PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: May 29, 2015

To: Christy Dye, CEO
Partners In Recovery

From: Jeni Serrano
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ADHS Fidelity Reviewers

Method

On April 22 - 23, 2015, Fidelity Reviewers Jeni Serrano and T.J. Eggsware completed a review of the Partners In Recovery (PIR) Permanent Supportive Housing (PSH) program. The review included housing activities conducted by three Assertive Community Treatment (ACT) teams stationed at PIR Health – Adult Services locations: one team at West Valley; and two teams at Metro Center. This review provides information about the housing activity of the ACT teams; it is not an ACT fidelity review. Also, this review is intended to provide specific feedback in the development of your agency's Permanent Supportive Housing services, in an effort to improve the overall quality of behavioral health services in Maricopa County. In order to effectively review PSH services within the current behavioral health system, the review process includes evaluating the working collaboration between each PSH provider and referring clinics/teams/agencies with whom they work to provide services. The relationship between PIR and housing unit owners is also included. Due to the system structure, issues surrounding the implementation and delivery of PSH services are found at many levels, and therefore, will be noted as such throughout this report.

The Partners In Recovery (PIR) serves individuals with Serious Mental Illness (SMI) through five locations in Maricopa County: Metro, West Valley, Hassayampa (Wickenburg), East Valley, and Arrowhead. Each of these locations provides services such as psychiatric, case management, transportation, interpreter services, health & wellness groups and housing supports. The PIR ACT teams have housing properties directly affiliated with specific teams. These include a house model and apartment setting affiliated with the Metro teams, and two house model settings affiliated with the West Valley team. Members reside in various settings, including: alone, with family, homeowner, community living placement (CLP), ACT affiliated housing, assisted living-directed, sober living, halfway house (HWH), supervisory care homes (SCH), residential treatment settings, unlicensed homes, and transitional settings.

The individuals served through this provider are referred to as “clients”, but for the purpose of this report, the term “tenant” or “member” will be used.

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

- Individual interview with the ACT team clinical coordinator at West Valley clinic.
- Individual interview with the West Valley ACT team housing specialist.
- Group interview with the West Valley ACT team Independent Living Specialist (ILS) and an ACT specialist.
- Group interview with four tenants on the West Valley ACT team.
- Review of four randomly selected records at the West Valley clinic, including charts of interviewed members/tenants.
- Group interview with two ACT team clinical coordinators at Metro Center clinic.
- Group interview with six Metro Center ACT team staff, which included two housing specialists, and four other specialists.
- Group interview with four tenants on the Metro Center ACT teams.
- Review of six randomly selected records at Metro clinic, 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:

- Many tenants served through the three PIR ACT teams reside in integrated settings where staff are located off-site.
- Tenants with housing complications such as hospitalizations, incarcerations and homelessness are prioritized for housing.
- The ACT teams have the capacity to provide intensive, housing-focused services with emergency availability 24 hours a day, seven days a week.
- Staff on two of the three PIR ACT teams report they are familiar with PSH and see the value of increased scattered site housing as an option in the system; some staff are aware of a Housing First approach. Staff recently trained on the PSH model are aware ACT teams can play a more

active role in providing supportive housing services to tenants.

The following areas will benefit from focused quality improvement:

- Clinic team staff and tenants indicate they want more options for safe and affordable housing; due to perceived lack of housing options, clinic staff direct tenants to locations where rules or activities are required for residency.
    - Staff members report the emergence of additional scattered-site housing as an option in the system but cite few examples of tenants successfully housed to date; not all tenants have been offered integrated housing as an option.
    - Tenants who reside in ACT affiliated house model properties may want independent housing but are not prioritized at this time since they are housed.
- Programs are not fully aware of tenant rental payments related to income, do not hold copies of leases and Housing Quality Standard (HQS) information, and are inconsistent in their report of the types of residences where tenants are housed; some locations are referred to inconsistently by various categories. For example, one residence is listed as community resource, independent, sober living HWH, and transitional.
- Clinic staff and tenants are unclear how Regional Behavioral Health Authority (RBHA)-managed housing waitlists are prioritized.
- Some tenants are interested in roommate situations if it allows for more affordable housing. The provider and RBHA should collaborate to determine if a roommate matching program can be developed for tenants who have asked for assistance with housing and are on existing waitlists but may not be prioritized based on their status.
- The system should track tenant outcomes (such as percent of tenants in independent housing) by team and attempt to connect teams that are successful assisting tenants to secure safe, affordable, integrated housing with other teams that struggle with implementing PSH.

