PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: December 18, 2015

To: Kelly Harshberger

From: Georgia Harris, MAEd
Karen Voyer-Caravona, MA, LMSW
ADHS Fidelity Reviewers

Method

On November 19, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the Chicanos Por La Causa – Centro Esperanza ACT Team 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.

Chicanos Por La Causa (CPLC) acquired the Centro Esperanza clinic in September 2015 after the previous network provider, People of Color Network (PCN), ceased operation. The Centro Esperanza ACT team was included in the acquisition. PCN's previous PSH/ACT Housing program, including the Centro Esperanza ACT team, was reviewed in 2014. Founded in 1969 by a group of community activists and students of Mexican descent for the purposes of advocating for the needs of the people and neighborhoods of South Central Phoenix, Arizona, CPLC is the largest community development corporation in Arizona. CPLC provides a range of programs in housing, early childhood education, workforce and economic development and health and human services to urban and rural communities in Arizona, New Mexico and Nevada. Behavioral health services have traditionally focused on children, families, older adults and individuals who abuse substances. According to the agency website, CPLC serves over two hundred thousand low-income people yearly and offers programs and services to anyone in need regardless of "ethnicity, gender, age or creed."

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

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

- Interview with the ACT team Clinical Coordinator/Team Leader.
- Group interview with the Independent Living Specialist and the Rehabilitation Specialist.
- Interview with one member who participates in the PSH program.

- Review of 10 randomly selected records, including the chart of interviewed member.

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:
- Housing services staff have no role in property management: ACT staff have no role in property management issues such as rent collection, reporting lease violations or delivering eviction notices. ACT staff support and assist tenants in maintaining and keeping their housing. ACT staff actively focuses tenants on eviction prevention to ensure housing stability.
- Access to housing: ACT staff do not have keys to units and do not enter units without the permission of members. In the event ACT staff have concerns about the health and safety of a member and need to perform a wellness check, ACT staff contact property managers, who open units to allow a police officer to enter.
- Opportunity to modify services: Individual service plans at Centro Esperanza are reviewed and updated annually but they can be changed at any time upon member request or when goals change. Evidence of annual and periodic updates to ISPs was found in several member records.

The following are some areas that will benefit from focused quality improvement:
- Comprehensive training: The agency and the ACT team would benefit from a comprehensive training in the PSH model and how it is implemented within an ACT team in order to decrease reliance on outside housing support providers, such as Marc Community Resources and PSA, for housing-related services.Choice/Housing affordability: Staff reported that some tenants are in danger of losing their voucher funded scattered site units because property owners have given notice that they are not renewing leases tied to vouchers. The team, agency and Regional Behavioral Health Authority (RBHA) should collaborate to gather information that will assist tenants in accessing non-RBHA contracted housing options, including those through nonprofit and charitable organizations, HUD, VA, the City of Phoenix, and the Housing Authority of Maricopa County. Identifying the range of affordable housing options beyond the limited number of RHBA contracted units currently available is critical to ensuring that tenants do not exceed 30% of income toward rent. While this could not be verified due to a lack of copies of lease agreements, it appears that, per staff report, a significant number of members may be living in unsubsidized

housing and paying between 50% - 80% of their income toward rent, the upper range being unsustainable for most individuals.

● Discuss and verify legal rights of tenancy and housing quality standards: The ACT team should make efforts to obtain copies of rental agreements and property HQS reports for all housed tenants to ensure that tenants have full legal rights of tenancy under local landlord/ tenant law and that landlords are fulfilling their responsibility to maintain decent and safe housing. Whenever possible, ACT staff should be present at lease signings where they can review rental agreements with tenants and obtain a release of information (ROI) in order to receive a copy of the lease. The RBHA and the agency should coordinate efforts to ensure that the ACT team is informed of the process for obtaining third-party documents from RBHA-contracted housing managers. The ACT team may benefit from explicit instructions on how to obtain documentation necessary for establishing decency, safety, and affordability.

