<div align="center">**PERMANENT SUPPORTIVE HOUSING (PSH)**
FIDELITY REPORT</div>

Date: May 9, 2016

To: Jennifer Nye, Senior Director of Recovery Clinic Services

From: Georgia Harris, MAEd
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        ADHS Fidelity Reviewers

Method

On April 11 – 12, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Terros Assertive Community Treatment (ACT) 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.

Terros is a service provider agency, contracted by the Regional Behavioral Health Authority (RBHA) to provide primary care, outpatient and residential drug and alcohol treatment, crisis, recovery, and behavioral health services. As PSH providers, the three Terros ACT teams at West McDowell, Enclave and Townley clinics assist members in finding and securing permanent housing in the community, as well as provide wrap-around services geared toward helping tenants retain housing. ACT members receiving PSH services through their ACT teams live in a variety of housing types including: ACT houses and apartment model units (a form of community living placement or CLP specific to ACT enrolled members), Section 8 housing, RBHA and ABC Homeless Housing subsidized scattered-site housing, low income housing offered through various community resources, and unsubsidized market rate housing. West McDowell and Townley clinics served as sample sites for this review. Both ACT teams were reviewed as PSH providers during the 2014-15 review period, when under the ownership of CHOICES Network. Terros, which had not previously overseen ACT services, assumed control of both clinics on August 1, 2015. The transition between agencies may have affected scoring in some areas.

In preparation for the review, data was requested from both ACT teams for all members receiving supportive housing services (i.e., members who requested assistance from the team). The Townley and West McDowell ACT teams serve 96 and 100 members respectively.   Townley provided data for only 12 members receiving housing assistance or support services, and West McDowell provided data for ten members at; as a result, the extent of PSH services for the remaining 174 members could not be verified. The Clinical Coordinator (CC) of the Townley clinic was offered the option to revise the data sheet provided to include data for other

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members who may receive PSH services, but the data was not revised. The CC of the West McDowell ACT team left the position for other employment at the beginning of April, and thus was not available to discuss data revisions. Of the 12 Townley ACT members identified as receiving PSH assistance and support services, 58% (7) live in ACT housing (Community Living Placement or CLP model), 3% (4) live independently in scattered-site voucher subsidized units and .08% (1) lives in a halfway house while awaiting other permanent housing. Of the ten West McDowell ACT members similarly identified, 70% (7) live in ACT housing, 10% (1) lives in CLP, 10% (1) lives independently in a scattered-site unit, and one (1)) lives independently in a self-pay, market rate unit.

The individuals served through the agency are referred to as "members"; for the purpose of this report, the terms "tenant" or "member" will be used.

During the site visit, reviewers participated in the following:

- Interview with the ACT Clinical Coordinator at the Townley clinic;
- Interview with the Clinical Director of the West McDowell Clinic (no ACT Clinical Coordinator was assigned to the team during the review cycle);
- Group interviews with two ACT staff at the West McDowell clinic and two ACT staff at the Townley clinic;
- Separate group interviews with six members participating in the PSH program: four from the Townley ACT team and two from the West McDowell ACT team;
- Review of available tenant leases and Housing Quality Standards (HQS) reports; and
- Review of ten randomly selected member records, 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:

- Caseload size: Caseloads for Terros ACT staff are well within the desired range with approximately ten potential tenants for every one staff member for both teams participating in the review.
- Services are provided by a team: All behavior health services are provided to tenants by their respective ACT teams. Those services included psychiatric services, case management, employment services, substance abuse treatment, and peer support services. The West McDowell team will soon provide individual counseling therapy services with the planned hiring of a licensed Master's level counselor.
- Service are available 24 hours a day/seven days a week: The ACT team is available to provide services to PSH program tenants 24 hours a day, seven days a week, and will provide services where the tenant needs them.

