**PERMANENT SUPPORTIVE HOUSING (PSH)**
**FIDELITY REPORT**

Date: 12/22/2014

To: Karen Newman, Director of Recovery Services

From: Jeni Serrano
T.J. Eggsware
**ADHS Fidelity Reviewers**

**Method**

On November 17-18, 2014, Fidelity Reviewers Jeni Serrano, and T.J. Eggsware, completed a review of the Terros Behavioral Health Agency's Permanent Supportive Housing (PSH) Program. 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 with whom they work to provide services. For the purposes of this review at Terros, the referring clinics include Partners in Recovery Network Metro and Southwest Network Bethany Village. 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.

Terros provides a wide variety of services, including: primary care, outpatient and residential drug and alcohol treatment, crisis, recovery, and mental health services. A central theme at Terros is their belief that every person has the ability to make changes to improve their lives. Terros staff feel the Community Living program through the agency most closely matches the PSH model. The Community Living program offers support to individuals with serious mental illness and co-occurring disorders by teaching living skills essential to daily tasks. This, in turn, helps members achieve the highest level of wellness and independence in their homes and in the community, so that when they get their own apartment later they can work with landlords.

The individuals served through the Terros agency are referred to as clients, but for the purpose of this report, the term "tenant" or "member" will be used. The term "housing" in this report, unless specified otherwise, will refer to the Community Living housing arm of Terros' program.

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

- Interviews with clinic Case Managers (PIR Metro and SWN Bethany Home).
- Review of agency documents including intake procedures, eligibility criteria, team coordination and program rules.
- Orientation to the housing services provided through Terros.
- Interview with the Permanent Supportive Housing Administrator, interviews with Permanent Supportive Housing Supervisors, and Terros direct service staff.

- Interviews with three Tenants who are participating in the Permanent Supportive Housing program.
- Discussion of wait list and criteria with the Regional Behavioral Health Authority (RBHA).

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:

- Tenants pay no more than 30% of income for housing.
- Once they enter the program, members appear to have the ability to provide some input into the services they receive.
- Direct staff caseload sizes fall well below the thresholds identified in the PSH model.
- Services are available on a flexible schedule and staff are on call 24 hours.
- Record system was accessible, organized and appeared to be up to date.

The following are some areas that will benefit from quality improvement:
Overall, the Terros program and the Regional Behavioral Health Authority (RBHA) would benefit from further training regarding the evidence-based practice of Permanent Supportive Housing to move closer to adhering to fidelity. Specific focus areas include:

1. Choice: Further system level intervention will be necessary to support increased tenant choice in housing. Specifically, strengthening member choice at the point of referral to housing programs, and decreasing reliance on the house model will help. In the current structure, member choice is restricted at the referral point and constrained again when the RBHA makes placement decisions.
2. Separation of housing and services: Further discussion regarding the delineation of housing management and service provider roles should occur. Preferably, there should be no overlap between housing management and service provider responsibilities; for example, housing management providers should not be invited to meetings where clinical issues are discussed. In the house model programs, housing and services roles overlap. Even in the Terros apartment units, there is a blurring of the housing and service roles.
3. Safe, Decent, Affordable: Quality is measured by compliance with HQS standards. Documentation of HQS status was not available at Terros.
4. Integration: The program should consult with the RBHA to determine if the program can be adapted in any way to more closely align with the PSH model. Currently, housing through Terros is not integrated.

