PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: May 15, 2017

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AHCCCS Fidelity Reviewers

Method

On April 18-19, 2017, T.J. Eggsware and Georgia Harris 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 healthcare organization in operation for more than four decades. Services offered include: family, community living, crisis, addiction and mental health, homeless outreach, and sober living. The agency operates four ACT teams out of three clinic locations: West McDowell, Enclave, and Townley. This review focuses on PSH services delivered through Enclave and one of the two Townley ACT teams.
The Enclave ACT team serves a total of 97 members, and reported 24 as receiving PSH services. The Townley Team One serves a total of 99 members, and reported 41 as receiving PSH services. Approximately 90% of PSH members are housed, with about 10% who are homeless.

The individuals served through the agency are referred to as *clients*, *patients*, or *behavioral health recipient (BHR)*, but for the purpose of this report, the term "tenant" or "member" will be used.

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

- Individual interviews with the ACT Clinical Coordinators (CC) for the Enclave and Townley One teams;
- Group interview with the Independent Living Specialist (ILS) and the Peer Support Specialist (PSS) of the Enclave team;
- Group interview with the Housing Specialist (HS) and an ACT Specialist from the Townley team;
- Group interviews with four tenants at Enclave, and two members at Townley;
- Review of ten randomly selected PSH member records; and,
- Review of agency documents and resource material provided by the teams including: *Terros Health Service Description for Permanent*

Supportive Housing Services provided by Terros Health Assertive Community Treatment Teams, ACT staff job descriptions and housing data for the identified PSH ACT members.

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:

- Excluding Psychiatrists, the member to staff ratio is approximately 12:1 for both teams, which is within the caseload threshold for a PSH provider.
- There does not appear to be overlap between housing management and social service staff functions. For most ACT PSH members, social service staff are based off-site, with treatment supports that are mobile and can be provided to them in their communities.
- In PSH, all behavioral health services are provided through an integrated team. Staff on both ACT teams reported they rarely refer members to outside providers for services.
- Staff report the after-hours on-call phone number is provided to all members, and staff can go into the community to support members when needed.

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

- ACT staff may benefit from regular updates on available housing options (including application processes, waitlist administration, and what a member can expect when an option becomes available), so that ACT staff can properly orient members to all options at the beginning of the housing search. Staff provided inconsistent descriptions of housing options. Also, staff reported changes to Regional Behavioral Health Authority (RBHA) affiliated housing applications and forms about which they were not informed prior to submitting member applications.
- Stakeholders should define PSH services for members of ACT teams. ACT staff 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. 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. Data was provided for approximately 41% of all ACT members on one team, and 25% on the second team. Though staff report the team will assist anyone who wants housing or is at risk of losing housing, it is not clear if the review captured the full scope of PSH

services that may be occurring for other ACT members not included in the data provided, including: eviction prevention, housing retention support, in-home support, re-housing assistance or other ACT services to support members to live independently.

- The ACT teams should obtain rental payment information, leases or residency agreements, HQS reports and other housing related documents for all members who receive PSH services. Track the term of the lease for members, so service staff can proactively assist tenants with lease renewals or relocation services. Also, consider forming a relationship with an outside agency to perform HQS inspections for PSH tenants in settings where inspections do not occur.
- PSH services are not just limited to members who qualify for RBHA affiliated housing vouchers, so ACT staff should continue their efforts to explore other independent housing options, promoting the benefits of PSH services and developing relationships with landlords and housing providers.
- Treatment plans should reflect individual member needs and objectives, and be modified as statuses change. As much as possible, use the words of the members as they author their individualized plans.
- Develop opportunities for individuals with a lived experience of mental illness to shape services design and provision. For example, as a first step, develop boards or committees for tenants to have a voice in service design at the program level.