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	According to staff interviewed, tenants determine the type of housing sought. Options include scattered site housing funded primarily through vouchers available through the RBHA and ABC's Homeless Housing Program, RBHA contracted Community Living Placements (CLP), or other subsidized and market rate housing unaffiliated with the RBHA. Staff reported a recent decline in property managers willing to accept scattered site housing vouchers. Also, some property managers are not renewing leases associated with these vouchers. Staff said that many tenants live with a spouse, adult children or their parents, and that a small number of people also reside in halfway houses, temporary living placements, and 24 hour co-occurring residential treatment. Per review of 10 randomly-selected member records, five tenants were able to get the type of housing they requested in their Individual Service Plan (ISP). Three tenants had a restricted choice of housing, while two had no choice in the type of housing they received. Member choice of housing appears to be primarily constrained by availability and the recommendations of the clinical team. Most tenants request their own apartment in the community, without a roommate. Tenants seeking this type of housing may be directed to scattered	• The ACT team, agency, ABC Housing, and the RBHA should work collaboratively to identify factors contributing to the apparent declining interest among property managers for accepting scattered site vouchers. Create opportunities through relationship building to educate property managers on the benefits of participating in the housing voucher program, with the goal of increasing housing opportunities for tenants in integrated community settings. • The ACT team should continue working with tenants to identify housing options outside of RBHA funding sources. Continue to research and apply for subsidized housing programs and vouchers that are funded by other municipal sources such as City of Tempe, City of Phoenix, the Housing Authority of Maricopa County, as well as through faith-based and other nonprofit affordable housing providers. Training in this area may be beneficial. • If not already in place, the RBHA, the agency, and other stakeholders should consider collaboration on the creation of an access portal for all low income and income eligible housing programs in the county.

			site vouchers through the RBHA or through ABC Housing's Homeless Housing program. The RBHA reported that turnover of scattered site vouchers is lower than that of community living placements (CLPs), which contributes to the perception that wait time for CLP is shorter than for that of scattered site housing. Both the RBHA and ACT staff agree that tenants wanting vouchers exceed availability. Neither the RBHA nor ACT staff are familiar with factors contributing to a recent decrease in interest in the scattered site voucher program. Tenants with felony convictions and eviction histories often experience constriction of choice when property managers refuse to rent to them. In such cases, tenants may end up accepting whatever housing option is available.	
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	Tenants using scattered site vouchers have the greatest choice in unit. If they can find a property manager who accepts vouchers and the unit is within their income they have the same choice as any other prospective tenant. Tenants have little to no choice if referred to CLP, temporary living placement (TLP) or staffed housing options; units are assigned. Staff described occasions when some property managers were willing to work with tenants to offer preferred units within the housing model as they became available. For example, a member in a house model might have an opportunity to move into a larger bedroom when the former occupant ended his lease.	• ACT staff, the agency and the RBHA should continue working toward providing tenants with housing options that support choice of unit. Also, see recommendations for Item 1.1.a, Choice of Housing Type.
1.1.c	Extent to which tenants can wait for the unit of their choice without losing	1 – 4 3	Tenants receiving scattered site vouchers must use them within 30 days or the voucher will be forfeited. Tenants can apply for a 30-day extension if they have trouble finding their preferred housing. Staff reported that it is	• The RBHA should clarify the waitlist procedures with ACT teams and provide regular updates on the status of all member housing applications.

	their place on eligibility lists.		common for tenants who are homeless to require extensions because they are often difficult for staff to locate. Staff reported they have been able to get multiple extensions on vouchers, for a total of up to 90 days. Staff said that they believe that tenants can reject CLP units two or three times before the RBHA will tell them they have nothing else to offer. The RBHA reported tenants do not lose their place on the waitlist if they reject a unit. The RBHA said that they keep one wait list; tenants indicate on their housing application what type of housing they are seeking. Tenants can resubmit applications with a new type of housing preference, for example changing CLP to scattered site. The updated application maintains the same place on the wait list as the previous application.	
**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 interviewed said that people living in independent housing have the greatest control over composition of household. Staff said those living in scattered site voucher funded housing have considerable flexibility regarding who they live with and the ability to have overnight guests. Staff was unclear as to whether or not tenants could add another person to their lease. Staff said that tenants living in CLP, TLP or staffed housing arrangements have little control over composition of households since units are assigned; usually this is limited to meeting potential roommates in advance of accepting a housing placement.	• Continue to work toward helping tenants obtain housing options that support choice in composition of households. The ACT team would benefit from clarification on policies regarding how and under what circumstances tenants using scattered site vouchers can add roommates or other individuals to a lease.
**Dimension 2** **Functional Separation of Housing and Services**