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)**	Tenants are being assessed by clinical staff for level of financial resources first, rather than by tenant preference. If tenants do not have enough resources to afford independent living, they are not likely offered choice of housing. Tenant choice is constrained by availability of types of housing resources, and clinical team recommendation. Teams are familiar with a continuum of care approach; some members step down from higher level of care toward independent tenancy. If a tenant is assessed by the team to require support, and an ACT affiliated residence has an opening, a tenant is likely to be referred, but if not open, scattered site, CLP, residential or a HWH may be offered. Across the three ACT teams at PIR, 14 tenants are served through residential treatment settings, some members reside in assisted living facilities, and other members reside in HWH settings where they are expected to work daily, and turn over all money collected if they have no income. Some members reside in unlicensed private residences where they pay a high amount for a shared space.	• Seek out and honor tenant choice in type of housing. • System level changes are needed in this area. For example, seeking tenant input regarding type of housing desired, including tenants in the final decision making process, and honoring tenant choice in type of housing will require change to current processes of intake, assessment, level of care determination, clinical staffing events, etc. • PIR can expand tenant choice in this area by explaining options, pros and cons, and supporting choice of type of housing wherever possible. • Review and clarify ACT team staff roles and expectations; staff members report they don't have enough time to support all tenants in integrated settings. • PIR and the RBHA should review whether it is feasible to identify members in assisted living facilities, unlicensed private house settings or supervisory care homes through member addresses, and assist members to explore alternative housing.

			Tenants are not given a choice and are assigned to a type of housing per clinical team's assessment rather than per tenant preference.	
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)**	In most RBHA affiliated housing, tenants are assigned a unit and do not have a choice. Tenants are provided a tour of the property and offered available opening**.** Some staff members refer to new scattered site housing as an option but cite few examples of tenants housed successfully through the program to date. Staff members cite the limited financial resources of tenants who receive only SSI, or have a history of legal issues as barriers to locating housing.	• Expand scattered site options, and consider the use of rental assistance. Develop procedure that includes choice of multiple units. • Provide additional training and guidance to clinical staff regarding PSH principles related to options for affordable housing, how to access those affordable options, and offering members a menu of options rather than one or two options at a time.
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)**	The RBHA manages the housing waitlist, and tenants are allowed to turn down a unit without going to the end of the waitlist; however, staff and tenants believe that they are only allowed to turn down a set number of choices before they lose priority on the list and then are placed at the bottom of the list. Due to the long waitlist and limited resources, staff report they feel pressure to get tenant to accept first offered unit, and this practice puts staff in the position of steering choice. There is some confusion across staff and tenants about RBHA managed wait lists; how they are maintained, prioritized and how to update tenants	• Clarify waiting list procedures; if possible update tenants on their estimated wait time for housing. This information may allow tenants to make an informed choice of whether they should seek alternative permanent housing. The RBHA should coordinate with PIR to determine if ACT associated property waitlists can be managed directly by the clinic teams. As it stands now, it appears the option is offered to tenants if there is an opening, but there is no formal manner to track a tenant's place on a waitlist.