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

- The RBHA should work with ACT teams to define PSH services for members of ACT teams. System partners may benefit from further consultation, guidance and training to identify what essential elements must be present to identify a member as part of a PSH program. Data was provided for only 10% of ACT members on the West McDowell team and 12.5% on the Townley team, though staff report the team will assist anyone who wants housing or is at risk of losing housing. Many interviewed staff agreed that all ACT services could potentially help sustain tenancy. One staff estimated that at least 40 members, in addition to the ones identified in the data for her ACT team, received occasional services that helped them remain housed. It is not clear if the review captured the full scope of PSH services occurring, such as eviction prevention, engagement in substance abuse treatment services, guidance and assistance in obtaining employment, and replacement of lost identification cards necessary for scattered-site voucher re-certification.
- Housing integration: The agency and the RBHA should ensure that ACT teams are trained to recognize how the scope of ACT services aligns with the evidence based practice of PSH. The ACT teams presented limited data, from which 72% of tenants identified appear to reside in non-integrated settings. Yet, staff interviewed reported that nearly half of total members served on the teams live in self-pay, market rate housing that is integrated in the community. Fully assessing whether tenants live in integrated settings may have been compromised by the limited number of ACT members identified in PSH services for this review.
- Constriction of tenant choice: Some staff appear to steer members toward RBHA contracted housing types (e.g., ACT housing/community living placement or CLP) due to perceived level-of-care needs, the limited knowledge or availability of other options, lack of income, or housing barriers such as felony histories. The RBHA and the agency should continue efforts to educate and train staff in the principles of Housing First and the evidence based practice of PSH in which the tenant decides the house type. Training should include strategies to identify affordable housing options beyond those affiliated with the RBHA. Housing Specialists (HSs) may benefit from training in how to develop relationships with area property managers, as well as how to market the benefits of PSH programs in supporting tenancy.

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- Housing Quality Standards: The ACT team should make efforts to obtain copies of HQS inspection reports to ensure that tenant housing is decent, safe, and free of hazards. ACT teams should ask tenants to sign Release of Information (ROI) forms in order to receive the most recent reports from HOM Inc. or ABC Housing. Whenever possible, ACT staff should visit housing prior to lease signing to identify potential maintenance concerns requiring attention
- Privacy/tenant control of entry to units: The ACT teams, the agency, and the RBHA should provide ACT housing property managers additional guidance and/or instruction on unauthorized entry into tenant units. Property managers must provide proper notification as per standard lease agreements under Arizona Landlord/Tenant Law about intent to enter units. Neither property managers nor ACT staff should enter tenant units without permission and/or proper notification. ACT staff should not hold keys to ACT housing and rooms; only property managers should have a master key for maintenance.
- Tenant service preferences: At minimum, ACT staff should update Individual Service Plans (ISPs) annually, and do so in each member's voice, specifying needs and concerns that reflect their specific vision of recovery. ACT staff should update ISPs anytime members identify a new goal or attain a goal. For example, when the goals of obtaining an affordable apartment is found, the ISP should be updated to show the attainment of that goal and also reflect objectives identified by the member to sustain successful tenancy. A review of ten randomly selected member records showed that many ISPs had not been updated to reflect changes in living situations, and some ISPs had not been updated in over a year.

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	Although knowledge of available housing types was not consistent across both ACT teams, staff reported that types of housing available to members are as follows: ACT housing (apartment and house models), independent scattered-site housing available through vouchers provided by the RBHA and the ABC Homeless Housing program; independent, unsubsidized housing; Section 8; Community Living Placement (CLP); public housing available through the municipalities and counties; and transitional housing, halfway houses, and privately managed affordable supportive housing. Some members may live with their parents, adult children, spouses or with other family. ACT members are not referred to residential placement without a plan to transfer the member to a supportive team. For both Terros ACT teams an exact accounting of where all ACT members reside was not presented in the data provided to the reviewers. Combined, both ACT teams provided data on 22 tenants identified receiving PSH services. Fifteen (68%) tenants identified live in ACT housing or CLP (one in an apartment), five (23%) live in voucher subsidized scattered-site housing, one (4.5%) lives in independent self-pay housing, and one (4.5%) lives in a halfway house. Interviews with ACT staff and tenants indicate that tenants have a restricted range of housing options. Steering on the part of some staff based on level of care status appeared to be a factor, as some staff expressed	• To wholly support member choice among housing types, ACT teams should offer all available housing options. Housing options should not be filtered by ACT staff, giving each member an equal opportunity to make an informed decision. • The ACT team should continue working with tenants to identify housing options outside of RBHA funding sources. • The RHBA and the agency should continue training ACT teams in the range of housing types available to members seeking PSH assistance and services.