			2.1 Functional Separation	
2.1.a	Extent to which housing management providers do not have any authority or formal role in providing social services	1, 2.5, or 4 2.5	Staff said property managers for scattered site and independent housing have no role in social services. CLP properties are managed by two property management companies, one of which is also a behavioral health service provider. Staff said that CLP and other RBHA contracted property managers have no role in providing services, but said that one property manager creates service plans for tenants of their CLP units and have the expectation that monthly staffings will be held for each member. Staff did not appear to distinguish between that agency's property management and clinical service staff. Staff said that although one property manager offers tenants groups and services, they are not required to use them. In contrast, one member interviewed said the group participation requirement was discontinued after staff was pulled from CLP housing.	• The RBHA, agency and the ACT team should clarify the role of housing management providers who also provide behavioral health services in order to ensure functional separation of housing management from social services and to avoid duplication of services.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	ACT staff interviewed said that they have no responsibilities for housing management functions. Staff may receive notices from the property managers about damage to units caused by tenants or other problems but staff respond by offering tenants assistance and with interventions focused on eviction prevention.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 3	The ACT team does not keep offices at any residences. Some CLP residences were previously staffed, but ACT staff and the tenants interviewed said that staff were pulled out of residences several months ago. The member interviewed indicated that groups were offered at the CLP where she formerly lived. It was unclear from staff interviews the extent to which property managers continue to offer groups or services at CLPs they operate.	• The ACT team and the RBHA should clarify if groups are, in fact, offered at CLPs; if so, this practice should be retired. Tenants should be housed in settings where group treatment activities are provided off-site, rather than in residences, including common areas.

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 1	The ACT team could not provide copies of leases from which to verify income and rent. In other documentation provided, staff presented little data on rent to income ratios for most tenants they have assisted with housing. ACT staff said that tenants living in scattered site and CLP pay rents ranging from 30% – 40% of income; rent may or may not include utilities. Staff said that halfway houses charge a monthly rate, which includes meals. Staff said that rents for independent housing are rising, with tenants paying anywhere from 50% - 80% of income in rent. Staff said 46 tenants of the team (46%) reside in independent housing, while 21 (22%) live with family, such as parents, adult children or a spouse. Staff said that some tenants assist their families with rent or living expenses but could not provide specific documentation of percentage of income.	• The RBHA and the agency should ensure that ACT staff are informed of the process for obtaining third-party documents from RBHA-contracted agencies/companies. • ACT staff should discuss and verify affordability of housing for tenants who do not reside in RBHA contracted housing. Living with family does not guarantee the affordability of housing for tenants.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	Although staff interviewed believed that most people live in housing which is adequately maintained by property managers, they reported that they were unable to obtain copies of HQS from property managers, especially from Biltmore properties. ACT staff said that they assist tenants in reporting maintenance and safety issues that need attention to property managers. The lack of HQS documentation available for review was reflected in the scoring for this item.	• See recommendations for 3.1.a., "housing affordability". • Discuss and verify decency and safety of housing for tenants who do not reside in RBHA-contracted housing. Living with family does not guarantee decency or safety of tenants. • The agency and the ACT Clinical Coordinator may wish to consider using the HUD HQS checklist to assess and advocate

| | | | | for decency and safety of housing, but this should not replace the need for documentation to verify HQS. |
| | | | | • The RBHA should work with its contracted property managers to ensure requested documentation can be made available to providers. |

<table>
<tr><td colspan="5" align="center">Dimension 4
4.1 Housing Integration</td></tr>
<tr><td colspan="5" align="center">4.1 Community Integration</td></tr>
<tr>
<td>4.1.a</td>
<td>Extent to which housing units are integrated</td>
<td>1 – 4

3</td>
<td>The ACT team did not provide a complete accounting of members' living situations. The ACT team provided data on 19 of 94 tenants they have assisted with housing in the last year; seven (36%) out of 19 tenants live in housing specifically created for people with disabilities such as CLP, TLP, or halfway houses.</td>
<td>• The RBHA, ABC Housing, and the agency should partner to provide the ACT team with a comprehensive and up-to-date list of communities that accept scattered site vouchers.
• The ACT team would benefit from information and training on how to access affordable housing options available outside the RBHA system, such as through Section 8, housing subsidized by the cities, town and the county, and through local nonprofits such as Native American Connections and UMOM.</td>
</tr>
<tr><td colspan="5" align="center">Dimension 5
Rights of Tenancy</td></tr>
<tr><td colspan="5" align="center">5.1 Tenant Rights</td></tr>
<tr>
<td>5.1.a</td>
<td>Extent to which tenants have legal rights to the housing unit.</td>
<td>1 or 4

1</td>
<td>The ACT team currently services 94 tenants. Data was provided on 19 tenants who received assistance with housing in the last year. Eight of those tenants reside in scattered site housing, three in CLP, and two in eight-hour and sixteen-hour staffed settings. One member lives in Section 8 housing while another resides in independent housing. Four tenants are awaiting CLP or voucher placements and are currently either hospitalized, at a halfway house or out of contact with staff.</td>
<td>• See recommendations in 3.1.a.
• Obtain leasing information for tenants in all settings, including with family and significant other(s). Living with family does not guarantee rights of tenancy. Moreover, local landlord/tenant laws may require all the names of tenants over 18 years of age to appear on leasing contracts.</td>
</tr>
</table>

