PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: Ramsey Riddell, Director of Quality Management

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ADHS Fidelity Reviewers

Method

On May 20, 2015 Jeni Serrano and T.J. Eggsware completed a review of the Mountain Health & Wellness (MHW) Permanent Supportive Housing Program (PSH). This review is intended to provide specific feedback in the development of your agency's PSH services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Mountain Health and Wellness (MHW) is a non-profit organization that provides psychiatric and medical services for members in the Pinal, Yuma, and Maricopa county areas. MHW is designated as a Federally Qualified Health Center (FQHC), which means that, in addition to psychiatric services, medical services are provided, and the members are able to be treated using a holistic approach. Among the services being provided at MHW are transportation, housing, employment, case management, and a full array of psychiatric and medical services. MHW is governed by the Regional Behavioral Health Authorities (RBHAs) who oversee both the Mercy Maricopa Integrated Care (MMIC) and Cenpatico service areas. MHW manages and provides services to tenants in two residences through the MMIC RBHA: a house model setting and a four unit, two bedroom apartment setting.

The individuals served through the agency are referred to as "participants," 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*:*

- Orientation and tour of the agency with the housing coordinator and the program coordinator.
- Interview with the PSH administrator and the housing coordinator.

- Group interview with two Case Managers (CM) and one Behavioral Health Para Professional (BHPP).
- Group interviews with a total of nine tenants who are participating in the PSH program.
- Review of housing management documents, including leases and HQS inspections.
- Review of seven randomly selected records, including charts of interviewed member/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:

- The housing management provided reviewers with updated copies of leases per tenant along with the HQS inspections.
- Service providers are based off site and do not have office space or office equipment in tenant residences.
- Tenants express overall satisfaction with the housing and support services provided.

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

- Housing management providers and service providers should have a clear functional separation. At MHW, there is a high level of enmeshment across housing management and service providers. The agency should revise practices that blend housing management and service provision roles and responsibilities. Ensure job descriptions clearly outline what is expected of housing management staff and service staff if the agency continues to manage properties.
- The program should eliminate the level of care determination process that results in screening some members out of PSH programs. For example, if members have no income, being deemed unable to complete independent living activities, if the service provider identifies other safety concerns such as wandering, or if members are known to use drugs or alcohol.
- Direct service staff should receive additional training and support regarding the PSH model. Direct service staff interviewed have been with the agency for six months or less, are not familiar with a housing first approach, and do not appear to be familiar with PSH. Training on the PSH model should occur

at all levels of the agency, including Program Coordinators, Psychiatrists, or any staff that influence the housing options, supports, or services offered to members.

- Additional staff is needed to lower caseload sizes. Although not all members on staff caseloads are served through the PSH program, CM and BHPP staff appear to be constrained in the amount of service time they can dedicate to tenants in the PSH program due to the high member to staff ratio.

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)	Tenant choice is limited in the system; tenant input is sought, but clinic staff assessment determines the type of housing due to the structure of the current referral process. If a tenant voices a desire to live independently, and does not have the financial resources to afford independent housing, then clinical team will often steer towards higher level of care in order to get the financial subsidy. The clinical staff conducts assessments to determine level of care for tenants; level of care determination drives what options are offered.	• System level guidance and education is recommended. Clinic staff should be educated on available housing options, structure, and referral processes, so they can adequately orient tenants in order to support tenant choice. • The program should develop relationships with landlords and coordinate with the RBHA to increase scattered site housing options in the service area.
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	1 or 4 (1)	After the clinical team assessment, tenants are placed on the Regional Behavioral Health Authority (RBHA) wait list and then assigned to a provider by the RBHA. However, if a tenant has an income and there is an opening in the MHW properties, they will not be placed on the RBHA waitlist and will be directly referred to MHW housing coordinator for a tour of unit available and lease signing. Tenants do not have choice in unit within the	• Offer tenants a variety of options, driven by their preference, including offering a choice of units.

