PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: Sarah Piano, Director of Quality Management

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ADHS Fidelity Reviewers

Method

On March 28-29th, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the Child & Family Support Services' 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.

Child & Family Support Services (CFSS) serves between 130 and 150 children, with approximately 45 of them being young adults. CFSS' Supportive Housing program was established in 2005, focusing on young adults in transition between 18 and 25 years old, who were in need of housing, social and independent living skills, with the support of a multidisciplinary team known as the Adult Family Team (AFT). The AFT is a collaborative effort between a young adult, their family, and other clinical and support services that are invested in the well-being of the young adult. In the past year, CFSS has eliminated the program's age range restriction, still targeting young adults for program entry, but no longer placing emphasis on transitioning out of the PSH program for age-related reasons. Many of the tenants referred to the CFSS program are transitioning from structured living arrangements such as residential treatment facilities and group homes. The Supported Living program properties are classified as Community Living Placement (CLP) sites by the Regional Behavioral Health Authority (RBHA). In Northern Arizona, CFSS has implemented two scattered site PSH programs. In Maricopa county, CFSS provides services to the tenants of two Supported Living communities (Allen House and Clarendon Apartments), as well as in-home supports to other tenants throughout Maricopa County. Both Allen House and Clarendon Apartments are managed by Biltmore Properties, a RBHA contracted organization. Allen House is a five-bedroom, single-family detached home; Clarendon Apartments has four, single occupancy apartments. Both housing sites have staff available onsite for tenants 24 hours a day, seven days a week. The program has a total enrollment of nine tenants.

Part of the review process is to explore the relationship between referral sources and the PSH provider agency. The partnering clinics that participated in this review were Southwest Network's Highland and Hampton clinics.

The individuals served through the agency are referred to as "young adults", but for the purpose of this report and for consistency, the term "tenant" or "member" will be used.

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

- Orientation and tour of the agency;
- Interview with the PSH Program Director and the CFSS Director of Quality Management;
- Groups interviews with four clinical case managers at two clinics: Southwest Network-Hampton and Southwest Network-Highland;
- Group interview with two PSH Supervisors/Program Coordinators;
- Group interview with three members who are participating in the PSH program;
- Review of agency documents including intake procedures, eligibility criteria, team coordination and program rules; and
- Review of eight randomly selected records (four clinical charts/four agency charts), 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:

- The small caseload size is optimal for intense training and support for program tenants. Staff are available to address the tenants' needs in a responsive and flexible manner. The staff to tenant ratio is approximately 3:1.
- The CFSS service plan is highly flexible, adaptive, and supportive of the tenants' needs and desires. The plan is designed around any combination of goals that "circle around hope, relationships, physical well-being, skills and enjoyable activities in an experiential learning format" (*CFSS, Pillars of Support*).
- CFSS provides multiple avenues for tenants to provide constructive feedback on the design and delivery of services. Tenants also inform practice by becoming active participants in the annual staff and new hire training on topics that are relevant to their success in the program.

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

- Further system level intervention will be necessary to support increased tenant choice in housing. Specifically, strengthening member choice at the point of referral to housing programs will need to remain a primary focus. In the current structure, member choice is restricted at the referral point and constrained again when the RBHA makes placement decisions.
- Tenants are not the primary authors of their service plans at the clinic level. Many of the service plans indicate tenant desires to live independently in the community without housemates. Though the PSH agency serves their purpose in the tenants' development, it is

incumbent upon clinical teams to continually work towards transitioning tenants into their preferred settings.