			Staff said they believe that those currently housed tenants have standard leases; however, they were not able to obtain copies of leases needed to verify legal rights of tenancy. Staff reported that 46 tenants live in independent, unsubsidized housing and that an additional 21 tenants live with families and assist with rent and living expenses. Staff did not have copies of leases of those living independently and were unaware of whether or not tenants living with family have signed leases or have other legal agreements for housing.	
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 1	The ACT team was not aware of member tenancy being contingent on program provisions. However, because the team could not obtain copies of leases, the existence of special provisions to maintain tenancy could not be determined. Some staff talked about the value of Housing First principles that prioritize housing over treatment and sobriety requirements. Evidence was found in the record review, however, that some tenants, such as those residing in 24-hour co-occurring treatment facilities, have lost housing due to relapse and were rendered homeless.	• The RBHA should evaluate housing options available to tenants, ensuring that all permanent housing settings are unencumbered by rules that are not included in standard lease agreements. Housing that imposes sobriety requirements to maintain tenancy does not align with Housing First principles.
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 2	ACT staff interviewed said that tenants are not required to demonstrate readiness for housing. "Our priority is to give them housing," said one staff member, "and there are no requirements or limitations . . . everyone on the team should be on board with that." One staff said that if someone returned to a CLP intoxicated, the member would not lose housing but would be asked to go to a detox facility. Another staff verbalized an in-depth	• See recommendations for Item 1.1.a . • Readiness requirements do not align with the evidence-based practice of PSH or Housing First principles and should be avoided. PSH is designed for tenants demonstrating the most significant challenges to housing stability, including chronic and acute symptoms and substance use. PSH programs with high fidelity in this

			understanding of the Housing First approach and said the CC communicates the expectation that member choice overrides staff recommendations. Though tenants are quoted verbatim in their ISP goals, it appears that the recommendations of the clinical team can take precedence on certain occasions. The clearest evidence of readiness criteria was found in one chart. Although the member's goal was "my own apartment without any staff", the ISP read "client will continue living in CLP flex care residential placement until [housing service] staff and clinical team feels that [the member] is able to step down to independent housing."	area offer intensive wrap around services and frequent engagement in the home and community rather than impose readiness criteria.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Tenants who are hospitalized and the homeless are prioritized for scattered site housing and CLP. The ACT team completes the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) with all tenants referred for housing in order to assess their skills and the services that need to be in place to help them maintain their housing. Staff said that non-Title XIX members often do not qualify for RBHA contracted housing because they have too much income. One staff member stated that felony convictions and lack of a legal identification card and supporting documentation to acquire it delay housing for many of the most significantly disabled tenants. "IDs cost money," said one staff. "It is rare that a property manager will work with you when there are blemishes on their record."	• The RBHA and provider agencies should work towards making tenants with the most significant housing barriers a priority. Though tenants who are hospitalized or homeless have significant barriers, priority extends beyond those measures (e.g. significant criminal background, non-Title XIX, lack of income, lack of proper identification).
			6.2 Privacy	
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 4	ACT staff do not keep keys to member units. They do not enter units uninvited unless they have an immediate concern for the member's safety. In this case, when tenants live in scattered site or independent housing, staff will contact the police	

			and request a health and safety check. If the member lives in a CLP, staff will contact housing management for assistance with entry; if the agency is unable to provide entry, the police are called. Staff will not enter tenant units themselves.	
**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	All staff interviewed said that tenants choose the types of services they want. While some evidence of member voice was found in ISPs, goals and objectives usually appeared laden with clinical jargon and written from staff perspective. One member interviewed said her case manager authored her ISP and expressed a perception of little control or personal autonomy.	• All service plans established should be individualized and directly reflect the expressed needs of tenants. ACT staff may benefit from specific training in engaging new tenants to find their voice in identifying goals that, rather than exclusively focused on psychiatric stability or compliance with medication, are meaningful to how tenants envision recovery.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Staff said that service plans are reviewed and updated annually but they can be changed at any time upon member request or when goals change. Evidence of updates to ISPs was found in several member records.	
**7.2 Service Options**
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Tenants must be clinically enrolled in order to maintain tenancy in scattered-site voucher or RBHA contracted housing. Staff said they can choose any service they want or decline services, including case management. Said one staff, "We try and talk with them about what they do want . . . sometimes they are just having a bad day . . . one person fires us every other day; we just give space and time." At minimum, tenants must agree to see the Psychiatrist every 30 days.	• Due to the nature of the current RBHA system, the ACT team may have a limited capacity to influence this area beyond their current efforts. To the extent possible, the ACT team should continue to respect member choice to participate in the services that reflect their needs and priorities, including the choice to participate in no services.
7.2.b	Extent to which	1 – 4	Tenants can choose from the full range of ACT	• The ACT team and the agency should