	of units		housing model; they are assigned to a unit. Tenants are offered a specific unit with the provider. Tenants have the choice to accept or decline the option. Tenants of MHW housing can occasionally move into another MHW affiliated housing setting, but options appear to be limited and may result in having to transfer clinical services to another RBHA.	
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)	For RBHA affiliated housing, the waitlist is managed by the RBHA. If a tenant declines the unit, they are put back on the waitlist maintained by the RBHA. RBHA staff confirms if the tenant declines, they are not moved to bottom of the list. MHW housing management is in charge of placement in MHW owned, managed and serviced properties. If a tenant declines the unit through MHW, they can be placed on the waitlist maintained by the RBHA. MHW housing management reports there is often no wait list for properties they manage, or the wait is very short. However, it is not clear if this is due to no tenants requesting housing assistance or due to housing management coordinating possible openings with service staff to target tenants for whom the option for PSH can be offered.	• The system needs to increase scattered site options and ensure clinic staff receive training to adequately orient tenants to all housing supports and options. • The program should evaluate how tenants are selected for the PSH program and maintain a waitlist based on tenant request for assistance.
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition	1, 2.5, or 4 (2.5)	Tenants must accept a predetermined household not of their choosing. At MHW tenants are offered their own bedroom, often with shared bathrooms	• At the system level, in addition to increasing scatted site options, seek opportunities to empower tenant voice in

	of their household		and living spaces with other tenants who also do not have a voice in selecting new tenant for the vacant unit in their home.	controlling the composition of their household. If tenants elect to live with others, attempt to arrange for meetings with potential roommates.
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 (1)	MHW own and manage both house models and apartment models. Tenants pay their rent to the MHW main office; however, the housing management makes contact with the tenants on a regular basis and discusses with them leasing issues, rent payment, facility issues, and rights through the landlord tenant act. During lease signings housing management may determine if a person is competent to sign leases. MHW housing management also addresses infraction of the lease and notifies clinical team of any other services identified by the housing team. Interviews and files reflect that housing management staff is on site conducting well visits several times a week. Housing management staff then enters well visit notes directly into the tenant's electronic record used by clinical staff. These visits appear to be unannounced unless there is an official inspection scheduled. Housing management conduct and attend staffing's, as well as allow tenants to call them after hours to report crisis or roommate issues. No separation	• Housing management should not attend social service staffing's, well visits, have access to records; cease this practice. • The agency should determine if the Housing Specialist should be associated with the housing management as structured now, or with the clinical team.

			exists between housing management and 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)	Service staff has overlapping roles with housing management. Service staff is expected to report any facility issues or violations to housing management. Housing management is in the units on a regular basis and during this time discusses leasing issues, rent payments, facility issues, and renter's rights. Copies of the leases are on site with the housing management records. Service staff does not have copies of the leases and are unaware of lease requirements; however, upon this review, service staff reported that they received a copy of a lease upon request.	• Discontinue housing management well-visits and encourage tenants to report concerns as needed. Discontinue reports to housing management if tenants engage in activities perceived by service staff to be a violation of lease agreements.
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 and services are readily accessible, mobile, and can be brought to tenants at their request.	
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)	MHW housing management report tenants pay 40% of their income, but based on information provided for review and located in files, some tenants pay above 40%. Some members pay an increased amount over a four month period after lease signing to cover initial expenses, and their month to month payment drops to around 40% at the fifth month; but the average over 12 months is 42% to 43% for some tenants. Tenants must have an income to be considered for MHW housing. If tenant has no income then they will be referred to the RBHA waitlist.	• Preferably tenants pay 30% or less for housing. The program should implement policies to reduce housing costs to 30% or less for tenants in the PSH program.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (4)	MHW housing management had all HQS inspections completed prior to this review, and copies were in tenant files on site.	• Ensure service staff is aware of HQS so they can support and advocate with tenants to ensure all units meet identified standards.
Dimension 4 **4.1 Housing Integration**				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (1)	MHW offers house models that are three, four and five bedrooms, and the apartment models are all two bedroom units housing tenants diagnosed with a serious mental illness, an eligibility requirement for tenancy. As a result, the people live in a setting where 100% of tenants meet disability-related eligibility criteria and are designated for those with a disability.	• Tenants should have the choice to live alone or with someone of their choice, rather than with groups of people who have psychiatric disabilities. • MHW needs to collaborate with system partners to explore options other than house model settings. • Increase availability of affordable, scattered site options; orient members to options available in the service area.

