

PERMANENT SUPPORTIVE HOUSING (PSH) FIDELITY REPORT

Date: May 17, 2016

To: Mike Hutchison, Housing Director

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ADHS Fidelity Reviewers

Method

On April 25, 2016, T.J. Eggsware and Jeni Serrano completed a review of Horizon Health and Wellness' Permanent Supportive Housing (PSH) program. This review is intended to provide specific feedback in the development of your agency's PSH services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

This PSH program was previously reviewed on May 20, 2015, when it was managed through Mountain Health and Wellness. On September 1, 2015, Horizon Human Services and Mountain Health and Wellness merged as Horizon Health and Wellness. The agency is governed by two Regional Behavioral Health Authorities (RBHA), Cenpatico and Mercy Maricopa Integrated Care (MMIC). The agency offers integrated behavioral and primary health care, psychiatric services, case management, housing, and employment support in addition to other services. This review focuses on supportive housing services for 11 tenants of two residences that Horizon Health and Wellness identified as part of the PSH program through the MMIC RBHA. Tenants reside in a four bedroom house model setting or apartment complex with four, two bedroom units. Horizon Health and Wellness manages the two residences, and other properties, through a housing branch of the agency. A Housing Director and Housing Coordinator oversee property management functions such as leasing and repairs; behavioral health services are provided by a separate group of staff. Horizon Health and Wellness housing management reports there are a number of members living independently who receive services that they feel align with PSH, but only the house and apartment residences are identified as part of the PSH program managed through the agency in the MMIC service area.

The individuals served through the agency are referred to as *participants, clients, or consumers*, but for the purpose of this report, the term *tenant or member* will be used. Additionally, *housing management* will refer to Horizon Health and Wellness property management.

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

- Overview of PSH services at Horizon Health and Wellness, and group interview with the Housing Director, Housing Coordinator and a service clinical supervisor for another service area (the clinical supervisor for the program was out on the day of the review);

- Group interview with two Case Managers (CM);
- Group interview with four tenants who are participating in the PSH program;
- Review of housing management documents, including: Housing Quality Standards (HQS) inspections; Horizon Health and Wellness Lease Agreements; *Horizon Health and Wellness Protocol for Meeting Fidelity Guidelines Housing*; and
- Review of six randomly selected records, including charts of some tenants interviewed.

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:

- Social and clinical service providers are based offsite, no groups are held in the house or apartments, and staff report services are usually scheduled in advance with individual tenants.
- Housing management provided copies of leases, and report that service staff have access to the documents on a shared agency file.
- Staff and members report service plans are written in the words of the members, and members are aware they can modify their service plans at any time.

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

- The agency should eliminate the use of the house and apartment residences for respite services for other members. In these house and apartment settings, tenants have a lease that indicates they are expected to have a roommate, and get along with other occupants. This stipulation and the use of the units for respite care compromises the choice and rights of the tenants. Tenants are reportedly afforded the opportunity to decline to allow others to reside with them for respite service, but it is difficult to confirm if members feel empowered to set that boundary. Horizon Health and Wellness and the RBHA should coordinate to determine if agency affiliated housing is transitional or permanent supportive housing.
- Seek consultation, and collaborate with the RBHA to define PSH services through Horizon Health and Wellness; ensure guidance is provided to front line staff. Training on the PSH model should occur with direct service staff and other staff that influence the housing options, supports, or services offered to members. Staff is not familiar with a Housing First approach, and had some difficulty discerning between housing and treatment settings. It is not clear if all staff and tenants view the house and apartment model residences as permanent.

- It appears service staff assessment of members influences housing options explored; some refer members to Flex-Care supportive housing treatment if specific barriers to maintaining housing exist (e.g., recent substance use). Some tenants interviewed reported they wanted to live independently without a roommate, but were not shown other options when they sought housing support.
- The system should evaluate the long-term benefit of offering house or small, non-integrated apartment settings over programs that afford members a wider choice of integrated housing (e.g., scattered site housing). House model or small apartment settings are not integrated. In PSH, tenants should have the choice to live alone or with someone of their choice.
- Horizon Health and Wellness should explore ways to lower tenant housing costs. Housing cost data was provided for 11 members; tenants pay 40% on average, but other tenants with no income are charged a monthly fee of \$50 until they obtain an income, at which time the accrued fee is expected to be paid back to the agency. The agency should consider eliminating this fee for tenants with no income.
- The team should explore opportunities for tenants to have a voice in service design at the program level, not only in their individual service plans or services they directly receive. The agency should determine if the family and peer council is one forum where housing related information, availability, and updates can be shared. Provide education to members on the purpose of the peer and family council, so they are aware when information from those meetings is brought to Horizon Health and Wellness administrators and can act on issues identified.