			doubt as to members' ability to manage on their own; other staff questioned whether or not ACT teams had the sufficient staff or resources to provide adequate wrap-around support. Some staff on both teams reported insufficient knowledge or clear understanding of housing options. Many staff said that, while members prefer independent housing, the lengthy wait for scattered site vouchers, insufficient affordable self-pay units, and lack of adequate income all contributed to members accepting the first available option. Some tenants interviewed confirmed this. Several tenants interviewed did not recall being offered a choice; the decision had been made for them by the clinical team or by the hospital at discharge. Staff also said legal guardians and Probation Officers decided the housing type of some tenants. Only one tenant interviewed reported that members are offered a choice of housing.	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units	1 or 4 1	Choice of unit depends on housing type. ACT Housing, CLP and halfway house units are offered as they become available; rarely is more than one unit available at a time. Sixteen tenants (72%) identified in the data are living in these housing types, and were not given a choice of unit. Tenants of scattered-site and independent self-pay units have their choice of units, and are limited only by factors such as income, the willingness of property managers to accept vouchers, and availability. Both staff and members reported that felony histories, eviction histories and poor credit can interfere with unit choice as well. Staff of one ACT team said the HS actively engages landlords and property managers to increase tenant choice of units in the community and maintains a list of landlords that have a history of renting to people with disabilities, felony convictions, and poor credit.	• The RBHA should continue efforts to expand the scattered-site program, as well as provide PSH providers with resources to identify and access other affordable units in the community, such as those affiliated with Section 8, faith-based programs, and those available through the county and local municipalities. • Staff need further training on how to engage community partners, landlords, housing managers, approach disclosure, etc. to build a network of affordable options not reliant on ACT affiliated housing, subsidized housing, or voucher programs. By building relationships

			Interviews with staff indicate that many staff steer members seeking scattered-site and self-pay units toward available units in close proximity to their ACT team clinics. Unintentional steering by ACT teams may also occur due to some staff having insufficient knowledge of affordable communities beyond the list provided by the RBHA. However, staff at one clinic noted that the HS maintains a resource list of various apartment communities that has been amenable to the vouchers, are affordable, and/or has welcomed members as tenants.	with housing landlords, they may be able to offer greater choice of units to prospective tenants. Some teams report success engaging landlords of smaller apartment complexes with more flexibility in rental policies. They market support services offered to tenants as meeting property management needs by reducing tenant turnover and reducing evictions, with the goal of opening more complexes as options that can later be offered to ACT members seeking 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\n\n3	Most staff expressed uncertainty about how the wait list works; all agreed that the wait could be long, from months to years especially for scattered-site vouchers. Of those members offered ACT housing or CLP, for which the wait may be shorter than scattered-site, most accept what is first offered. Staff said that members with vouchers have 30 days to use their voucher, and that members are provided lists of properties that accept these. Staff said the voucher administrators (HOM Inc. and Biltmore Properties) will allow extensions of up to 90 days. Staff also said that they must document units that members turn down and/or landlords that decline member applications.\n\nSome staff discussed the importance of members carefully considering their needs and preferences when choosing a unit, rather than accepting the first thing that comes along. One staff said that members are more likely to be successful in housing that they like. Several staff said, however, that members will often take the first thing offered. Tenant interviews appear to confirm this observation; several tenant statements indicated that getting "a roof over our heads" had been the primary	• The RBHA should continue to train and education ACT teams, beginning with the CC and the HS, on the wait list, as well as how exercising choice of unit affects member standing on the waitlist. Sufficiently trained CCs and HSs should cross-train staff in other specialty areas on the team, especially as new staff join the team.