5. Rights of Tenancy: By report, members have leases that guarantee rights of tenancy, although the documentation was not available. Also, any rights of tenancy are compromised by the perception that non-compliance with 'house rules' or other provisions threatens continued occupancy of the housing.
    - The program should ensure that members have rights of tenancy to housing units, and maintain copies of signed leases for all tenants as required documentation of these rights.
    - Preferably, service staff should attend lease signing with new tenants, and a copy of signed leases could be requested at those meetings.
    - By holding copies of leases, Terros staff will be able to review the lease agreement to more effectively advocate for the member's tenant rights. In addition, Terros staff can build awareness of the stipulations of the lease, so they have an understanding of their role as service provider and the housing management agency role in enforcing the lease.
6. Access to housing: Access to housing is constrained at the referral source by a level of care determination linked to housing with specific service levels. A clinical determination is made that individuals are not ready for more independent settings, and people are assigned to housing with services embedded in the overall package. Also, tenants do not control access to their housing units.
7. Services and supports: The team approach is lacking, as a true PSH team in this system would include any institution setting discharge planners, clinical teams at referral source, the RBHA, and the housing provider. Also, services are not 24/7.
    - Terros staff complete work orders if repairs are needed in the residences. Staff should include tenants in discussion whether they want to complete a work order, to include the pros and cons of requesting the repair, the process to request the repair through the housing management agency, and assisting the tenant to complete the work order rather than serving as liaison between the housing management agency and member.
    - The housing provider should allow for tenants to have a voice in the services and activities that are offered other than chores in their residence or medication related tasks.

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| **Dimension 1<br>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)** | Terros tenants are not given a choice of type of housing and are assigned to a type of housing from the clinical team. Clinical team assesses housing need and determines level of housing needed without member present prior to referral to provider. For example, some clinic staff report if a member is assessed to not require residential substance abuse treatment, co-occurring residential treatment would not be pursued, but whether the person was homeless is considered. If the clinical team feels the member needs to learn some type of skill, they would do a form to request residential treatment, and if the member does not need staff there 24 hours a day they complete a flex-care or Community Living Placement (CLP).<br><br>Once team determines the level of housing, then the team completes the community housing application and submits to RBHA.<br><br>Due to this referral process, tenant's choice is constricted at various points, starting at clinic, and then the RBHA prior to referral received by the provider. Provider placement is based on availability, not a variety of options. By the time Terros program gets the referral, tenant choice is already non-existent.<br><br>Real choice is the person telling their supports how, where and with whom they want to live, and being supported, not based on what is available. Tenants noted that their living goal was to live independently. One case manager elucidates the challenge some members face; they often | • Clinical team should solicit and support tenant preferences for type of housing during clinical team staffing in order to have better outcomes.<br><br>• Further system level intervention will be beneficial to support increased tenant choice in housing. This should include engaging inpatient facility staff from partner hospitals who contribute to discharge planning. These staff may heavily influence where outpatient clinical teams refer members, and by engaging inpatient staff in the PSH initiative they may develop an understanding of the importance of supporting member choice. A member may be more open and capable of engaging with support services after they locate stable housing. Engaging inpatient providers in the PSH initiative may also help to strengthen the collaboration between outpatient providers when working with shared |

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| | | | don't decline the option offered because they might not have anywhere else to go. | members regarding discharge planning that supports member choice. |
| 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)** | No scattered site housing or apartments are available through Terros. Terros housing options are limited to one small apartment complex housed only with members served through Terros, and two house model settings (one for females and one for males housing four members in each).<br>Tenants are assigned to a unit. Tenants may choose to decline the unit offered through the Permanent Supportive Housing provider, and then would go back onto the wait list maintained through the RBHA. | • Further system level intervention will be necessary to support increased tenant choice in housing, with more options for scattered-site housing. |
| 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)** | Per RBHA staff, if a Tenant is offered a placement and declines, they are not moved to the back of the waitlist but are flagged as an individual referred and waiting for another referral. Tenants can wait for the unit of their choice, but there are limited options available. At Terros, the options include house model settings with roommates, some apartment options not consistently in scattered setting, or without the option of living alone. Services are attached to the residence, not the resident. This pattern of housing options appears to be a systematic challenge at this time. It appears any preference outside of these options could result in significant delay.<br><br>Tenants can wait for the unit of their choice, but if they voice a preference outside of a limited set of options, it is not clear if the member would be able to receive PSH services.<br><br>RBHA staff report that informational material is in development to bring clarity to the clinical teams regarding housing vs. placement. Per report, clinical teams apply for | • It is recommended education occur system wide, and involve any staff member that may influence what housing options are pursued so they can learn the benefits of supporting member choice. This should also include member support systems (e.g., family, friends, guardians, advocates) through community events. All levels of the system must have a shared understanding of how Permanent Supportive Housing is implemented at every point, from referral to move in. Also, further |