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)	<p>If staff identify a housing related need or members request support, the Adult Recovery Team (ART) meeting is held. During ART meetings, service staff meet with the member and their supports to determine what housing is appropriate. It appears staff assessment of the tenant may be a factor that determines the type of housing sought. Service administrative staff report they take into account their knowledge of the members and their personalities to recommend a good fit, but that it is ultimately the member’s choice, and all housing options are offered. However, choice of housing appears to be constrained due to service staff primarily offering those units managed through the agency. Some tenants report when they were looking for housing, their preference was independent housing, without a roommate, but they were only shown the units that were open or available through the agency.</p> <p>Staff report they generally don’t pursue housing through the RBHA waitlist, and it was not clear how actively staff work with private landlords to increase housing availability. Service staff sometimes refer members to Flex-Care supportive housing for treatment, and have some difficulty distinguishing between treatment and permanent supportive housing offered through the agency’s management company. One treatment plan for a member who wanted to live independently noted</p>	<ul style="list-style-type: none"> • Staff should be educated on available housing options, structure, and referral processes, so they can adequately orient tenants in order to support tenant choice. • 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 agency or RBHA affiliated housing, subsidized housing, or voucher programs. As service staff builds relationships with housing landlords, they may be able to offer a wider variety of options to prospective tenants. Staff at some agencies 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 other members seeking housing.

			he needed to find and live in residential housing to build up independent living skills, and to utilize resources to live in supportive housing, which seems to blend treatment (i.e., residential) and supportive housing.	
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)	<p>Service staff report that during the ART meeting, service staff, including the Housing Specialist, meet with the member and their supports to discuss the member’s preferences and needs, and housing options available to them are discussed based on the member’s needs. Generally, the team Housing Specialist shows the member all of the agency properties, and they pick what they want. If the unit is unoccupied, the agency begins the process to lease the unit to the member. If the member selects a unit that is occupied, they are told it is occupied and go on the waitlist. However, housing management reported there is generally no waitlist for housing through the agency.</p> <p>Housing management reported that the agency utilizes the services of an apartment finding agency, which charges a nominal fee. They also described plans to put together a book of area apartment complexes, along with common rents, but reviewers found no evidence of staff assisting members to explore options other than treatment settings (e.g., Flex-Care supportive housing) or housing through the agency. Tenants reported they were shown the unit available, but did not report being shown multiple options. It is not clear if members have other comparable options for affordable, independent housing, without roommates outside of housing managed by the agency.</p>	<ul style="list-style-type: none"> • Provide additional training and guidance to staff regarding PSH principles related to options for affordable housing and how to access those affordable options. Provide members a menu of options rather than focusing primarily on housing managed through the agency. Service staff can work to cultivate relationships with landlords in integrated settings throughout the community to expand housing options.
1.1.c	Extent to which tenants can wait	1 – 4 (3)	Housing management is in charge of placement in Horizon Health and Wellness managed properties,	<ul style="list-style-type: none"> • The program should evaluate how tenants are selected for the PSH program, and

	for the unit of their choice without losing their place on eligibility lists.		but report there is no waitlist currently. Housing program administrators report there is usually an opening for housing. Conversely, direct service staff reported some difficulty in getting members into housing, with limited housing options, and an often prolonged process. Housing management reported they generally do not utilize housing through the RBHA, reporting people usually do not like the option because it may take them out of the service area. Some members believe they are on the RBHA affiliated housing waitlist, but are unsure of their status on the list. Due to no waitlist, it is difficult to confirm if members have a limited number of choices of units through the agency.	maintain a waitlist based on tenant request for assistance. Educate staff, members, and community partners on how waitlists are managed.
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)	<p>Tenants have the option to decline or accept a predetermined household not of their choosing, but are offered their own bedroom. It appears when members request housing, options through the agency are sought first, but staff may also show tenants housing in the area of other agency properties to give members an idea of rent in those areas. It is not clear if scattered site housing through the RBHA is actively sought. Tenants may be shown multiple units managed through the agency, even some that are occupied, but if they elect to live in that housing, they must accept a roommate per the agency lease.</p> <p>Horizon Health and Wellness sets meetings between potential or future roommates, but tenants report the meetings are brief, they have limited time to get acquainted, or are unable to decline roommate situations. Additionally, Horizon Health and Wellness utilizes empty or temporarily empty rooms as respite housing, so a tenant may</p>	<ul style="list-style-type: none"> • Ensure integrated housing (i.e., scattered site) is offered as an option to all members who request assistance with housing support. • At the system level, in addition to increasing scattered site options in the agency service area, seek opportunities to empower tenant voice in controlling the composition of their household. If tenants elect to live with others, attempt to arrange for meetings with potential roommates. Consider revising the agency lease and policy to clearly state tenants have the right to decline or accept roommates of their choice. • 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. Staff,