			consideration when accepting housing offered.	
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	Staff at both ACT teams said that members have little control over the composition of their households when they reside in ACT or CLP settings, whether living in apartment or house models. The tenants of the ACT apartments each have their own unit. The tenants of the ACT houses each have their own room but share common space. Some tenants of ACT houses described conflicts with housemates over issues of cleanliness and inappropriate behavior. One ACT team reported that although tenants of ACT houses are allowed to have occasional overnight guests, ACT housing property managers have given notices for *unauthorized* guests, and have not been clear with them on if rules exist outside of the lease prohibiting overnight guests. As described by ACT staff, tenants of scattered-site voucher housing have limited control over composition: they must disclose household members at the beginning of the application process; vouchers cover the rent of roommates who are confirmed as the member's caregivers or dependents; other roommates must be added to the lease, after being vetted by the clinical team to ensure the tenant is not likely to be exploited; and, the lease agreement must show that the non-caregiver and non-dependent roommates are responsible for half of the official rent. Tenants of self-pay independent units have control of household composition to the extent that they follow rules outlined in the lease agreement about roommates.	• Continue to expand integrated housing options, such as scattered-site vouchers, that provide tenants greater control of composition of household. Affordable self-pay options will provide tenant maximum control over household composition. • ACT staff should discuss members' needs and expectations regarding composition of household prior to submitting housing application to the RBHA, and during housing searches. • Consider developing a roommate matching program for those tenants who are seeking housing support, are interested in a roommate, and might consider living with one or more people of their choosing. ACT staff, in collaboration with other providers, may be able to facilitate meetings between groups of potential roommates to afford those members with more control over the composition of their household.
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

4 | ACT staff reported that property managers, regardless of housing model, have no role in clinical or support services. One team said that they occasionally have staffings with ACT housing property managers and tenants in cases when the police have been called due to the tenant's behavior; the focus of the meeting would be to explain the future consequences of the behavior occurring again. Both ACT teams agree they do not have staffings with property managers of scattered-site voucher or self-pay units. One staff said, "We don't let apartment managers know that tenants are receiving services unless the member wants them to know and we get a Release of Information." However, evidence was found in one record of a property management administrator participating in a staffing called in response to a tenant attempting to break into another tenant's unit. In this case the property management was associated with another housing provider that also offers other behavioral health services, possibly reflecting challenges to maintaining functional separation of rules when agencies offer both property management and clinical/social services. | • The RBHA should continue to educate property managers and housing support providers on the separate roles and responsibilities of each. This distinction is particularly important in situations where property management is an entity of a larger behavioral health provider. |
| 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 two ACT teams do not have a shared understanding of their role in housing management functions. Both ACT teams said that ACT housing property managers make clear to tenants that ACT staff have no role in maintenance or evictions. However, one team reported that they are expected to enforce rules, such as asking unauthorized guests to leave premises, while the other ACT team reported that they are not involved in enforcing any rules. Also, the two teams did not appear to share a common understanding of eviction prevention. Staff of one ACT team said that ACT property managers are quick to begin eviction over issues such as cleanliness and clutter without allowing staff time to implement eviction prevention interventions. | • The agency should provide ongoing training and education to ACT staff on functional separation of housing management and support service roles within the evidence-based practice of PSH.
• CCs should provide guidance and feedback to ACT staff to assist them in maintaining functional separation when under pressure from property management to enforce rule regarding tenant behavior that violates lease agreements. ACT staff |

				should understand the difference between and focus interventions on eviction prevention rather than rules enforcement.
			Tenants interviewed said they are advised to report maintenance issues and conflicts with other tenants directly to property managers rather than through the ACT team.	• The RBHA, ACT CCs and HSs should clarify for managers of RBHA and ACT affiliated properties the difference between enforcement of lease agreements and eviction prevention, educating them on how to appropriately alert ACT teams when tenants may benefit from eviction prevention assistance. Improved collaboration in this area may reduce the incidences of unnecessary loss of housing, resulting in homelessness and psychiatric hospitalizations.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	According to staff interviews, staff do not maintain office space at scattered-site, self-pay or ACT/CLP housing locations. Services are flexible and mobile and can be brought to the tenant's residence at their request. Based on tenant data provided, 36% (22) live in settings where staff may regularly conduct services other than those specifically requested by individual tenants. At ACT housing and CLP settings, ACT staff provide on-site services upon individual member request. Tenants of ACT houses have their own bedrooms but share common areas; staff may regularly provide services in those areas that were not requested by all tenants. Additionally, whiles staff do not maintain offices in ACT houses, one ACT staff member said they periodically hold cleaning groups and substance abuse groups at the ACT house. The one tenant of a halfway house resides where staff are likely to be on-site 24 hours a day, seven days a week.	• In ACT affiliated housing, ACT staff provide services to tenants at their request, though inherent challenges exist where tenants reside with others who receive services at a higher frequency or intensity. Whenever possible, staff should consider scheduling in-home services during times when roommates are not present. • ACT staff should not conduct groups at ACT houses, where tenants, who did not request or have no interest in the service, may feel pressured to participate.