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| | | | multiple types of settings and supports at once, without differentiating housing treatment and treatment settings. | education regarding other treatment focused options, and when to apply them, should be incorporated.<br><br>• Due to the apparent limited options for housing with supportive services, the system should consider reviewing options to adapt the current house model settings to meet other needs (e.g., for members with dependent children, whether houses could be adapted to serve families; whether the house model settings be used as transitional settings, for members being released from prison or jail). |
| **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)** | Per documentation at clinics and at Terros, many tenants state a goal to live independently, in their own apartment. Although one tenant's goal was to live with others, all the others interviewed reported they did not want to live with roommates and did not have input to who their roommate/s would be.<br><br>Also, the tenants do not get to choose roommates when moving into a residence, and can't choose who moves into their shared residence. Tenants must accept a predetermined household not of their choosing but have a private bedroom. | • The house model is inconsistent with the evidence-based practice of Permanent Supportive Housing. The apartment model, with services attached to the apartments not fully integrated in the community, is not consistent with Permanent Supportive Housing. It is recommended there be more scattered-site apartment options, where |

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| | | | | tenants can choose the members of their household or can choose to live alone.<br><br>• The program should work with the RBHA to determine if tenant control of the composition of their household can be enhanced to allow tenants choice of a variety of living situations, choice of living alone or with roommates, and if the member elects to live with roommates. |
| **Dimension 2<br>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)** | Housing management and services staff have overlapping roles. Both housing management agencies attend staffing's where housing or clinical issues could be discussed. One of the two housing management agencies has a behavioral health arm, and has been invited by service provider staff to talk with tenants about issues in the residences. In one case a tenant was identified to have excessive visitors, and after numerous staffings the tenant's lease was terminated. The eviction notice came from the housing management agency while the initial intent of engaging the housing management agency in the staffing may have been to support the tenant, the end result of eviction is not desirable. Terros staff report five or six evictions have occurred, with reasons ranging from noise complaints from neighbors, to substance abuse issues, or bringing homeless individuals into the residence, with Terros sometimes notifying the property management agencies if there is a | • Terros program services will likely improve through the development of Memorandums of Understanding (MOUs) demarcating Terros' role as a service provider, and that of the housing management provider as sole enforcement agent of any leasing stipulations. The housing management agency should have no role in providing services. A clear separation of the duties should be reviewed with Terros staff, housing management agencies, and tenants. |

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| | | | problem in the residence. | |
| 2.1.b | Extent to which service providers do not have any responsibility for housing management functions | 1, 2.5, or 4 **(1)** | Housing management and service provision staff have overlapping roles. Tenants reported during interview they are not allowed to smoke inside their residence. Tenants reported the housing management state they cannot be evicted for smoking in their residence; however, program staff enforces the rule that all tenants must smoke outside. The expectation that tenants smoke in designated areas was noted on a sample lease provided for review. | • It is recommended Terros maintain copies of each tenant's lease on site. Access to the leases and review of those leases by direct care staff will help to delineate the stipulations of the lease and enforcement action or eviction by the housing management agency. Terros staff should not, however, be involved in enforcing lease agreement or reporting infractions, either directly or through invitations for housing management to participate in staffings. Rights of tenancy must be conveyed in a standard lease consistent in every respect with landlord-tenant law. Additions or subtractions are not permitted.<br><br>• The content of the leases differed between the two housing management agencies. Any housing rules imposed outside of the leases by Terros should be reviewed, and redacted if they exist. Additionally, the housing provider staff |