			<p>have a short term roommate. Tenants reportedly have the choice to not allow other members, whom they may not have met, to receive respite care in their residence. However, this condition is not outlined in the agency lease or agency policy. Due to the forced roommate situation, some tenants seem compelled to provide support to other tenants, for example, asking their friends or family to provide transportation to roommates. There may be benefit to the mutual support, but it is likely not expected from other tenants in the community. When asked if they would prefer to live on their own or with a roommate, some members report they would prefer to have their own residence, but some report they value the opportunity to provide support to neighbors.</p>	<p>in collaboration with other providers, may be able to facilitate meetings between groups of potential roommates to give those members more control over the composition of their household.</p>
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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)	<p>Housing management stressed that services have nothing to do with the housing. For example, housing management reported housing and service files are separate; service staff has access to tenant leases on a shared network drive. Administrative service staff initially reported service staff attend lease signings, but housing management clarified they do not allow service staff to attend lease signings in an effort to differentiate services from housing management; if they attend the lease signing housing management asks them to leave. Housing management reported that service staff do not generally attend lease signings in the community (i.e., for housing not affiliated to the agency), and that members have to ask staff to attend.</p> <p>Housing management reported they do not attend</p>	<ul style="list-style-type: none"> • Revise the approach of not allowing service staff to attend lease signings. Service staff can offer to attend, and if tenants do not want service staff to attend then that preference should be honored; housing management should not make the determination. • Ensure housing management do not attend service meetings, but support and advocate with tenants if they request assistance interacting with housing management to discuss housing issues (e.g., repairs, bed bugs, roommate issues). Meetings where housing management and service staff discuss goals, status, medications, potential substance use, etc. blur the roles of housing management and housing services.
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2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (2.5)	<p>Horizon Health and Wellness has attempted to delineate housing services from housing management; administrators stress that services and housing management are separate. Efforts were made to separate the two branches at the agency. For example, when the program was reviewed in May 2015, a Housing Specialist worked under direction of the agency Housing Coordinator (i.e., property or housing manager), but the position is now aligned under the service branch of Horizon Health and Wellness. Tenants pay their rent at a Horizon Health and Wellness office, but not directly to service staff.</p> <p>Due to the agency structure, with housing management and services through the same entity, it is difficult to fully separate the two functions. Service staff reported they work with tenants to follow their lease, but confirmed they have to inform housing management if tenants are not following the terms of their lease. Tenants or CMs report if there is damage in the residence, but tenants generally submit repair requests directly</p>	<ul style="list-style-type: none"> • Discontinue service staff reports to housing management if tenants engage in activities perceived by service staff to be a violation of lease agreements. Educate service staff on requirements to report to housing management. For example, if tenants engage in drinking alcohol, or damage the residence whether service staff are required to report the issue to housing management. Service staff reporting these types of issues, or other perceived lease violations does not align with PSH.

			to housing management.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (4)	Social and clinical service providers are based offsite. No groups are held in the house or apartments, and services are reportedly usually scheduled in advance with individual tenants when roommates may not be home. Home visits, sometimes unscheduled, were documented in the six records reviewed, but no group or standard high intensity service (e.g., medication monitoring daily) was noted.	
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)	Housing management report tenants pay 40% of their income for housing. Data reflected that six of the 11 current tenants with an income pay, on average, 40% toward housing. However, five tenants have no income but are charged a \$50 monthly fee (i.e., stipend) that accrues until they obtain a source of income. Then it is paid back to the agency. Housing management reports there is no time limit that tenants can maintain tenancy without an income. The agency engages tenants to help them find a job or get an income, but if they disengage from services they can maintain tenancy as long as they pay the \$50 monthly fee. Staff report this process motivates members to obtain an income, and tenants generally don't go extended periods (e.g., six months to a year) without income. Based on data provided, some tenants were charged this monthly fee for up to four months, but it is not clear if prior tenants went beyond that timeframe.	<ul style="list-style-type: none"> The agency should explore how they can improve housing affordability, focusing first on properties affiliated with the agency. Consider eliminating the \$50 fee when tenants have no income. Service staff should engage members with no income to explore avenues to financial stability. For those tenants with an income, the program should implement policies to reduce housing costs to 30% or less.
3.2 Safety and Quality				
3.2.a	Whether housing meets	1, 2.5, or 4	In preparation for the review, housing management provided copies of HQS inspections,	<ul style="list-style-type: none"> Ensure service staff is familiar with HQS so they can support and advocate with

