are assigned a unit, or are compelled to accept the option offered due to limited alternatives.	• Provide additional training and guidance to ACT staff regarding PSH principles related to options for affordable housing and how to access those affordable options to provide members a menu of options rather than one or two options at a time. • Continue to expand integrated housing options, and develop procedures that include choice of multiple units. The ACT staff can serve a vital role by cultivating relationships with landlords in integrated settings throughout the community. The availability of subsidies may be limited, and waitlists for those specific financial supports protracted; affordability is one element of PSH services. Programs can take steps to align with fidelity measures without obtaining subsidies or vouchers for all tenants.
1.1.c	Extent to which	1 – 4	Tenants can wait for the unit of their choice	• Continue efforts to educate staff,

	tenants can wait for the unit of their choice without losing their place on eligibility lists.	(4)	without risking discharge from the program or losing priority for services or units. Tenants reported short wait times for ACT affiliated housing. Staff report that waitlists for RBHA affiliated subsidy programs can last three to six months. There was no indication that members go to the bottom of waitlists when they turn down an option. Staff report they assist members with applications for other waitlists, discuss other temporary options such as with family, friends, half way houses, or shelters. Staff report they also assist members with exploring independent living options in the community. Though staff is not able to provide details regarding how RBHA affiliated waitlists are prioritized, they report those members who are hospitalized seem to be prioritized, as well as those who experience chronic homelessness or those in Transitional Living Programs (TLP).	members, and community partners on how RBHA affiliated waitlists are managed. • Consider transferring management of waitlist for ACT affiliated housing to the ACT team; if this occurs, the team should ensure members with obstacles to housing stability have priority. See recommendation for item 6.1.b for information.
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)	Most of the 21 members identified as part of the South Central ACT PSH program reside in ACT affiliated housing (e.g., house model or apartment setting). Though some of those members are in their own unit, about 43% reside in multiple unit residences where they have their own bedroom, but must accept a predetermined household not of their choosing or risk a longer wait for housing. Staff report members are aware of the roommate situation before signing the lease. Staff report members have an option to tour the residence, and meet roommates prior to the lease signing. About 24% of tenants live in their own ACT affiliated or CLP residence without a roommate; however, it appears this is due to that being the option available when the person sought housing assistance, based on records reviewed. Seven	• Consider developing a roommate matching program for those tenants who are seeking housing support, are interested in a roommate, and might consider living with one or more people of their choosing. ACT staff, in collaboration with other providers, may be able to facilitate meetings between groups of potential roommates to afford those members with more control over the composition of their household. • Ensure integrated housing (i.e., scattered site) is offered as an option to all members who request assistance with housing support.

			tenants are in settings that afforded a wider choice of unit, including scattered site, housing voucher, or Section 8.	
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)	Some tenants reside in ACT affiliated residences were there appears to be overlap between housing management and social services. For example, in one record staff from the housing provider branch of Lifewell Behavioral Wellness requested a staffing with service staff to discuss a failed inspection. Approximately 48% of tenants identified for review reside in Lifewell Behavioral Wellness managed properties. It appears tenants in independent settings such as scattered site, voucher, or Section 8 residences do not experience the overlap in functions.	• Lifewell Behavioral Wellness should continue efforts to clarify the differences in roles for the housing service provider and the housing management agencies. Consider developing written policies and procedures to outline specific expectations of housing management (i.e., housing providers) and housing service staff. • Staffings between housing management (i.e., housing providers) and service staff not initiated by the tenant blur the roles of housing management and housing services. Consider alternative approaches to support tenants rather than housing providers initiating staffings with service staff.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (2.5)	Staff report there is no overlap with housing management functions, and that when issues arise in ACT affiliated residences staff work to educate roommates (if applicable) who call the apartment manager. However, there was evidence in one record of service staff informing a tenant that a specific guest was no longer allowed at an ACT affiliated residence. Approximately 48% of tenants identified for review reside in Lifewell Behavioral Wellness managed properties. It appears tenants in independent settings such as scattered site, voucher, or Section 8 residences do not experience the overlap in functions.	• Lifewell Behavioral Wellness should continue efforts to clarify the differences in roles for the housing service provider and the housing management agencies. Consider developing written policies and procedures to outline specific expectations of housing management (i.e., housing providers) and housing service staff. • Service staff should not enforce or amend lease requirements, such as those related to guest policy.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (4)	For the majority of tenants (57%) included in the data provided by the team for review, social and clinical service providers are based off site, services are readily accessible, mobile, and can be brought to tenants at their request. For tenants in shared ACT affiliated settings such as ACT house model and ACT apartment multiple-bedroom units, clinical service providers are based off site but may regularly offer some services on site; if the number of tenants in these settings increases, the team will no longer be aligned with fidelity measure in this area.	• In ACT affiliated housing, provide services to tenants at their request, though inherent challenges exist where tenants reside with others who receive services at a higher frequency or intensity.
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)	Data was provided for 21 members who the team identified as part of their PSH program. On average, these tenants pay less than 20% of their income for housing. However, some members reside in settings (e.g., transitional settings such as half way houses) where they likely pay more than 30%. Since those members were not identified as receiving PSH services, the amount of income they pay for housing could not be determined.	• Provide additional skills training to HS on how to actively seek housing with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments (e.g., rent/income calculation of amount paid by tenant, and amount paid by subsidy/voucher).
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (1)	Evidence of whether housing meets HUD's HQS standards was requested in advance of the review, but incomplete data was provided; passing HQS inspections were provided for only 6 of 21 tenants, about 29%.	• Provide additional skills training to HS on how to actively seek safe housing with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments. • Though it is not required that service staff be trained to complete HQS inspections, it may be beneficial that those staff primarily tasked with housing services (e.g., HS and ILS) be familiar with the standards.

Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (2)	Most tenants (67%) for whom data was provided, reside in ACT affiliated housing or CLP where the housing is not integrated, including ACT house model or small self-contained apartment complexes. Seven of 21 tenants are in integrated settings. Data was not provided for other tenants on the team who might receive PSH services, so whether those tenants reside in integrated settings cannot be confirmed.	• ACT staff can work to increase availability of affordable, scattered site options by establishing relationships with landlords, educating them on ACT services, and orienting members to options available in the service area; in this effort ACT staff can serve as marketer of PSH services. • Seek consultation, and collaborate with the RBHA to define what members receive ACT and PSH services; ensure guidance is provided to front line staff. • Tenants should have the choice to live in integrated settings, whether alone or with someone of their choice.
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 provided for 11 of 21 members (52%), and three of those lease terms ended with no renewed lease provided for review. Staff is uncertain if members living with family would fall under PSH services, but no data was provided for members in those types of settings. No leases were provided for tenants in voucher, scattered site, or Section 8 housing. Staff report that before PSH implementation it wasn't mandated to obtain a copy of leases. Primarily due to incomplete data, the reviewers were unable to confirm that tenants in PSH services through the ACT team have full legal rights of tenancy according to local landlord/tenant laws. Additionally, for tenants in ACT affiliated housing it is not clear if all are aware their tenancy is considered permanent; one	• Provide additional skills training to HSs on how to actively seek housing with tenants, and require HSs (or surrogate) to attend lease signings to advocate with tenants. Task the HS with obtaining and maintaining housing related documentation such as HQS, leases, and rental payments. Consider including these tasks on the HS job description as an element of their essential functions and responsibilities. • Orient members to tenancy in ACT housing, RBHA affiliated housing, scattered site, voucher programs, as well as any other settings where tenants may reside not reflected in the ACT member data provided for this review.

			member reported she just learned the day of review that ACT affiliated housing was permanent.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (2.5)	For tenants in voucher, scattered site, or Section 8, it does not appear tenancy is contingent on compliance with program provisions. However, for members in ACT affiliated housing, program rules require participating in ongoing services, but failure to comply with this requirement does not necessarily lead to eviction. Tenancy may be compromised by informal requirements, such as prohibitions on guests and staying sober, as reported by tenants interviewed. For members in RBHA affiliated housing, long term occupancy is dependent on continued enrollment in RBHA services. It does not appear there are members in residential settings where compliance with program provisions is required, but some members reside in transitional settings where compliance with program rules may be required.	• Review and revise provisions that compromise rights of tenancy, such as requiring participation in programs or compliance with rules not outlined in a standard lease. • For tenants in half way houses or other similar settings, the team should serve as advocates with tenants to support the rights of tenants in those settings.
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 interviews and documentation, it appears members have access to housing, but there is indication of staff assessment prior to referring members to some housing types. Tenants in ACT affiliated housing report you have to be independent and able to clean your apartment. One tenant reported she graduated a treatment program before entering ACT affiliated housing. Staff report the team reviews members to discuss housing requests, and if they are hospitalized, the inpatient staff are involved in the decision. However, there was no report conveyed that referrals to independent settings would not occur. Staff report they assist members who request it,	• The agency should continue to provide training and guidance to staff so they continue to support member choice, expand options, and focus on housing retention. • Continue to educate system partners (e.g., inpatient staff) that member choice should be supported without screening for readiness.