	services can be changed to meet tenants' changing needs and preferences	3	services to support their housing needs. Staff provide substance abuse treatment groups and referrals, assistance with finding employment, help with independent living skills such as budgeting and grocery shopping, and peer support. Staff said that services can be changed at any time upon member request. Staff said they have assisted tenants with finding community resources, locating a church, finding a food pantry and budgeting for a pet. In the sample pulled from the 19 member charts provided, it appeared that the ACT team made significant efforts to assist tenants with their changing housing preferences. Additionally, evidence was found in the record that staff also accommodated tenants' requests to start and stop employment goals, to step-down to a supportive team, move to a different apartment, and to work on goals that would facilitate relocation to another state. Documentation did not support high intensity and frequency of contacts. This was also reflected in the scoring of this item.	explore strategies for increasing intensity and frequency of face-to-face contacts with tenants in order to further increase adaptability to tenants' changing needs and preferences. • The ACT team and the agency should ensure that documentation of face-to-face contacts is consistently entered into member records.
**7.3 Consumer- Driven Services**
7.3.a	Extent to which services are consumer driven	1 – 4 2	The Centro Esperanza ACT team does not have an obvious feedback loop from which tenants can shape the design of the program or services beyond their own service plans. Staff reported that the RBHA has a monthly forum at which tenants and their families can provide input into how services are offered.	• The ACT team, agency and RBHA should explore creative ways to increase member opportunities to provide input and shape the design and provision of services offered through the ACT team. Member advisory boards, focus groups, and team "listening" meetings are possible options for increasing opportunities for member input.
**7.4 Quality and Adequacy of Services**
7.4.a	Extent to which services are provided with optimum	1 – 4 3	The ACT team has struggled with staff turnover during the last year. With a member roster of 94 at the time of the review, the CC reported that six staff manage caseloads averaging 15.6 tenants.	• The ACT team should continue present efforts to recruit qualified staff to fill the two vacancies and take steps to support staff retention so that caseloads do not

	caseload sizes		Staff carrying caseloads are the RS, HS, Independent Living Specialist (ILS), the two SASs and the Peer Support Specialist (PSS). Currently, the team has two vacancies: the Employment Specialist and the ACT Specialist. Neither the CC nor the ACT Nurse carry caseloads. Caseloads were described as "paperwork" caseloads, and the CC said that staff do a good job of coming together to service all tenants.	exceed 15 tenants per staff.
7.4.b	Behavioral health services are team based	1 – 4

2 | Staff interviewed said that all ACT staff work together to meet member needs, working within and outside of their areas of specialization. For example, the ILS has assisted tenants with job readiness activities, and the Rehabilitation Specialist (RS) has provided tenants with direct assistance to tenants in their housing search. Nonetheless, staff also reported that 5% – 6% of tenants receive housing support services through outside providers such as PSA and Marc Community Resources. It also appears some residents of CLPs managed by one property manager may receive some level of case management services, as evidenced by staff report that the agency maintains service plans and requires tenant staffings every 30 days. | • ACT teams with full responsibility for all behavioral health services are ideally suited to provide the range of PSH services to tenants, regardless of their living arrangements, whether it be scattered site, CLP, Section 8 or subsidized public housing, independent/market rate or with family. To the extent possible, the ACT team should provide all behavioral health services. Barriers to the ACT staff providing all behavioral health services via areas of specialization should be identified and solutions implemented.
• For guidance on the implementation of PSH on ACT teams, the agency, the CC, and ACT staff may benefit from reviewing credible resources in this area (i.e. Chapter 5 of Tsemberis, "Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction" (2010)). |
| 7.4.c | Extent to which services are provided 24 hours, 7 days a week | 1 – 4

4 | The ACT team offers services 24 hours, seven days a week to meet member needs when and where they occur. Staff rotate the on-call phone weekly and are available after 5 p.m. and on weekends and holidays, with the CC serving as the backup on-call. All tenants are provided a list with the phone numbers of the ACT staff. | |

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	3
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		2.25
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	2.5
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	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		3.17
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	1
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		1
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	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	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	4
Average Score for Dimension		3.17
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	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	2

7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	3
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		3
Total Score		16.35
Highest Possible Score		28