	HUD's Housing Quality Standards	(2.5)	but some of the inspections were not dated, or did not indicate if the units passed the inspection. During the review, complete inspections were requested, and were provided for most units. However, one of the HQS inspections was not dated and did not indicate if the unit passed or failed, potentially affecting two tenants. As a result, 82% of tenants reside in units confirmed to meet HQS.	tenants to ensure all units meet identified standards. Ensure HQS inspections are complete.
Dimension 4				
4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (1)	<p>Members live in a setting where 100% of tenants meet disability-related eligibility criteria. Horizon Health and Wellness offers house models and apartment model residences for tenants diagnosed with a serious mental illness, an eligibility requirement for tenancy. The residences are in the community, and as one administrative staff reported, integration happens around them. Though tenants report they provide mutual support, and appreciate the support through Horizon Health and Wellness, they believe neighbors are aware of their disabilities, and some report they would prefer to live in their own residence.</p> <p>When asked what it would take to make PSH more successful, agency housing management staff reported additional housing options, such as “bricks and mortar” properties (i.e., house and apartment model settings) managed by the agency.</p>	<ul style="list-style-type: none"> Horizon Health and Wellness needs to collaborate with system partners to explore options other than small apartment or house model settings managed by the agency. Staff may be able to increase availability of affordable, scattered site options by establishing relationships with landlords, educating them on services available through Horizon Health and Wellness, and orienting members to options available in the service area; in this effort staff can serve as marketer of PSH services. The agency should collaborate with the RBHA to address barriers to accessing scattered site housing in the service area.
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 (4)	<p>Tenant leases were provided for review, and some appear to be month-to-month agreements. One tenant had a month-to-month lease since August 2015. The Horizon Health and Wellness lease agreement indicates that after one year the lease will revert to a month-to-month with no other changes. Tenants interviewed were aware leases revert to a month-to-month agreement after one year.</p>	<ul style="list-style-type: none"> • Service staff should advocate with tenants to request longer term leases (i.e., in place of month-to-month) if it is the tenant’s preference.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (2.5)	<p>Housing management reports tenants have a SMI qualifying diagnosis when their tenancy begins, but if their diagnosis changes, resulting in services under the General Mental Health designation, the agency cannot evict the tenant. Housing management reported tenants are not required to comply with program provisions, and members confirm they are not required to attend groups to maintain tenancy.</p> <p>Housing management reported tenants can have guests overnight. However, members reported they have to ask permission of the Housing Coordinator, and some believe they cannot have guests of the opposite gender spend the night. One tenant speculated that staff may not want them to engage in intimate relationships due to their disabilities.</p> <p>The Horizon Health and Wellness lease includes a conduct stipulation that indicates the “OCCUPANT understands and agrees that they will be assigned a roommate(s) as deemed appropriate for the unit, with an expectation that all OCCUPANT(s) will be respectful of each other’s rights. If it is determined an OCCUPANT is disruptive, creates a hostile living environment or is unable to get along with others in the home, it may be determined by</p>	<ul style="list-style-type: none"> • Services staff should review leases with tenants to confirm there are no restrictions on overnight guests of the opposite gender, and whether, per the terms of their lease, they are required to request permission from housing management when they have overnight guests. • Consider revising the conduct stipulation in the agency lease, or seeking specialty consultation from someone familiar with PSH. Though housing management report the agency lease has been reviewed by various housing authorities with no issues cited, generally, people living in the community can select the composition of their household. The housing offered through the agency already compromises tenant choice in this area; adding the additional expectation that they get along with others in the home or face termination of their lease with seven day notice seems to further compromise rights of tenancy. • Consider revising the <i>Horizon Health and Wellness Protocol for Meeting Fidelity Guidelines Housing</i> to include specific information regarding tenant costs. For