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| | | | | should be aware of rules or expectations outlined in leases for each property, so tenants can be properly supported with consideration for the lease they signed, and not restrictions that may exist in leases for other properties or through the service provider. |
| 2.1.c | Extent to which social and clinical service providers are based off site (not at the housing units) | 1 – 4 **(2)** | Per staff and tenant interviews, staff work out of an office in the apartment location. Clinical service providers are based off site from the house model settings but regularly offer some services on site. Out of 16 members, eight reside in an apartment setting where there is a staff office, which also serves as a community center for the tenants. | • It is recommended the program continue to explore options to expand individualized services based off site, or can be brought to the tenants at their request. |
| **Dimension 3<br>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 **(4)** | Terros staff report members pay one third of their income for rent. One clinic case manager reports if a tenant has no income, they are not required to pay rent. Another case manager reports if members have income, they pay 30% of income for rent. Tenants report housing costs ranging from $150-$ 277, depending on income. | • Terros should maintain copies of annual inspections and leases in member records to document rights of tenancy. |
| **3.2 Safety and Quality** | | | | |
| 3.2.a | Whether housing meets HUD's Housing Quality Standards | 1, 2.5, or 4 **(4)** | Copies of leases are not held at Terros. Sample leases were requested by Terros from the housing management agencies for review. Per sample leases reviewed for the three properties serviced through Terros, housing meets HUD's Housing Quality Standards; therefore,100% of units appear to meet HQS. | • Although units are reported to meet HQS, this was not documented. Lease needs to be viewed for each tenant to assure housing meets HUD's Housing Quality Standards. |

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| **Dimension 4<br>4.1 Housing Integration** | | | | |
| **4.1 Community Integration** | | | | |
| 4.1.a | Extent to which housing units are integrated | 1 – 4<br>**(1)** | Terros staff provides services to tenants who reside in house and apartment model settings, where all tenants are diagnosed with a serious mental illness, an eligibility requirement for tenancy. As a result, the people live in a setting where 100% of the tenants meet disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless. The house model is similar to residential treatment facilities with services. | • Tenants should have the choice to live alone or with someone of their choice, rather than with groups of people who have psychiatric disabilities. It is recommended Terros collaborate with system partners to explore options other than house model settings or apartment settings that are not integrated. |
| **Dimension 5<br>Rights of Tenancy** | | | | |
| **5.1 Tenant Rights** | | | | |
| 5.1.a | Extent to which tenants have legal rights to the housing unit. | 1 or 4<br>**(1)** | It appears some program rules are in place outside of what is expected in a standard lease (e.g., alcohol use on or off the property). Tenants are informed of these rules verbally by housing management agencies or through other means via the service provider. Additionally, there appears to be some specific restrictions that limit the number of days a tenant may have a visitor to two days. The leases use language that tenants are not allowed to have anyone live in dwellings for any length of time, but specific terms of days is not specified. Also, guests must sign in when visiting, a rule that was possibly imposed through Terros. It appears tenants have restrictions outside of the terms of their lease, without full control of their residences. If tenants violate lease agreements, staffings may occur with housing management agencies. Although violations of signed leases would be addressed for others in similar housing, most tenants do not have individuals (i.e., service | • Terros should maintain copies of all leases on site in member files to support member rights to tenancy in an informed manner. Rights of tenancy must be conveyed in a standard lease consistent in every respect with landlord-tenant law. Additions or subtractions are not permitted.<br><br>• It is recommended Terros differentiate rules and policies for other programs offered through Terros from the Community Living program. There should be no rules |

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| | | | provider staff) entering their homes frequently that will engage housing management agencies (i.e., through staffings) in addressing possible lease violations. Some tenants report if they don't complete chores they could be evicted. This results in tenants not having full legal rights of tenancy. | through the service provider governing Permanent Supportive Housing.<br>• If not completing chores can lead to eviction, ensure leases outline the stipulation. If the rule is imposed or implied through Terros services, ensure members are informed of their rights of tenancy regarding chore completion. |
| 5.1b | Extent to which tenancy is contingent on compliance with program provisions. | 1, 2.5, or 4<br><br>**(1)** | There was some indication members must be willing to comply with program rules prior to program entry in order to receive a referral. Member service plans through Terros housing program often include references to the members taking medications, with daily medication observations noted frequently in documentation. Member service plans often include reference to members participating in groups, three times per week. Documentation consistently indicates tenants complete chores and receive health and safety assessments through the housing service provider. Some tenants report Terros staff are sometimes strict when it comes to chores and attending meetings. If chores are not completed, some tenants feel it could lead to eviction. The frequency of chore prompting and health and safety checks seems to substantiate these activities are required to maintain tenancy. Additionally, services are associated with the residence and not the tenant, thus implying a tenant must participate in services to remain in the housing. Tenants report they don't feel like they can stop services and remain in housing.<br><br>As a result of the factors above, it appears program rules require participating in ongoing services, with some discrepancy if failure to comply with this requirement may | • Terros program services can be improved by clearly delineating service engagement requirements for the Community Living program.<br><br>• Medication observations, chore prompting and health and safety checks constituted a significant portion of services provided to tenants. Although there is indication of other services (e.g., assistance with shopping), these types of activities were not as frequent and often appear to occur in group rather than individual interactions. Terros supervisory staff should review documentation to determine if other services can occur based on individual needs. Additional technical assistance from the RBHA in terms of individualized service planning may also be |