			asking members what type of housing they want, and provide options that fit the member's preference. Some members may be referred to residential treatment, and the team monitors them for 30 days prior to transitioning to a lower level of case management services (i.e., Supportive), but the team reports no one in residential settings currently. It does not appear the team functions from a continuum of care approach, but rather that they generally use a housing first approach. Staff report they were trained on the PSH model around November 2015 by Lifewell Behavioral Wellness.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	Staff confirms that members who are hospitalized, people in RBHA affiliated Transitional Living Placements, or those facing homelessness seem to be prioritized. It is unclear how the team prioritizes ACT affiliated housing; there was no waitlist reported. One staff reported when there is a need for ACT housing it is usually available. Members interviewed in ACT housing report short waits for that type of housing. Tenants also report members must be independent to live in ACT affiliated housing. Staff reports waitlists for other housing are long, three to six months. Some staff initially reported there is no process for prioritizing members, but other staff note the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) is completed by the HS, and submitted with the application for housing. However, VI-SPDATs attached to applications were not located in all files reviewed for members in ACT affiliated housing. If there is an opening in ACT affiliated housing it appears staff select members to offer the option; it is not clear if members with obstacles to housing stability are prioritized for ACT affiliated housing. Most members identified	• The ACT team should prioritize members with obstacles to housing stability for ACT affiliated housing; consider assigning the HS to manage the waitlist. Prioritize members with obstacles to housing stability, which may include factors such as: patterns of homelessness, difficulties maintaining housing, substance use challenges, poor rental histories, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social supports. The use of the VI-SPDAT may aid in this effort. • The ACT team and the RBHA should coordinate to determine if ACT housing is transitional or permanent supportive housing. • Educate staff, members, guardians, legal system, family, and other supports about PSH services, including how waitlists are prioritized.

			by the team for inclusion in the review are in ACT affiliated housing. As a result, it appears tenants who meet program eligibility have equal access to housing.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 (3)	Staff does not hold copies of keys to any tenant residence. Of the 21 tenants identified for review, most reside in settings where it appears they control staff entry to the units. These settings include ACT affiliated settings where tenants have no roommates receiving services (19%), independent CLP settings (5%), and RBHA affiliated or other voucher based programs (33%). However, some tenants are in residences with other members who may allow staff entry without each tenant's permission. In ACT affiliated house model or apartment settings where tenants have other roommates who receive services, staff may enter the unit uninvited to provide services to a roommate, but staff report they stay in common spaces unless invited by the tenants. The team is considering implementing groups in the ACT affiliated house.	• Establish procedures prohibiting ACT staff from entering ACT affiliated housing without explicit tenant permission. • Consider not holding groups in ACT affiliated housing or settings where each tenant has not explicitly requested the service (e.g., group substance abuse treatment) since doing so would significantly compromise tenant control of staff entry to unit.
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they want at program entry.	1 or 4 (1)	Based on records reviewed, which included primarily those members in ACT affiliated housing, the same content was included on multiple plans. Though tenants report staff meet with them to develop plans, it is not clear if the plans are fully authored by the members; plans often included clinical jargon.	• Consider developing orientation or assistance processes, such as a class or question and answer sheet for members to learn about the service planning process, self-advocacy, etc. and an option for people to elect to not participate in the process, based on their choice. Further staff training may be beneficial to guide staff in working with tenants to develop individualized