			<p>the AGENCY to terminate that OCUCPANT(s) lease with seven (7) days prior notice.”</p> <p>Some current and former tenants were employed with the agency (e.g., janitorial duties). Service staff cited an example of the Housing Coordinator, who is also the Employment Coordinator, assisting a member who formerly worked at the agency to regain employment at the agency. Per housing management report, existing tenants with no income who elect not to pursue employment or financial benefits are reportedly not evicted, as long as they continue to pay the \$50 fee; the agency cannot evict members who disengage from services. However, service staff gave an example of a member who was struggling to complete the process to obtain Social Security benefits who was served an eviction notice due to non-payment of the \$50 monthly fee.</p>	<p>example, if tenants have no income that they are not excluded from the housing. For tenants with no income who are charged a \$50 fee, outline the agency policy to provide support to those members, to advocate if they experience barriers to securing an income, and to assist in resolving any accrued debt due to the monthly fee. Additionally, consider revising the title of the protocol, for example, to <i>Horizon Health and Wellness Housing Protocol</i>.</p>
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)	<p>If members have no income they are eligible for housing through Horizon Health and Wellness with the understanding they will be charged \$50 per month until they secure a source of income, and the accrued fee has to be repaid when income is secured. However, based on interviews with service staff, members must have an income, or agree to pursue benefits or employment before they can be considered for the house or apartment residences managed through the agency.</p> <p>Horizon Health and Wellness housing program administrators state the agency practices a Housing First approach, but direct service staff are not familiar with the term. Service staff report that</p>	<ul style="list-style-type: none"> The agency should provide training and guidance to staff so they are familiar with Housing First principles such as member choice, expanded options, and supports for housing retention.

			<p>if a member used substances, treatment such as Flex-Care supportive housing may be pursued over agency affiliated housing. Service staff and tenants reported potential members have to be sober and drug free to become a tenant of agency affiliated housing. Staff distinguishes between members with extended periods of sobriety (e.g., six to eight months) and those with recent use when determining if members are appropriate for the house or apartment settings with a roommate. Tenants interviewed report that in order to live in agency affiliated residences, they have to demonstrate a level of independence and prove to staff that they could live in the residence.</p>	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	<p>It is difficult to determine if the agency prioritizes those members with housing obstacles due to lack of a waitlist and conflicting reports from staff regarding availability of housing. Administrative staff reported using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize members. Housing management reported there is usually no waitlist for housing managed through the agency; there are usually openings for housing, and if two members wanted the same unit it goes to the member with the higher VI-SPDAT score. Though VI-SPDATs were not located in member files reviewed, some members were tenants of agency housing for a year or more. Other staff reported difficulties locating housing in a timely manner, cited they have some people who are homeless, and if members have specific challenges such as substance use, residential treatment settings may be pursued. For members who have no income, they are eligible for the housing if they are willing to pursue an income.</p>	<ul style="list-style-type: none"> • Prioritize members with obstacles, 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 should aid in this effort. • Consider assigning the Housing Specialist, under the direction of the clinical supervisor, to manage the waitlist for agency affiliated housing. • If the apartment and house model residences managed through the agency is deemed as PSH, educate staff, members, guardians, legal system, family, and other supports about PSH services, including how waitlists are prioritized.
6.2 Privacy				

6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 (2)	Staff and tenants reported staff knocks before entering the residence. As noted earlier in this report, visits are often scheduled, but may be unscheduled. However, under some crisis circumstances service staff can contact the housing management branch of Horizon Health and Wellness to gain access to housing units. For example, housing management allowed staff into a residence for a well check for a tenant who was found to be asleep. The agency housing protocol indicates this can occur with police present for a well check, but in the example cited by staff it was not reported police were present.	<ul style="list-style-type: none"> Service staff and housing management should not enter residences without explicit tenant invitation, or under conditions not outlined specifically in the lease.
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 (4)	Staff and members reported service plans are written in the words of the members. Staff reported they are directed to work with members to develop goals in three areas: physical, emotional and an activity (e.g., volunteering). Service plans in records completed in the last three to six months appeared to be in the words of the members.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (4)	Staff reported service plans are updated every six months or as needed, and though tenants report service plans are updated once a year, they reported staff will assist them to revise their service plans, or to add a new service. There was evidence in records reviewed that service plans were updated with new goals based on tenant change in status or changing preferences; some were revised within two or three months to include new services.	
7.2 Service Options				
7.2.a	Extent to which	1 – 4	It appears tenants may choose from an array of	<ul style="list-style-type: none"> Provide education to tenants and direct