			about their spot on applicable wait lists. Clinic teams and tenants voice frustration due to perceived lack of transparency with how RBHA affiliated housing 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)**	Tenants on the ACT team reside in various settings that include: independent settings, RBHA affiliated house models, RBHA affiliated apartments, HWH, assisted living/supervisory care homes and unlicensed private residences. In RBHA affiliated house model settings, tenants do not control the composition of their household, but have their own room, but in apartment settings some tenants have their own space, with no roommates. Tenants in other settings do not control the composition of the household and may share a room (e.g., HWH, unlicensed residences, assisted living). Some members identify roommates on their own after placed in another type of setting they dislike (e.g., HWH, unlicensed residence), and the tenants seek housing without team support. Most tenants on the PIR ACT teams reside in independent settings, whether alone or with family where they appear to control the composition of the household.	• Ensure that scattered site is offered as an option. • The program should consider developing a roommate matching program for those tenants who are seeking housing support, are interested in a roommate or have limited income and might consider living with one or more people of their choosing. • Consider broadening the program to tenants on current RBHA affiliated CLP or scattered site housing waitlists.
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)**	Most tenants reside in settings that are not affiliated with the RBHA, and where housing management has no authority or role in providing social services. Some tenants reside in RBHA affiliated housing, where there appears to be blurring of housing management and social service roles. For example, the ACT affiliated properties are managed by two housing management agencies separate from the ACT teams and focus on housing concerns such as rent, maintenance and leases. However, staff from one of the housing management agencies attend staffings and also conduct inspections regarding cleanliness of house model settings, which can lead to serving a ten day eviction notice if unit does not meet standards.	• PIR and the RBHA should clarify the differences in roles for the housing provider and the housing management agencies at the system level. • Set annual inspections to inspect property and allow service provider to address independent living skill concerns. If inspections occur more frequently, ensure the reason is to support tenants to maintain tenancy, not to identify reasons for eviction. • Housing management should not attend social service staffings; cease this practice.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 **(2.5)**	The majority of tenants reside in settings that are not affiliated with the RBHA, and where service staff has no authority or role in housing management functions. For RBHA affiliated housing, housing management and service provision staff have overlapping roles. Housing management for ACT affiliated properties is provided through two agencies separate from the team; ACT teams are the service providers. Within the ACT affiliated house models, ACT team staff sometimes conduct informal housing inspections on behalf of property management.	• Housing management should not require ACT service providers to report potential lease violations or other issues to housing management. PIR and the RBHA should empower ACT staff to not report violations to property management, but rather work with tenants on learning their leases and completing their own work orders. • If the RBHA holds contracts, memorandums of understanding (MOUs), and/or memorandums of agreement (MOAs) with housing management for ACT properties then the RBHA should coordinate with housing management to

			ACT team staff describe their role as a liaison to the property manager; they are expected to report issues (e.g., alcohol use in the house model settings, damage to the properties, how the ACT team is caring for the home) to one of the housing management agencies for tenants in RBHA affiliated housing. There is nothing in writing outlining expectations. Some staff voice concern that the properties may be taken from the teams as an option for served tenants if the teams do not report issues to housing management. These include requests for repairs, as well as reporting substance use in the home (sometimes after team discussion and decision to inform housing management), alcohol use, and guests in the residences. For tenants living in independent settings, ACT staff members do not generally make reports to housing management.	clarify housing management and service provider functions. • When a tenant is evicted, PIR and the RBHA should coordinate to discuss the issues that led to the eviction, if clinic staff felt pressured to report violations, and to develop procedures clinic staff can follow as a guide to support future tenants.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 **(3)**	Clinical service providers are based offsite for most tenants. As noted earlier in this report, most ACT members live independently (alone or with family) in the community. However, in the ACT and RBHA affiliated house model settings, staff do visit the homes and offer some scheduled daily services such as medication monitoring and monitoring the chore tasks onsite, not per tenant's request.	• Explore ways to assure social and clinical services are brought to tenants at their request. • If members want to live in their own independent residence, ensure their choice is supported rather than referring to residential or other settings.

			Some tenants reside in treatment settings where staff members are on site all or for a portion of the day. Other tenants reside in settings where staff from the residence is on site (e.g., HWH, supervisory care homes, private homes, unlicensed 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)**	ACT teams are not in the practice of tracking rental costs and tenant payments. One of the three teams has no rental cost or tenant payment information provided for review, and information is incomplete for about half of members for two of three teams. Based on limited data available for members on the two of the three PIR ACT teams, tenants pay on average approximately 39% of income toward housing. Tenants that live in ACT affiliated housing pay 30% of income or less; however, tenants who live in assisted living programs, SCH, or unlicensed locations pay 50% or more of income. Some tenants reside in HWH settings where they are expected to work during the day and turn over all the earnings to the HWH. Due to limited data (i.e., tenant income and rental payment), it is not clear if all tenants pay a reasonable amount of their income for housing.	• In order to move toward fidelity in this area, ensure that documentation of rent and income for all tenants is complete. Preferably, members in PSH pay 30% or less for rental costs. • Policy should be written to ensure tenants are never expected to pay more than 30% of their income toward housing.
3.2 Safety and Quality				