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 (2.5)	Staff on one team reported they do not screen members for independent living readiness, and all members are eligible for PSH services. However, staff on the second team cited an example of the team referring a member to a 90 day alcohol treatment program prior to moving into ACT housing, and reported the team discusses whether members are able to live independently. There were no other examples of compromised member choice due to staff screening. Staff reported they assist members to apply for subsidy or voucher programs. Staff reported few ACT members accessed RBHA affiliated scattered-site housing due to restrictions on who can apply, which includes homelessness with a qualifying Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) score. Housing types where ACT PSH members reside, as reported by the teams, include: ACT housing (a form of apartment and house residences available to ACT enrolled members); apartment and house CLP; independent, unsubsidized housing; Transitional Living Placement (TLP); independent scattered-site housing aided through vouchers or subsidies provided by the RBHA and other sources (e.g., Section 8); living with family or friends; and Affordable Community Housing (ACH). ACH was identified by staff on one team as an apartment	• Discuss all housing options with members, so that the member makes the choice of what option to pursue. Clinical teams should assess how best to provide support to the member in the type of housing the member selects. PSH includes services to help members with the most significant challenges to obtain and maintain independent housing.

			complex where staff developed a relationship with the landlord, opening a housing opportunity to members who pay a portion of their income toward rent based on a sliding fee scale.	
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)	Staff were not consistent in their report regarding whether members have a choice of unit. On one team, one staff reported members in ACT housing or CLP had the option to choose from multiple units, but staff on the same team reported that members in those settings were usually offered one unit at a time with no other second option usually immediately available. On the second team, one staff identified CLP as a voucher program that members could use to look for housing throughout the community that would accept the voucher. Their report was not verified by other staff, who reported that members referred to CLP usually had one unit option to choose from, with no second immediate option. Between the two teams, 61% of housed members reside in settings where it appears they were offered one choice of unit, which includes ACT housing, CLP, ACH, and a transitional setting. Members who decline housing in ACH may not have another immediate option available. About 15% of members live with family or friends. Staff reported they assist members to apply for subsidy or voucher programs. Due to eligibility requirements, not all members qualify, and alternatives options may not be available. Members who receive a voucher or subsidy not linked to a residence have choice of housing, but those tenants represented only 22% of housed PSH members. Staff reported a decrease in the number of landlords willing to rent to members using vouchers, further limiting choice.	• Educate staff on the difference between the RBHA affiliated scattered-site housing program and CLP programs, including whether members have a choice of unit or are offered one unit, which they can accept or decline. • System partners should collaborate to educate landlords on the benefits of PSH services and the voucher subsidies so that a larger number of housing options are available to members. • Housing Specialists (HS) may benefit from training in how to develop relationships with area property managers, and how to market the benefits of PSH programs in supporting tenancy. Staff on one team cited success developing a relationship with one independent landlord, but reported that time constraints limit their ability to engage in marketing and meetings with landlords to cultivate those resources.

1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists	1 – 4 (4)	There was no evidence members are removed from housing waitlists if they elect to wait for the unit of their choice. Depending on the option pursued, members may be placed on multiple waitlists, including those outside of the control of the RBHA or ACT team (e.g., Section 8). Per report, few members have accessed RBHA affiliated scattered-site housing in the prior year. Staff on both ACT teams reported they do not have waitlists for ACT housing. However, staff on one team reported they have a list of members who expressed wanting to go into ACT housing, and on the second team staff reported when there is an opening in ACT housing they discuss who would benefit from that type of housing.	• The ACT team should formalize and standardize how waitlists for ACT housing are maintained. • See recommendation for 6.1.b, Extent to which tenants with obstacles to housing stability have priority.
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)	A subset of tenants in ACT affiliated housing, CLP, ACH, or transitional settings do not fully control the composition of their households. Roughly 21% of tenants on one team and 40% of tenants on the second team are in residences where they have roommates not of their choosing, but have their own room. In ACH, per report, a subgroup of tenants share a residence, but the landlord arranges meetings between potential roommates. If a member has a subsidy, it was reported that housing providers approve additions to leases, and that they coordinate this approval with the ACT staff. This puts restriction on tenant control over the composition of their household, but it does not appear tenants are forced to live with others not of their choosing.	• In an effort to empower tenants to have full control over the composition of their household, staff should discuss with tenants the pros, cons, potential impact, etc. of having someone join their living situation. • For tenants who receive a housing subsidy, work with housing providers to develop mechanisms to educate members on the process of adding others to leases, while supporting member choice in controlling the composition of their households, rather than requiring clinical approval. • ACT staff, in collaboration with other providers, may be able to facilitate meetings between potential roommates to afford those members more control over the composition of their household, and access to more affordable options.
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)	For the majority of housed members, housing management staff has no authority or role in providing social services. A minority of members (about 5%) resides in treatment or care home settings, where there may be overlap between services and housing management functions.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (4)	Staff and most tenants reported that ACT staff do not have any responsibility for housing management functions, are not required to act on behalf of landlords, do not report potential lease violations, do not collect rent, etc. A minority of members (about 5%) resides in treatment or care home settings where there may be overlap between services and housing management functions.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (3)	For roughly 58% of tenants, social and clinical service staff are based off-site, which includes tenants in single-unit ACT housing apartments, CLP settings, ACH, subsidized and unsubsidized residences, and members living with family or friends. However, nearly 37% of PSH members reside in settings where social service may visit frequently to offer services to the tenant or roommate (e.g., ACT house model or shared apartment settings, shared apartment CLPs).	• Attempt to minimize the presence of social and service staff when roommates are present for tenants in shared residences where one or more roommates receive services.
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable	1 – 4 (2)	A subgroup of ACT PSH tenants receive a subsidy through RBHA affiliated housing or other sources (e.g., Section 8). Incomplete housing cost data was	• The ACT team should make efforts to retain tenant leases, along with forms calculating percentage of income paid in rent.