				Ensure referral sources are informed of all housing options and referral processes.
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)	MHW housing management provided 100% of tenant leases for review. There were some leases that were just recently renewed prior to the review. There were some leases that went month to month pending financial verification (e.g., lease term ended 11/13/14, month to month lease through 4/29/15). If the tenant has no income they are not eligible for housing through MHW, but it is not clear if loss of income during tenancy results in eviction. If a tenant discontinues services MHW housing management report that they do not evict tenant; however, the lease would not be renewed at time of expiration.	• MHW service staff needs access to the leases in order to educate both the staff and the tenant on the roles of each entity. This will also help staff empower tenants to take action when the stipulations in their agreement have been violated, and it will help verify affordability of tenant housing. • Service staff should attend lease signings. • Service staff should advocate with tenants if lease terms end to prevent month to month tenancy or housing management not renewing leases due to tenants electing to close with the RBHA.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 (2.5)	According to MHW staff, tenants are able to stay at the properties as long as they like. Some tenants report living in the Community Living properties for over 7 years. However, MHW housing management staff report that in order to remain in MHW housing, tenants must have an income and are required to maintain services with a RBHA to keep their housing.	• Program administrators should review agency documentation applicable to the Permanent Supportive Housing program that may be in conflict with actual company practices. If there are written rules that are in conflict with company practices, rewrite them to reflect the current values of PSH provider.
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are	1 – 4 (1)	Screenings by service staff occur prior to referral to MHW or being placed on the RBHA housing	• Discontinue the use of the screening tool.

	required to demonstrate housing readiness to gain access to housing units		wait list. Service staff use a score sheet to assess level of care based on functional criteria; if a member scores low on independent living service staff may refer to 24-hour residential treatment or other housing programs with wrap around supports. Staff report that if a member has an income and there is an opening, then they will refer directly to MHW housing management to tour an available unit. If the member accepts placement and agrees to pay the rent, he/she is able to sign the lease same day. Members are screened for financial eligibility, and if they have no income they are not eligible for PSH through MHW.	• MHW should offer supportive housing services to members regardless of income; discontinue screening out members due to lack of income.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (1)	The Clinical team assesses a member's level of independent functioning, and income source and the referral is then based on what housing option the team determines will be of most benefit. If there is an opening in the MHW housing properties then a referral will go to housing coordinator directly. Housing department reported that there is no wait list and that as long as you are determined SMI and have a source of income to pay the rent monthly, then you are eligible for MHW housing. If the member does not have an income source then the clinical team will submit an application for the RBHA waitlist.	• Rather than screening out members with challenges related to housing stability, the PSH program should prioritize and provide support to members with housing challenges. For the agency PSH waitlist, service staff, not housing management, should identify who is prioritized.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into	1 – 4 (1)	Staff and tenants report that staff knock and then the tenants let them in the residence. Housing management report that they have keys and may	• Decrease housing management well-check contacts; housing management or their representatives should interact with

	the unit		key in if an emergency arises. Tenants report that they have locks on their bedroom doors and staff do not enter without knocking. However, per tenant interviews and files, housing management staff conducts regular unscheduled well-checks, in which the tenants did not ask them to come, nor had a choice in staff entry.	tenants at their request (e.g., when tenants submit a work order request) or at regularly scheduled events (e.g., annual lease signing, HQS inspections). • Service staff and housing management should not enter residences without explicit tenant invitation. Doing so violates rights of tenancy.
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 included clinical jargon (e.g., I am needing housing assistance from Mountain Health & Wellness) that does not appear to reflect each tenant's voice or reflect a continuum of care approach (e.g., reside in MHW affiliated housing until ready to live on my own).	• 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.
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. Some tenants interviewed stated that their living goal for their ISP was to live independently in their own apartment, but they reside in MHW 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	• When tenants change living situations or express a new goal, revise the service plan to reflect the change.