3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 **(1)**	There is no evidence that housing units meet HQS standards, and there are no copies of inspections. Due to extended waitlists, other options in the community are explored but may not always meet HQS. Some staff report they refer tenants to supervisory care homes, privately owned homes that reportedly can take in up to five people without being licensed, or other settings in the community that do not appear to fall under any regulatory agencies.	• Work with housing providers to obtain copies of HQS inspections or have staff trained to conduct these inspections and document the results. • PIR should review the data provided as part of this review; these include locations classified through the Arizona Department of Health Services (ADHS) as assisted living centers-supervisory as well as other similar unlicensed facilities. Attempt to engage tenants in those settings to discuss alternative housing that meets HQS.
Dimension 4 **4.1 Housing Integration**				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 **(3)**	ACT affiliated house model residences are not integrated. However, this provider does have ACT affiliated apartments that are integrated, and most tenants (approximately 73%) live in integrated settings in the community, without clustering people with disabilities. Some ACT staff report they make efforts to build relationships with housing management at apartment complexes near the clinic and use these relationships to place some tenants in those integrated settings. For example, ACT staff on one team developed a relationship with housing management at an apartment complex and approximately 3% of the complex is now occupied by ACT tenants. It does not appear other units are set aside for people with disabilities, so the	• The system should make necessary adjustments to ensure integration through making scattered site housing the default option for permanent supportive housing. • The clinic teams should continue to build relationships with housing management in integrated settings.

			complex remains integrated.	
Dimension 5 Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have legal rights to the housing unit	1 or 4 **(1)**	Leases were not available for inspection; therefore, the extent of tenants' rights could not be verified. The teams do not consistently request or hold copies of leases. Reportedly, the teams do generally attend lease signings and obtain copies of leases when tenants move into ACT properties. However, staff seems unaware of the exact stipulations in those leases, with some speculating leases prohibit the use of alcohol in the residences and that tenants must complete chores to maintain tenancy. ACT affiliated housing is not viewed by some staff or tenants as intended to be permanent. Tenants in ACT residences have to inform ACT staff if they plan to have guests, cannot have guests overnight, and staffings sometimes occur in the houses. Some tenants reside in locations that are transitional or apparently have no leases; in some of these settings tenants can be restricted for being on the property for 24 hours if they violate rules.	• Tenancy documentation was requested, but not provided. This documentation needs to be secured, if it exists. If individuals do not have rights of tenancy, PIR can work to establish those rights and improve the quality of the housing. • Holding copies of leases will help PIR to act as advocates with tenants. • If tenants are in SCH, HWH, or other similar settings and have no lease, focus efforts with those tenants to discuss all available alternative housing options.
5.1.b	Extent to which tenancy is contingent on compliance with	1, 2.5, or 4 **(2.5)**	For tenants in independent settings, tenancy is not contingent on compliance with program provisions.	• Review and revise provisions that compromise rights of tenancy. • For tenants in non-licensed private residences, supervisory care homes, HWH

	program provisions		In ACT team affiliated housing, and RBHA affiliated housing, long term occupancy is dependent on cooperation with program requirements; tenancy cannot be maintained if members close from services. For some members in HWH settings, non-licensed supervisory care homes, or assisted living, tenancy may be contingent on compliance with program or treatment participation such as compliance with clinical treatment services, sobriety, medication compliance, or house chores depending on the setting.	or other similar settings in the community, 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 **(1)**	Tenants' financial benefits appear to influence the types of housing explored. If a tenant can pay for their own apartment then clinical staff report that they will generally support independent living; however if a tenant is unable to afford their own apartment, then housing readiness is assessed, determining level of care needed in order to qualify for subsidized housing programs. In some cases, tenants on ACT teams are referred to residential treatment or other staffed setting as a step toward independence. In some cases, if a tenant is assessed to require staff support, and ACT affiliated housing has availability, the option is likely offered. However, if ACT affiliated housing is full, applications for CLP and/or scattered site are submitted; some staff believe tenants can be on	• PIR can provide training and support to staff as they learn to support choice, expand options for people, and focus on housing retention. • If tenants want to live in their own independent residence, ensure their choice is supported rather than referring to residential or other settings. The provider and RBHA should provide training to staff on the available options, and streamline referral processes so staff are not required to submit multiple applications.