Dimension 3 **Decent, Safe and Affordable Housing**				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 3	Data on the tenant rent-to-income ratios was provided on 20 of 22 tenants identified receiving PSH assistance and services. The average rent paid by those 20 was calculated to be at 24.6% of income, well under the 30% standard defined by the United States Department of Housing and Urban Development's (HUD) as affordable. However, data was not provided for two tenants living in scattered-site units, and some data of two tenants appeared to be entered incorrectly. The reviewers were unable to obtain verification of this information. ACT staff reported that tenants living in scattered-site voucher units and units contracted with the RBHA pay no more than 30% of their income in rent. Staff also said tenants residing in self-pay units may pay between 50% - 80% of their income in rent. Many staff noted a lack of decent and safe affordable units in the open housing market; some, however, said that staff often lack knowledge and resources on how to find affordable units.	• ACT staff would benefit from training on how to locate decent, safe and affordable housing, and how to establish relationships with property managers willing to accept scattered site vouchers. • System stakeholders should collaborate to establish a clearing house of affordable housing resources, as well as provide ACT teams with technical assistance on how to access community resources. This could help to decrease reliance upon RBHA scattered-site and contracted housing; it may further ensure that tenants pay no more than 30% of income toward rent. • The ACT team should make efforts to retain tenant leases, along with forms calculating percentage of income paid in rent.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Staff interviewed described tenant housing as decent and safe. One staff member stated she would not place members in housing that she would not live in herself and that staff had moved members from housing where tenants felt unsafe. Tenants interviewed generally agreed that their units were safe and free of hazards, and that property managers resolved maintenance issues in a timely manner. However, the reviewers could not adequately assess whether or not tenant housing meets	• The HS should obtain and maintain housing related documentation such as HQS, leases, and rental payments. If necessary, the RBHA should help facilitate the acquisition of this documentation. Train staff on the protocols for obtaining leasing/inspection information. • It may be beneficial for those ACT

			HQS due to incomplete data. One ACT team provided copies of HQS reports for those tenants living in ACT housing (7) and CLP (1) but not for two tenants living in independent settings. The other ACT team did not have copies of HQS reports for any tenant housing. Combined, the ACT teams provided HQS reports for 36% of identified tenants; all reports showed that units passed HQS. Incomplete data was reflected in the score.	staff primarily tasked with housing services (e.g., HS and ILS) to be familiar with HQS standards.
**Dimension 4** **4.1 Housing Integration**
**4.1 Community Integration**
4.1.a	Extent to which housing units are integrated	1 – 4 2	According to the data provided, 16 (73%) tenants identified as receiving PSH services reside in segregated settings such as ACT housing, CLP, and halfway houses. Four tenants (18%) live in scattered-site settings, and two tenants (9%) live independently in self-pay units. However, staff on one ACT team said that among the entire roster of ACT members, almost 50% of members live in scattered-site or Section 8 voucher subsidized housing, while another 40% live independently in self-pay units. The team did not provide the reviewers with data verifying this report. The second team, lacking a CC and an available HS, did not offer other information about member living situations. The limited data provided may not accurately describe the level of housing integration, and this is reflected in the score.	• The system should continue efforts to support member access to integrated housing through expansion of the scattered-site voucher program and collaborations with other affordable housing providers (faith-based, municipal for example). This could help to expand eligibility to people with behavioral health services, and/or are challenged by histories of felony convictions, poor credit or eviction histories. • Seek consultation, and collaborate with the RBHA to define what members receive ACT and PSH services; ensure guidance is provided to front line staff. • Avoid imposing readiness standards for integrated housing. Tenants should have the choice to live in integrated settings, whether alone or with someone of their choice.
**Dimension 5**