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| | | | lead to eviction. | beneficial. |
| **Dimension 6<br>Access to Housing** | | | | |
| **6.1 Access** | | | | |
| 6.1.a | Extent to which tenants are required to demonstration housing readiness to gain access to housing units. | 1 – 4<br>**(1)** | Due to the primary role the SMI clinical teams play in the assessment process and in determining the type of placement members to which are referred by the RBHA's based on provider openings, there is evidence of constriction at the referral source. Clinic staff used the phrase "placement" broadly, in reference to a variety of settings (e.g., residential, housing in the community, supported housing). Clinic staff report in the past a document was used to assess members to determine housing to be pursued, the Life Skills Strengths Needs Assessment (LSSNA), but currently the clinical team does a staffing with the team to determine what is appropriate for a member. The team psychiatrist or nurse practitioner has final say on the type of treatment pursued.<br><br>It is evident that to qualify for housing, tenants must meet requirements such as medication compliance or willingness to comply with program rules. | • Clinic staff would benefit from training in the referral process, and the differences between residential treatment, Flex Care residences, and Permanent Supportive Housing.<br><br>• It is not clear if clinic staff use the SPDAT, Service Prioritization Decision Assistance Tool, although use of the form is prompted on the current RBHA's Community Housing Application. The housing administrator for the RBHA should provide education to SMI clinical team staff or other stakeholders (e.g., inpatient providers) regarding the Permanent Supportive Housing model, and required materials to seek the service. |
| 6.1.b | Extent to which tenants with obstacles to housing stability have priority | 1, 2.5, or 4<br>**(2.5)** | One clinic case manager notes if a person is inpatient or homeless they may be able to access housing faster, but another clinic case manager indicates hospitalization is not a factor. Another notes a candidate for Terros housing is someone free of crisis calls or hospitalizations for a while, someone who attends appointments, and someone who takes medications. Other case management staff note the member has to be able to attend appointments consistently, needs to be compliant with medications, as well as be able to cook, keep their house clean, and be able | • This area needs further review to determine if systematic intervention is needed. System housing services will be improved through education to staff regarding the Permanent Supportive Housing model, clarification of terminology, and review of screening processes applied. |

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| | | | to pay their bills.<br>Preferably no readiness criteria would be applied. There is some discrepancy whether members are screened for positive clinical presentation (i.e., stability, sometimes referred to as "creaming"), but the decision as to which housing or treatment support appears to be based fully on the assessment of the case management clinical teams, and ultimately, the doctor or nurse practitioner for those teams.<br><br>Case management teams assess members' level of independent functioning, and refer members based on what housing option the provider determines will be most beneficial. The team psychiatrist renders the final decision. In the case of members awaiting discharge from inpatient treatment, the inpatient treatment team and psychiatrist also have input into the discharge placement decision.<br><br>Furthermore, it was not clear if Terros actively seeks tenants who have obstacles to housing. This may be due to the systemic structure in which the clinics send their housing referrals to the RBHA, who manages the waiting list for all Permanent Supportive Housing providers.<br><br>There is evidence tenants who meet eligibility requirements have equal access to housing. | • System partners would benefit from discussions regarding screening prospective applicants for tenancy related criteria (e.g., ability to pay rent, ability to care for apartment, respect rights of other tenants in the integrated setting, to follow crime free and drug free ordinances), which would generally be allowable, versus screening members based on functional or readiness criteria. The Permanent Supportive Housing model accepts that those individuals with the most obstacles are also those most likely to need engagement and services to successfully live in an integrated community setting. The Housing First model recognizes the central role that stable, safe and affordable housing with choice of support plays in recovery. |
| **6.2 Privacy** | | | | |
| 6.2.a | Extent to which tenants control staff entry into the unit. | 1 – 4<br>**(2)** | Terros staff inform tenants by phone if they are planning to enter a residence, knock when visiting, and the tenants let them into the residence. However, group activities for members occur in the house common areas. It is not clear if the tenants have a choice regarding staff entry to conduct those group activities in the shared space of their residence, if they elect not to participate. Staff has keys to the houses provided by the housing management agencies, | • It is recommended copies of leases be maintained in the record at the service provider. Additionally, the program should change practice so that members have full control of access to their own apartment. |