			supportive service options.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (2)	Tenants must be affiliated with the RBHA to maintain tenancy. Based on documentation and interviews, it appears tenants receive case management, psychiatric services, and as requested other groups or activities can be provided through clinical staff. However, housing management staff have a high frequency of contact with tenants, including frequent well-checks and home visits which appear to be standard.	• Housing management should reduce the frequency of contact with tenants, unless repairs are requested by tenants, inspections are due, or leases are signed. • Tenants should be offered individualized services, and service plans should reflect individualized needs and service supports.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (2)	There is slight variation in service plans across tenants served in the PSH program; some plans include similar service content (e.g., supportive housing services to assist Tenants to live independently) but have limited individualized information regarding the specific services or supports to be provided. Housing management staff makes multiple well-check visits to homes, and tenants report standard services with clinical staff (e.g., contact with CM about once every one to two months, and contact with psychiatrist every three months).	• Ensure services are individualized based on tenant preferences, and plans are adjusted based on current goals or status.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (1)	There is no formal manner that members provide input to the PSH program; there is no member board or advisory council, but staff reports their efforts to adjust the services to accommodate members.	• Develop a formal and structured process to solicit and incorporate member input; as an initial step develop a member advisory board.
7.4 Quality and Adequacy of Services				

7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (1)	The agency has three CM and two BHPP staff that provide services to members in the PSH program. The tenants who reside in the residences for this review account for a portion of the members served by the five service staff. The CM staff carry assigned caseloads, with some members in the PSH program, others not in the PSH program, and with members identified as higher and lower acuity. When fully staffed, one CM and one BHPP are paired to provide services to members. Across the five service staff, the member to staff ratio is estimated to be above 40:1.	• Additional staff should be added to the program to reduce the member to staff ratio. • Consider transitioning the housing staff to the service support team; based on documentation, the activities of the position, such as well-checks and participating in service team staffings, may align more with services than with housing management.
7.4.b	Behavioral health service are team based	1 – 4 (2)	Multiple entities are involved in providing member care; CMs and BHPPs provide services through a clinic-based team, but housing management staff provides housing support services, and document activities in the clinical record. Staff report that housing management will schedule a staffing as needed to address concerns.	• Clearly define housing management and service staff roles, as recommended under Dimension Two: Functional Separation of Housing and Services. Align supportive services entirely under the service provider, and delineate housing management functions with no overlap with service provision activities.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (1)	During the hours of 8:00AM to 5:00PM members can contact service staff but contact crisis lines outside of those hours. Tenants have access to housing management contact information if issues arise related to their residences; housing management phone numbers are included on leases. It does not appear service staff contact information outside the hours of 8:00AM to 5:00PM is available to members. Based on staff and member interviews, there are times when housing management is contacted with issues that	• Ensure tenants are informed of service staff contact information outside of the hours of 8:00AM to 5:00PM; increase service staff availability outside of those hours. Provide tenant orientation regarding what types of issues to report to housing management (e.g., those related to the residence) and what issues members should address with service staff (e.g., interpersonal relationships with roommates, healthcare issues).

			do not relate to housing management. For example, a tenant called housing management when a roommate experienced a medical emergency, and housing management staff are sometimes informed of crisis line calls before the service staff then relay information to service staff.	• See recommendations under Dimension Two: Functional Separation of Housing and Services.

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	1
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		2.5
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	4
Average Score for Dimension		3
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	1
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	1
6.2.a: Extent to which tenants control staff entry into the unit	1-4	1
Average Score for Dimension		1
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	2
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	1
7.4.b: Behavioral health services are team based	1-4	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	1
Average Score for Dimension		1.38
Total Score		14.01
Highest Possible Score		28