			both community living and scattered site housing lists, which is not correct. Per the RBHA scattered site housing application, if a member applies for scattered site housing, then they are removed from the community housing waitlist. Due to extended waitlists, other options in the community are explored but may not always include independent living if a tenant has no income or only SSI.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 **(4)**	Tenants with housing complications are prioritized in that the system prioritizes homeless, hospital discharges and jail releases. It is not clear if tenants with obstacles to housing are prioritized if they are not hospitalized, not incarcerated or if the team places them in another setting where "staff" may be on site (either licensed or non-licensed facilities).	• The teams should work with tenants to explore alternative options if they reside in assisted living facilities, or other unlicensed facilities. PIR should seek support from the RBHA to discuss alternative housing options that can be offered, with ACT teams providing supportive housing services to the tenants.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 **(3)**	Although most tenants live in independent settings or with family, per data provided from the teams, all tenants do not have full control over staff entry. There are restrictions on guests in RBHA affiliated housing. In ACT team affiliated house model settings, staff report that they knock and only if there is no answer or no one is home do they then use their key to enter the house. Tenants report if they are home they feel they must open the door for staff. RBHA affiliated apartment settings seem to have more privacy, with entry controlled by the tenant.	• Establish procedures that prohibit staff entry into house model programs without explicit tenant permission. • PIR should identify tenants in group homes, unlicensed group settings, assisted living facilities or other similar settings and work with those tenants to discuss alternative living arrangements. By sorting the data provided as part of this review, PIR administrators can identify clusters of addresses or names of locations where some tenants reside. To be more in line

			Other tenants reside in transitional settings where they are not in full control over entry to their units. This includes homes that are unlicensed or not connected with treatment but where multiple people may reside on a temporary basis and other settings where "staff" from the location may be on-site (e.g., assisted living) to monitor the property. Across the three ACT teams, not including tenants who are incarcerated, missing or are homeless, 23% of tenants are in settings where the residents do not appear to have full control of entry.	with the PSH model, staff should work with tenants to seek alternative living arrangements where tenants control who enters their residences.
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)**	Even though tenant input is solicited in the development of the service plan, it is not always honored or written as requested. Service plans reviewed did indicate tenant goals to live independently, but some include clinical jargon (e.g., do well in residential placement) that does not appear to reflect each tenant's voice or reflect a continuum of care approach (e.g., reside in ACT affiliated housing until ready to live on my own). The phrasing of the plans was consistent with the report of some staff; that some tenants have steps they must take before they are able to live independently. Based on tenant report, records and the report of some staff, it appears clinic team	• Review and revise current procedures for structuring tenant services. New procedures must include solicitation of tenant choice of type of services. • Discuss team recommendation as part of all options, including review of pros, cons and services attached to each option.

			recommendation strongly influences the services tenants access; it does not appear a menu of options is discussed with all tenants.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 **(1)**	There was no evidence in records reviewed that service plans were updated with new goals based on tenant change in status or changing preferences; plans appear to be revised every nine to 12 months. Tenants interviewed all stated that their living goal for their ISP was to live independently in their own apartment but some report they reside in HWH, other transitional settings, or ACT affiliated housing with roommates. Tenants do not appear to be fully informed of their right to modify service selection; it is not clear if all tenants are offered a full range of housing supportive service options.	• When tenants change living situations or express a new goal, revise the service plan to reflect the change.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 **(2)**	Upon entry to an ACT team, tenant must agree to a high level of care and some standard services; however, tenants are given a chance to choose from an array of services to list on their individual service plan that are individualized to their needs and goals. The majority of tenants are in settings that do not appear to have any additional requirements (e.g., completing chores), are able to close services, and maintain tenancy. Other members reside in non-independent settings in the community not affiliated to the RBHA, (e.g., HWH, group home, or assisted living facilities) and can close from ACT and case management services yet remain living in those settings.	• Review and revise the level of care determination to maximize tenant choice. Develop procedures to ensure informed choice. • PIR should ensure all tenants who reside in ACT affiliated housing, and all staff who provides services to tenants in those residences know tenants can end services and maintain tenancy. • The ACT teams should clarify what services, if any, the tenants must participate in to maintain residency in HWH, assisted living, supervisory care homes or other locations classified as community resources. Work