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| | | | and they have permission to enter their homes. Terros and case management staff (with Terros staff assistance) can enter the residences to do wellness checks, and they've had people go in to check if tenants are OK. Additionally, if there is an appointment on the calendar, staff can enter the homes. The apartment setting allows for more privacy, but half of the tenants reside in a house setting where they do not have full control of staff entry into their residences. | |
| **Dimension 7<br>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<br>**(1)** | Tenants are not the primary authors of their service plans from the referral source. Based on the content of plans reviewed, the identified living situation goals do not appear to be organically developed with members. For example, some plans indicate members want to reside in "16-hour residential programs "or "want to live in flex-care apartment." The use of jargon does not appear to be consistent with goals developed with members, in their own words.<br><br>Clinic staff report if a member voiced their choices, it appears further assessment would be required prior to referral, regardless of the type of service.<br>Some individual service plans reviewed included member goals of independently living in their own apartment. However, the members were subsequently placed in house model residences or apartments with roommates, with implied services attached to the housing with other Terros SMI members. Also, the service plans from referral sources at program entry were not always consistent with service plans developed at Terros. | • It is recommended training efforts occur at the SMI treatment clinics to support member choice and a voice of members in the development of their treatment plans. It may be necessary to assess for need prior to referral to a service; members have different levels of need, but to the extent possible, member choice should be a driving factor of service provision. |
| 7.1.b | Extent to which tenants have the opportunity to | 1 or 4<br>**(4)** | Tenants initiate and are offered routine opportunities to modify their service selections. | • See recommendation regarding 7.2.a limited menu group activities and 7.2.b flexibility to |

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| | modify service selection | | Although there was evidence of constricted member choice in type of services at program entry, once a member enters the program, it appears members have some ability to modify the service plans. Housing treatment plans are developed at the Permanent Supportive Housing provider and the content of the plans appear to be developed with the members, with some variation in noted goals and objectives to be addressed.<br>Service staff at Terros voice desire to support member choice of services while in the program. Staff reported that tenants can modify their service plans, with meetings monthly to review plans, and options to revise the plan prior the scheduled 90 day review timeframe. Tenants indicate they decline some activities, such as shopping with staff. | adapt services. |
| **7.2 Service Options** | | | | |
| 7.2.a | Extent to which tenants are able to choose the services they receive | 1 – 4 **(2)** | Some services appear to have implied requirement to remain in housing. There is evidence members are expected to complete chores weekly on Saturdays and attend meetings. Service plans reference similar information (e.g., attend three groups per week, meet for medication observation) which seems to support tenants must participate in services that staff identifies. Groups often occur in shared spaces of the houses, and it was not clear if all tenants are in agreement with this arrangement or were even given an opportunity to object. | • Review the program structure that seems to rely on limited menu of group activities, often conducted in the residence. Terros members would benefit from more individualized services, selected and driven by the members. The program supervisor should review the content of the plans to ensure they reflect individual needs and status of each member served. |
| 7.2.b | Extent to which services can be changed to meet tenants' changing needs and preferences | 1 – 4 **(2)** | Service mix can be adapted in minor ways. The services are attached to the residence at the house, so a choice of no services does not exist. The members must also be associated with a case management service provider to remain a tenant. A challenge in the program structure is the nature of the house models; houses are not integrated, and do not fully allow for tenant choice. Terros staff report they | • Further expansion of scattered site, integrated housing, and a move away from house model properties or apartment settings (that are not housed only with people with identified disabilities) would allow for |