	amount of their income for housing		provided, so reviewers were unable to confirm whether tenants pay a reasonable amount of their income for housing. One team provided incomplete or no income and housing cost data for nearly 63% of housed members, and just less than 23% of data was incomplete on the second team. Based on the data provided, 29% of tenants on one team pay 30% or less of their income toward housing costs, and on the second team about 37% pay 30% or less. However, on one team, at least 23% of housed members pay more than 50% of their income toward rental costs. Due to incomplete data on the second team, reviewers could not determine if any tenants pay more than 50% of income toward housing costs. In ACH, the tenants pay a portion of their income toward rent, ranging from 65% to nearly 75% based on data provided. Staff reported the complex was more affordable than comparable complexes.	• For members who pay 50% or more of their income toward housing costs, continue to explore tenant housing preferences in an effort to locate more affordable housing. Housing costs of 50% or more of income is generally not considered affordable. • ACT staff would benefit from training on how to establish relationships with property managers to locate decent, safe, affordable housing. Modification of staff schedules to accommodate those types of activities, and system-wide sharing of affordable housing resources may result in more landlords willing to house ACT members.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (1)	The reviewers could not assess whether or not tenant housing meets HQS due to incomplete data. Completed and passed annual HQS inspections were provided for around 17% of housed members served by one team, but none were provided for housed members served by the second team. Staff reported there are housing providers that do not release evidence of passed HQS inspections, and other tenants may reside in settings where HQS inspections do not occur.	• Track and obtain updated inspections as they are completed. System partners should work to resolve barriers to sharing of HQS inspections. • Ensure all staff are familiar with HQS criteria, and continue to educate tenants on maintenance and safety issues that require attention.
Dimension 4 **4.1 Housing Integration**				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 (3)	Based on data provided for PSH members, approximately 54% are in integrated housing. Almost 46% of PSH tenants reside in non-	• Inform tenants living in settings that are not fully integrated of alternative housing options. Continue to build relationships