			Rights of Tenancy	
			5.1 Tenant Rights	
5.1.a	Extent to which tenants have legal rights to the housing unit.	1 or 4 4	Both ACT teams presented the reviewers with 22 lease agreements for all tenants identified as receiving PSH services. The leases appeared to be standard leases and no evidence was found in their contents of unusual rules or conditions specific to people with disabilities.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	For tenants of scattered-site, ACT housing, and CLP, ACT staff said that tenancy is not contingent on compliance with program rules of provisions. However, tenants must continue to remain enrolled in the RBHA in order to receive the RBHA or ABC Homeless Housing scattered-site voucher or to remain in RBHA affiliated housing. Additionally, some staff expressed concern that tenancy at ACT housing may be compromised by informal requirements that were inconsistently enforced, such as prohibitions on smoking, clutter, guests and using substances.	• Review and revise provisions that compromise rights of tenancy, such as compliance with rules not outlined in a standard lease. The RBHA should clarify for RBHA contracted property managers how rules specific to tenants receiving behavioral health services violate rights of tenancy and do not align with PSH.
			Dimension 6 **Access to Housing**	
			6.1 Access	
6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units.	1 – 4 3	ACT teams across both teams participating in this review appear to have varying interpretations of member readiness for PSH. While some staff clearly articulate that members are ready for housing when they say they are and request it, and can be successful with varying levels of staff support, others describe readiness in terms of ability to navigate the community independently, budget, perform activities of daily living/independent living skills, and needing minimal medication prompting. Some staff made statements reflecting a greater focus on functional deficits than strengths.	• The RBHA and the agency should continue efforts to provide ACT staff with education and training on the Housing First philosophy in helping those with significant behavioral health challenges to be successful in independent, community based housing. • Continue to educate system partners (e.g., inpatient staff) that member choice should be supported without screening for readiness. Specific training in *housing-based case management* may be useful in

				helping ACT teams and other influencers abandon exclusionary readiness standards in favor of strengths based approaches.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4

2.5 | ACT staff said that the agency prioritizes securing housing for members who are in immediate need of housing. Most staff said that the RBHA prioritizes members who are homeless, discharged from psychiatric hospitals, and leaving correctional settings. Some staff believe that the RBHA first prioritizes those leaving the hospital rather than people who have numerous obstacles to and a demonstrated pattern of housing instability. A few staff, who reported no training in the Housing First approach, said that there is no real priority or that the priority shifts due to immediate issues.

While the reviewers found one reference to the Vulnerability Index and Service Prioritization Decision Assessment Tool (VI-SPDAT) in member records, ACT staff did not discuss if or how it is used in prioritizing members for housing. | • Educate staff, members, guardians, legal system, family, and other supports about PSH services, including how waitlists are prioritized.
• If currently in practice at the agency, ACT staff should be trained in the use of the VI-SPDAT in determining eligibility and prioritization of members seeking PSH. |
| **6.2 Privacy** | | | | |
| 6.2.a | Extent to which tenants control staff entry into the unit. | 1 – 4

2 | ACT staff reported that they do not enter units without tenant permission. Staff said that in the event they have concerns for a tenant's well-being they contact the police for a wellness check, along with the property manager.

Staff from one team said that the team no longer had keys to ACT housing units. The other team said that the ACT housing property manager gave the CC a copy of a key to the ACT house, because tenants wanted the team to have them. The team, however, does not have keys to tenants' bedrooms.

Several tenants from both ACT teams interviewed from both teams expressed dissatisfaction that ACT housing | • ACT staff should assist tenants in self-advocating for control of entry to their units. Property managers should provide appropriate written notice prior to entry. In some cases it may be necessary for RBHA contracted property managers to collaborate with ACT staff to ensure that tenants receive, understand notification, and prepare for necessary entry by landlords or maintenance staff. |