	tenants are able to choose the services they receive	(3)	services, but choosing no services is not an option. Housing management program administrators stated that tenants can close from services, including with the RBHA, and still maintain the subsidy with no changes. However, direct service staff reported that tenants must maintain services with a CM. Tenants reported that they can choose to not have case management services or can close from services through the agency. Tenants were unsure if they can close from RBHA services and maintain tenancy.	service staff as to whether tenants can end services with the agency or RBHA and maintain tenancy. If tenants can choose no services, ensure tenants are aware of any conditions or changes if they elect to end services.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (3)	There is some variation in content on member service plans; goals, objectives and measures appear to be individualized, but some service plans include similar service content (e.g., supportive housing services to assist tenants to live independently). Additionally, direct service staff said members are required to have a CM, and meet with their CM regularly (e.g., once a month and communicate weekly). Certain service elements are required. For example, members are required to meet with the Psychiatrist and the nurse once a year.	<ul style="list-style-type: none"> • Ensure tenants and direct service staff are aware services are flexible, and can be adapted to the individual. This may include developing a monthly support plan in which tenants request specific help during the coming month, or the option to not participate in planning or standard services.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (2)	Members at Horizon Health and Wellness have a voice in their own treatment, but limited avenues to direct services at the agency level. Horizon Health and Wellness offers a family and peer support group, but not all members interviewed were aware of the monthly meeting. Per Horizon Health and Wellness administrative staff, members and family can voice issues or concerns at those meetings. Meeting minutes go to agency administration, who then answer questions, and provide the feedback at the next family and peer group, or act on issues that arise. There are no other forums or processes identified where	<ul style="list-style-type: none"> • Work with members to expand their role in designing, assessing, and determining services. Tenant satisfaction can be measured in many ways (e.g., interviews by peers, group opportunities, and written opportunities). Develop or enhance opportunities for members to drive services. For example, involve individuals with a lived experience in quality assurance activities. • For tenants in agency affiliated house model or apartment settings, solicit input

			tenants have an opportunity to drive services at the agency level. Direct care staff is not aware of any advisory councils, forums, or processes for tenants to drive services, though members can file complaints at the main agency office.	from those tenants regarding how Horizon Health and Wellness can structure services to best suit their goals and needs.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (3)	Staff caseloads are not PSH specific; duties include other aspects of case management for members who are not part of PSH services. Horizon Health and Wellness administrators reported there are 12-15 staff working with 300 total members, which is a staff to member ratio of approximately 1:22. Tenants interviewed reported experiencing multiple CM changes; some staff assigned as their CM ended employment before their first meeting. Direct service staff interviewed were employed in their positions with the agency for six months or less.	<ul style="list-style-type: none"> • Additional staff should be added to the program to reduce the member to staff ratio, with the goal of no more than 15 tenants to each staff person. • If not in place, consider conducting targeted satisfaction surveys with staff to determine what is working to retain current staff, as well as exit surveys to determine reasons staff leave positions.
7.4.b	Behavioral health services are team based	1 – 4 (3)	Most services, including case management, psychiatric, nursing, transportation and some counseling are delivered through Horizon Health and Wellness, but staff report some members receive services from external providers.	<ul style="list-style-type: none"> • Seek to eliminate referrals to external providers. Ideally, all behavioral health services are provided through an integrated team.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (1)	Though some staff work limited hours over the weekend (e.g., checking on members in respite housing), services are generally not available for PSH tenants through Horizon Health and Wellness outside of the hours of 8:00 AM to 5:00 PM, Monday through Friday. If issues arise outside of these hours, members contact a crisis line that is not operated by Horizon Health and Wellness.	<ul style="list-style-type: none"> • The agency should increase service staff availability outside of the hours of 8:00 AM to 5:00 PM. Service staff familiar with tenants may be able to assist them more effectively rather than relying on crisis line staff. Obtain tenant input on hours they prefer staff to be available outside of the current weekday hours.

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	2.5
Average Score for Dimension		2.25
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	1
Average Score for Dimension		1
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	4

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	2.5
Average Score for Dimension		3.25
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	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	2
Average Score for Dimension		2.17
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
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: Extent to which services can be changed to meet the tenants' changing needs and preferences.	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	3
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	1
Average Score for Dimension		2.88
Total Score		16.43
Highest Possible Score		28