			integrated settings, which include: ACT housing, ACH, and some CLP.	with landlords in the community to expand the potential pool of integrated housing options that can be explored with PSH members.
Dimension 5 Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have legal rights to the housing unit	1 or 4 (1)	The extent to which all tenants have legal rights to housing units could not be verified for all tenants. Current leases were provided for a minority of the housed members; 20% on one team, and under 13% of tenants on the second team. A subgroup of members are in settings where they may not have legal rights to the housing unit (e.g., with family or friends).	• Track when tenant leases will end, expire, or terminate so that staff can proactively support tenants in the renewal process, or plan for moves if applicable. • When members choose to live with family, continue efforts to educate family on the value of rights of tenancy.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 (2.5)	Staff reported and most tenants interviewed confirmed that they are not required to participate in services in order to maintain tenancy; they can start, stop or restart services at any time they choose. Members reported that staff strongly encourage participation in activities or treatment, but that participation was not linked to tenancy. However, one tenant reported they were told they needed to continue services with the ACT Psychiatrist in order to maintain their current housing. Additionally, depending on location, such as some ACT housing, CLP, and ACH tenants may have additional limits on tenancy or provisions not common in a standard lease, including: restrictions on overnight guests; requirements to keep their residence clean; expectations to complete chores; or restrictions regarding the use of alcohol.	• Ensure those members who are in residences with no program provisions are informed that their tenancy is not contingent on compliance with requirements other than those found in a standard lease. • For ACT housing, ensure there are no additional program provisions imposed that are not found in a standard lease. Engage tenants to address potentially harmful behaviors (e.g., alcohol use) but do not explicitly or implicitly link treatment to ongoing tenancy. • Work with tenants in residences with additional provisions to explore other options, or work with the property managers to eliminate additional provisions.
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)	Staff on one team reported that members are not required to demonstrate readiness prior to gaining access to housing support; these staff were also familiar with a *Housing First* approach. However, at the second team, staff were not familiar with the term *Housing First*. When asked if tenants were required to demonstrate readiness, these staff reported that the team discusses whether members are ready to live on their own, and good candidates are those who have lived independently in the past. The staff cited examples of one member who was referred to a 90 day substance use treatment program before independent living. Also, another member who experienced paranoia and tended to isolate in their home was moved to an assisted living facility.	• Educate staff on a *Housing First* approach; eliminate screening for readiness or a continuum of care approach where members are expected to graduate or step-down from treatment settings.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	Aspects of PSH support services are available to all ACT members, but members must be homeless to access RBHA affiliated scattered-site housing. Additionally, staff reported that members discharging from the hospital or being released from jail are also prioritized for housing. Per the RBHA website, Permanent Supportive Housing is available for enrolled SMI adults who have a qualifying VI-SPDAT, and who meet the definition of homelessness that includes: a nighttime residence that is not sustainable or appropriate, residing in a location not meant for human habitation, a temporary living shelter, and members being discharged from an institution and they were admitted to the institution as homeless Staff reported that when members apply for RBHA affiliated housing (e.g., scattered site, ACT housing, CLP) staff completes a VI-SPDAT, and members are prioritized if their score is eight or higher. However, it was not clear if staff fully	• With the current system structure, the agency has limited capacity to fully align housing priority with the EBP criteria. However, PSH services are not just limited to members who qualify for RBHA affiliated housing vouchers, so ACT staff should continue their efforts to explore other independent housing options, promoting the benefits of PSH services and developing relationships with landlords and housing providers. • Educate staff, members, guardians, legal system, family, and other supports on PSH services, including how waitlists are prioritized. System partners should clarify and have a shared understanding of how the VI-SPDAT form and scores weigh into prioritization for housing.

			understood how this translated into prioritization for member housing. One staff reported that before the VI-SPDAT was required, the team could designate who they wanted to move into ACT housing.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 (3)	Members reported that the PSH staff does not enter tenant units without permission. Data provided by the agency showed that around 58% of tenants reside in settings where they control entry to their units, but about 37% of housed members reside in shared housing where social service staff provides services to their roommates. Staff on one team reported they do not hold copies of keys to ACT housing, but one staff on the second team reported that staff do hold copies, not specifically at the request of members, but do not use them to enter the housing.	• Work with members in settings where they do not have full control over entry to their unit to explore alternative options, or ensure their current situation aligns with their housing goal. • ACT teams should not hold copies of keys to enter member units unless at the explicit request of individual tenants for a specific reason; tenants should control access to their units.
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they want at program entry	1 or 4 (4)	Plans completed at least once in the prior year were located in files reviewed, and generally seemed to identify member goals using the words of the members. Members interviewed generally reported they receive the services they want, and though staff strongly encourage them to participate in activities, members set their own goals.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 (1)	Staff reported plans are updated every six months, as a member's status changes or to modify goals. Although plans completed at least once in the prior year were located in files reviewed, reviews every six month were not located in all records. Needs and objectives were written from the clinical team perspective, using clinical jargon,	• Member service plans should reflect the housing goals, and the needs, objectives, and action steps that are specific to achieving the member's recovery goals. To the extent possible, use the language of the members and individualize the goals and steps to each member. Work with