			property managers and maintenance enter units without permission or the required 48 hour notice period.	
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	ACT staff said that tenants can choose any type of service they want and the creation of service plans is a collaborative effort between the tenant and the clinical team. Members at one clinic confirmed that, while members from the other clinic reported no voice in service planning, did not know what was on their service plan, and did not feel anyone was interested in helping them with their needs. The chart review showed a lack of variety with goals from year to year. Additionally, some staff interventions were written as goals.	• ACT teams should ensure that services and service plans reflect member/tenant choice and their individual recovery vision. ACT teams should support each tenant's recovery vision by providing recommendations for attaining that vision, and providing interventions agreed upon by the tenant. Staff may benefit from periodic refresher trainings in treatment plan writing with an emphasis on eliciting member voice, and differentiating goals, objectives and interventions.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	Staff said that members are free to update their service plans at any time. However, the record review found that nine out of ten tenants' ISPs had not been updated in six months or more, despite changes in living situations. Several ISPs had not been updated in over a year. Staff said that the transition to a new provider agency and new electronic record keeping system complicated timely updates to ISPs.	• ISPs should be revised at least once a year or when tenants change living situations or express a new goal.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	ACT staff interviewed stated that all ACT members receiving housing support services have access to the full range of ACT services from the team. Staff described the range of services as limitless, from standard services such as substance abuse treatment, help with budgeting, and peer support, to assistance with learning how to find and care for a pet. Tenants living in RBHA affiliated housing (ACT, CLP, and scattered-site) may decline active	• Housing should not be contingent upon service enrollment. Programs should seek to house tenants in living conditions that fully allow independence from systemic constraints.

			participation in treatment without losing their housing, although they must remain clinically enrolled. ACT housing tenants can be stepped down to a lower level of care without losing their unit. Most tenants interviewed said they had choice in what services they received or whether or not to participate in services; most identified goals centered on psychiatric stabilization and assistance with medication.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 1	ACT staff reported that ISPs are updated at least every six months, but can be revised at any time according to tenants' changing needs and circumstances. However, as noted in Item 7.1.b, the record review showed that nine out of ten tenants' ISPs had not been updated in six months to over a year. Further, some tenants interviewed reported that they did not know what was on their service plans, when their services plan had been updated, or if they had a service plan. The same tenants said they believed that staff did not listen to their expressed goals, especially those respecting their preference for different housing arrangements.	• See recommendation for Item 7.1.b, Extent to which tenants have the opportunity to modify service selection. • The ACT CC, agency and the RBHA should provide training and monitoring to ensure that service plans reflect tenant needs and preferences. Service plans should be regularly reviewed with tenants to assist them in maintaining motivation to move forward in attaining their recovery goals.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 2	ACT staff describe consumer driven service as occurring primarily on an individual level, but note that members can provide input through *Town Hall* meetings for entire clinic. The reviewers did not find strong evidence of tenant voice in service design and implementation, at the individual or the group level, either in tenant interviews or in the record review.	• Develop or enhance opportunities for members to drive services; both individually, beginning in treatment planning, and as a collective voice, such as through participation in ACT and PSH specific advisory boards that shape service design and implementation. • Include peer staff in leadership positions and involve individuals with a lived experience in quality assurance activities (at all levels in the organization). Tenant

				satisfaction can be measured in many ways (e.g., interviews by peers, group opportunities, and written opportunities). • For tenants in ACT affiliated settings, solicit input from those tenants regarding how the program can structure services to best suit the goals and needs identified by the tenants.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	Caseloads for Terros ACT staff are well within the desired range with approximately ten potential tenants for every one staff member for both teams participating in the review. The Townley ACT team has a staff/member ratio of approximately 11 staff to every one member (11:1). The West McDowell ACT team has a staff/member ratio of 10:1.	
7.4.b	Behavioral health services are team based	1 – 4 4	Terros ACT teams provide the full range of ACT services, from case management and psychiatric services to employment and housing support. Staff reported that Terros is striving to ensure that all teams have at least one Substance Abuse Specialist (SAS) licensed to provide individual substance abuse counseling. The Townley CC said that the team is planning to hire a licensed staff to provided individual treatment.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	ACT teams at Terros provide services to tenants receiving PSH services 24 hours a day, seven days a week. Services are mobile and provided where they are needed, including in the tenant's residence when requested.	

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		1.87
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	4
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		3.2
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	3
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		2
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	2
Average Score for Dimension		2
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the	1,4	4

housing unit		
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	3
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	2
Average Score for Dimension		2.5
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	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	1
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	4
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		2.50
Total Score		17.32
Highest Possible Score		28