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| | | | let members know what is available and members choose what they want. | additional flexibility to adapt services. |
| **7.3 Consumer- Driven Services** | | | | |
| 7.3.a | Extent to which services are consumer driven | 1 – 4 **(2)** | Member service plans often reference similar types of services (e.g., medications, groups, passing health and safety checks), and although members are involved in plan development, it appears options for services through Terros can be limited to specific activities that are staff driven, with some activities (e.g., chore completion, health and safety checks) completed on a recurring set time weekly. | • See prior comments regarding member choice in Section 1, , rights of tenancy in Section 5, and comments under 7.2.a. |
| **7.4 Quality and Adequacy of Services** | | | | |
| 7.4.a | Extent to which services are provided with optimum caseload sizes | 1 – 4 **(4)** | Under good fidelity Permanent Supportive Housing programs, caseloads have no more than 15 tenants to each staff member. At Terros caseloads are considerably below this limit; staff report 16 tenants are served by three direct service staff. | • The assigned caseloads are well below targeted maximum levels. As the program transitions to full Permanent Supportive Housing implementation, closely review staff responsibilities and activities to ensure they are trained to effectively meet adjusted expectations. |
| 7.4.b | Behavioral health service are team based | 1 – 4 **(2)** | Individual service providers are primarily responsible for behavioral health services, but specialists are routinely consulted.<br><br>Multiple entities are involved in providing member care, and as a result, efforts lack a team approach. Although Terros staff report monthly meetings with the Case Management, individual service providers are primarily responsible for behavioral health services (i.e., Case management and psychiatric services.) Nursing services are primarily provided through one of the PNO clinics, and housing services are provided through Terros. | • Based on the structure of the system, with separate providers involved primarily for housing services, and other providers for case management and psychiatric services, it may not be possible for Terros to provide services through a team. To the extent possible, Terros should continue efforts to |

| Item # | Item | Rating | Rating Rationale | Recommendations |
|---|---|---|---|---|
| | | | | coordinate with the assigned SMI treatment teams.<br><br>• Thorough training in the Permanent Supportive Housing model could result in more robust coordinated implementation across the system. |
| 7.4.c | Extent to which services are provided 24 hours, 7 days a week | 1 – 4 **(4)** | Services are available on a flexible schedule, with weekend activities documented in records (e.g., chores). Direct service staff at Terros report there is always someone on call 24 hours a day, and someone can go out any time to meet with tenants if the need should arise. | |

**P**

**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 | 1 |
| 2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units) | 1-4 | 2 |
| Average Score for Dimension | | 1.33 |
| 3. Decent, Safe and Affordable Housing | | |
| 3.1.a: Extent to which tenants pay a reasonable amount of their income for housing | 1-4 | 4 |
| 3.2.a: Whether housing meets HUD's Housing Quality Standards | 1,2.5,4 | 4 |
| Average Score for Dimension | | 4 |
| 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 | 1 |

| | | |
|---|---|---|
| | | |
| 5.1.b: Extent to which tenancy is contingent on compliance with program provisions | 1,2.5,4 | 1 |
| Average Score for Dimension | | 1 |
| 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 | 2.5 |
| 6.2.a: Extent to which tenants control staff entry into the unit | 1-4 | 2 |
| Average Score for Dimension | | 1.83 |
| 7. Flexible, Voluntary Services | | |
| 7.1.a: Extent to which tenants choose the type of services they want at program entry | 1,4 | 1 |
| 7.1.b: Extent to which tenants have the opportunity to modify services selection. | 1,4 | 4 |
| 7.2.a: Extent to which tenants are able to choose the services they receive | 1-4 | 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 | 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 | 2 |
| 7.4.c: Extent to which services are provided 24 hours, 7 days a week. | 1-4 | 4 |
| Average Score for Dimension | | 2.63 |
| **Total Score** | | 13.67 |
| **Highest Possible Score** | | 28 |