			Approximately 7% of members reside in ACT affiliated housing, where some tenants report they must complete chores to maintain tenancy, staff report tenants cannot close from case management and maintain tenancy, and 5% of members are in residential treatment settings.	with the tenants in these types of residences to explore other housing options.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 **(3)**	Tenants on an ACT team must accept a level of services associated to ACT, which limits full freedom of choice. Staff report that tenants can change their services to meet their changing needs and preferences within reason, to include reduced contact, adjustments to medications, transition in level of care, and not always with updated ISP plans but through more informal means.	• Develop procedures that expand choice within the limits of ACT service unit requirements. This could include developing a monthly support plan in which tenants request specific help during the coming month.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 **(2)**	Tenants interviewed reported they are offered services the team has assessed they need to work on, or would qualify for. Tenants that requested to live independently in their own apartments were offered to live in community living if they do not have the financial resources to fund their own apartment. Along with this referral to community living, they are then assessed to need support with ILS skills to justify the referral. Tenants state that they do not feel that their voice was heard, or that they were told that they are not ready and must start with lower level of care first.	• PIR should establish targeted training on Permanent Supportive housing model and offer all housing options to choose from, regardless of a tenant's ability to pay • PIR should solicit tenant input and feedback regarding housing related supports. This includes seeking tenant input on the housing supports or services they are offered, and how this process can be improved at the network level. • Engage tenants in housing advocacy in the community, through tenant advisory boards at the clinics, and as tenants of ACT affiliated housing.
7.4 Quality and Adequacy of Services				

7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 **(4)**	Caseload sizes fell well within limits; that is, no more than 12-15 tenants per staff person. However, ACT specialists need to assure services and supports are readily available as needed not as scheduled. ACT specialists did report that tenants who may need consistent support to live independently would be referred to higher level of housing care that also offers support due to time restraints and case management responsibilities put on staff.	• Explore ACT staff schedules, prioritizing time for those who need increased supports to live independently.
7.4.b	Behavioral health services are team based	1 – 4 **(3)**	Behavioral Health services are provided in the parameters of an ACT team, but housing specialists have not been empowered to fulfill their role on the team. Housing specialists report that they assist their team with filling out housing applications for the RHBA; however, if a tenant has the financial resources or a voucher and is seeking an apartment, they refer them to an apartment finder agency, often requesting funds for the service fee or to have it waived. Across the three teams at PIR, 14 tenants are served through the ACT teams and residential or flex-care treatment settings.	• Define the housing specialist role as resource for the team; focus on strategies to improve team-based approach. Provide additional training for housing specialists and actively seek housing with tenant, not referring to outside agencies for service. Require the housing specialist to keep up with the HQS of each location to ensure tenants are housed in safe conditions.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 **(4)**	The ACT team model is in line with the services provided 24 hours a day, 7 days a week.	• Assure that all tenants are provided with the on-call number and are aware of this service.

PSH FIDELITY SCALE SCORE SHEET

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2.5,4	1
1.1.b: Real choice of housing unit	1,4	1
1.1.c: Tenant can wait without losing their place in line	1-4	3
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		1.88
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	2.5
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	3
Average Score for Dimension		2.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	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	3

Average Score for Dimension		3
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	1
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		2.67
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	1
7.1.b: Extent to which tenants have the opportunity to modify services selection	1,4	1
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	2
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2

7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	4
7.4.b: Behavioral health services are team based	1-4	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	4
Average Score for Dimension		2.5
Total Score		15.97
Highest Possible Score		28