				service plans.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (4)	Staff report plans are revised when needed, and some plans were revised every seven to eight months. Members interviewed report staff generally meet with them annually to complete the service plan. Though some service plans were not updated immediately on tenant change in status (e.g., move into ACT affiliated residence) or changing preferences, it appears revisions occurred within about 45 days of changes. Tenants in ACT affiliated housing do not appear to have the option to modify the high intensity of contact if they reside with a roommate who receives a high level of service from staff. It was difficult to determine if tenants who reside in other settings (i.e., not ACT affiliated housing) have more flexibility in selecting service options due to the limited data provided for review. For example, none of the tenants in scattered site housing, or other voucher based programs were interviewed.	• When tenants change living situations or express a new goal, revise the service plan to reflect the change as soon as possible. • Review options affording tenants in ACT affiliated housing with roommates to modify the services each tenant receives. Challenges inherent to multiple unit/tenant ACT affiliated residences may require further consultation and system-wide collaboration to resolve.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	It appears members can choose from a variety of services, though the current services may not be reflected on plans, and it does not appear that choosing no service is an option. Based on member report, it appears tenants in ACT affiliated housing with roommates are likely to have a higher frequency of contact with staff; if one roommate receives a level of contact or service in the home, there is a similar level of contact with the other roommate. Staff report members can close from ACT services and remain in ACT affiliated housing, but they confirm that those members must still be	• The agency and the RBHA should provide clarification to staff and tenants as to whether tenants can close from ACT services and remain in ACT housing, and if tenants can close from ACT or RBHA services yet maintain tenancy in RBHA affiliated housing. • In collaboration with the RBHA, the program should educate staff and involved members about participation requirements, if applicable, to maintain tenancy in RBHA affiliated housing. Some programs utilize a tenant orientation

			connected to the RBHA to maintain the housing. One staff asserted that the housing can be maintained for the duration of the lease, but there was no clear consensus among staff if tenants can maintain tenancy if they end services with the RBHA. Tenants indicate that they cannot end ACT services and remain in ACT affiliated housing.	manual, allowing for standardization of information provided. • If ACT affiliated housing is considered permanent, the agency should ensure all tenants who reside in those settings, and all staff who provide services to tenants in those residences, know that tenants can end services and maintain tenancy.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (3)	Most tenants (12 of 21 tenants) reside in settings where the service mix is flexible and can adapt type, location, intensity and frequency based on tenants' changing needs and preferences. However, tenants in ACT affiliated housing who live with roommates generally must agree with frequent in-home contact, sometimes as a result of staff providing services (e.g., medication observations) to their roommates in a shared residence. Although there is evidence services are adapted to meet tenant needs and preferences, due to the nature of ACT affiliated residences where roommate situations exist, a high level of contact from staff occurs, not always at the request of the tenants. Additionally, examples of progress notes were found that appeared to be copied and pasted, with limited person-specific information.	• For tenants in ACT affiliated housing, develop procedures expanding choice of services. This can include developing a monthly support plan in which tenants request specific help during the coming month. Challenges inherent to multiple unit/tenant ACT affiliated residences may require further consultation and system-wide collaboration to resolve.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (1)	In higher fidelity programs there are multiple opportunities for members to drive services, (e.g., board membership, involving members in quality assurance activities, and measuring member satisfaction). Based on interview with staff, the Lifewell South Central ACT team does not offer any of these options, and as a result it appears the program is staff-controlled without meaningful member input.	• Work with members to expand their role in designing, assessing, and determining services. Develop or enhance opportunities for members to drive services. • Involve members in boards; offer training and support for board members, at their request. Support true member control (the board could be chaired by a non-member but should include significant numbers of

				members). Include peer staff in leadership positions. For example, involve individuals with a lived experience in quality assurance activities (at all levels in the organization). Tenant satisfaction can be measured in many ways (e.g., interviews by peers, group opportunities, and written opportunities). • For tenants in ACT affiliated settings, solicit input from those tenants regarding how the program can structure services to best suit the goals and needs identified by the tenants.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (4)	Including new staff that joined the team the day of the review, the member to staff ratio is approximately 11:1, within optimal caseload sizes. The *Lifewell Behavioral Wellness Program Description* for the South Central clinic indicates staff to member caseload ratios is not to exceed 1:12 for the ACT team.	
7.4.b	Behavioral health services are team based	1 – 4 (3)	Although the ACT team model is based on an integrated team primarily providing a range of services to members, there are examples of this team referring members to external support providers, including some with in-home counseling, or with vocational providers. The team now offers two substance abuse treatment groups so they no longer rely on outside providers for this service.	• Review and clarify ACT team staff roles and expectations regarding PSH services; define the HS role as resource for the team and ensure they are knowledgeable about PSH services. • Continue to focus on strategies to improve team-based approach. Provide additional training for specialists; decrease any reliance on providers (i.e., specialists) outside of the ACT team for services the team should be expected to provide.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (4)	Services are available 24-hours per day, seven days per week through the ACT team as referenced in the *Lifewell Behavioral Wellness Program Description* for the South Central clinic.	

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	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	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	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	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	1
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		2.88
Total Score		16.96
Highest Possible Score		28