			often with a focus chiefly on symptom management (e.g., maintain mental stability). The same symptom management focused need was repeated, with different objectives outlining the broad scope of service categories (e.g., case management) or by staff position (Psychiatrist). The objectives were verbatim from member-to-member, and on both teams. Staff confirmed that there were certain elements required on all treatment plans, and the opportunity to individualize the plan was after those standard elements were listed. On some plans, only the standard elements were listed with minimal or no modification when plans were updated.	members to develop personalized ways to meet their goals. Modify services and plans to the extent possible to honor member preferences.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	Staff report that tenants are able to choose the services they receive, but staff interviewed lacked consensus whether members could choose no services and maintain tenancy in RBHA affiliated housing. Some staff reported with certainty that members could choose no services and remain housed, other staff speculated members could refuse services and maintain tenancy, and other staff reported they were uncertain if tenants could close from services and maintain tenancy.	• If participation or enrollment is not required to maintain tenancy in RBHA affiliated housing, system partners should educate staff and tenants that housing is not contingent on treatment participation. • Continue to train and support staff to develop or enhance their skills regarding how to engage members in treatment free from coercion.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (2)	Most members interviewed said they felt in control of their services. Staff report services through the ACT team can include: counseling, substance use treatment, medication services, independent living skill services, peer support, nursing services, group and individual activities, and employment support services. In records reviewed, there was documented variation in the services provided from member to member, but standard elements were frequently captured. The service plans offered little opportunity for	• Ongoing staff training should occur regarding how to work with members to develop personalized needs and objectives. • Ensure members have access to the full scope of community-based support available through the ACT team. • Encourage specialists to engage members in various life domains to work toward their identified goals. Offer and provide direct skill training, support and assistance rather than repeatedly prompting members to

			staff to individualize the information to each member. In records reviewed, documentation showed that a subgroup of members were frequently prompted to attend groups with the ACT team, which may be held at the clinic or other Terros facilities. For one member, over the course of a month, staff offered the same options multiple times - groups at the clinic, or attending one of two identified member run programs – which the member declined at least five times over that time period. One member was frequently prompted to clean their residence, but it did not appear staff provided direct support or assistance. For members who received medication observation and education, most contacts documented focused on that area (i.e., medications and symptoms), but contained limited detail regarding other supports through the team.	complete a task.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 (1)	Members have input into the services they receive as individuals, but have limited formal mechanisms for shaping the design and content of PSH services. Staff report surveys are conducted, but none cited specific examples of how survey results are collected, disseminated to staff, or used to influence services. One staff reported the clinic had a Clinic Advisory Council, but the other staff interviewed were not aware of those meetings. Staff on the second team reported no such meetings occurred at the location.	• Develop opportunities to solicit input from those receiving services, and for tenants to drive services, including the design, assessment and implementation of services. Develop member councils. Seek opportunities for individuals with lived experience to fill leadership positions, in quality assurance activities, etc. • Standardize survey processes, provide data to ACT teams, and factor in member feedback when designing services.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (4)	The caseloads for both ACT teams reviewed are within the desired range. Excluding Psychiatrists, the member to staff ratio is approximately 12:1 for each team.	

7.4.b	Behavioral health services are team based	1 – 4 (4)	Staff reported the ACT teams provide the full range of ACT services. None of the members on one team receive brokered treatment in a staffed setting (e.g., residential or flex-care), and it appears less than 5% of all members on the second team reside in a staffed setting, or where staff other than the ACT team also offer services. ACT members in residential placement are transferred to a less intense level of case management. One team serves a small number of members who receive substance use treatment through a brokered provider mandated through the legal system, and the second team provides all substance use treatment to members assigned. Most counseling is reportedly provided through staff on the teams.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (3)	Per staff report, the ACT teams are available 24 hours a day, seven days a week. On both teams, an on-call phone is rotated between staff for coverage, and team supervisors serve as backups. Staff reported most issues can be resolved over the phone, but cited examples of going into the community to support members, which occurs around twice a month. However, there were members interviewed who were not aware of the on-call availability. Also, on one team staff documented that members were aware of crisis services through an urgent care center and warm-line, but they did not appear to specify the team as the first line of service.	• Ensure all members are informed of the on-call availability of the team 24 hours a day, seven days a week. If other crisis contact numbers are provided, ensure the ACT staff on-call is listed as the primary contact (excluding crisis medical 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	2.5
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	4
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		2.5
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	4
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		3.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	2
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1.5
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	3
Average Score for Dimension		3
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	1

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	2.5
Average Score for Dimension		1.75
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	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	3
Average Score for Dimension		2.83
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
7.1.b: Extent to which tenants have the opportunity to modify services selection	1,4	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	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	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	3
Average Score for Dimension		2.75
Total Score		18
Highest Possible Score		28