- Review and revisit any program policies or other agreements which may affect the interpretation of program rules and contractual reporting responsibilities. Rules regarding overnight guests seemed to be a non-issue for tenants; most tenants report that overnight guest rules were set by the tenants themselves to prevent a reoccurrence of problems they experienced in the past. Though tenants set house rules for overnight guests, there were multiple instances during the course of the review where it was unclear to staff and/or tenants who the source of program rules and stipulations were. Instances where tenants may be using drugs (2.1.c) or drinking alcohol onsite (5.1.b) were noted as activities that are “not allowed” and “must be reported”. However, in each instance, the source of the rule and who should report the offenses could not be identified by staff or located in tenant leases or program documentation.
- Accurately tracking tenants’ income and rental payments can ensure affordability of housing, while creating opportunities for life skills development and self-advocacy training for housing-related concerns.

PSH FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Dimension 1 Choice of Housing				
1.1 Housing Options				
1.1.a	Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	1, 2.5 or 4 1	Tenants are frequently assigned to a type of housing. Most clinical staff interviewed expressed some confusion regarding the differences in housing options offered by the RBHA; some staff report that Community Living Placement (CLP) programs use PSH "services-only" agencies to assist tenants with independent living skills, while others stated there was little difference between CLP and other housing types (i.e. scattered site housing). Some clinical staff interviewed also included residential programs in the list of housing options for tenants. Clinical staff expressed that though they aim to offer housing options according to the tenants' preferences, they often apply to housing options that will produce units in the shortest timeframes; some staff mentioned using the "Bridge to Permanency" (scattered site) program (provided by the RBHA) because it is producing results faster than the other programs. All nine tenants in the CFSS program are housed as a result of clinical teams (and other guardians/stakeholders) applying though the CLP process. It was not evident that tenants were given the option to apply for the RBHA scattered site program or other independent living options. It was also explained by staff that in many cases, tenants with guardians face greater restrictions to housing options due to the priorities set by the guardians.	● This PSH agency should continue to partner with the RBHA and clinical providers to offer guidance on the available PSH options available to tenants. Regular updates for referring staff are critical, especially when available programs are continually expanding or are in flux. ● Empower clinical staff to welcome PSH programs (i.e. scattered site vouchers, income-adjusted properties) as the primary option for SMI tenants. ● The RBHA should explore options for creating a centralized resource for clinical teams to explore community housing options as needed.

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 are assigned to a unit. There are two housing sites available to tenants at CFSS: Allen House and Clarendon Apartments. Allen House is a five-bedroom home, while Clarendon Apartments has four, single-occupancy units. Though the program has two, very different housing unit types, tenants are still unable to choose the unit they want. Staff stated that the housing they have is limited, and vacancies are quickly filled by the RBHA wait list. Potential tenants are offered the available unit, which can be leased to them by the property management company. All unit changes must also be facilitated by the property management company.	• The agency may have little ability to impact this item, considering the limits of their contractual obligations and capacity. Further system level intervention will be necessary to increase tenant choice in housing, namely with more options for scattered-site/independent housing.
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	1 – 4 3	Most clinical staff interviewed had similar explanations of waitlist limits. Staff stated that tenants had an unlimited number of housing choices, but the limited amount to housing resources makes finding the right home for tenants increasingly difficult with each placement refusal. Some staff believes that tenants go to the bottom of the waitlist after a set number of refusals. Others stated that tenants with priority conditions (e.g. recent hospitalization) are moved to the top of the list. CFSS staff reported that they do not maintain an eligibility list for their particular program since the RHBA is responsible for sending them program-eligible tenants who are ready to tour the vacant unit(s).	• The RBHA should continue to clarify the waitlist procedures with clinical teams and provide regular updates on the status of all member housing applications. Providing general timeframes based on the priority level determined by the RBHA (i.e. VI-SPDAT score) could be helpful to those who are in need of guidance for next steps in creating a sustainable housing plan for potential tenants.
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	Tenants must accept a predetermined household composition; however, tenants in both Supported Living sites are offered a private bedroom. Allen house has five bedrooms, and all current tenants are male. Potential tenants are offered the available single-occupancy bedroom. Clarendon Apartments are single occupancy, one-bedroom	• Investigate the policies regarding the addition of new tenants to existing leasing agreements (e.g. children, spouses, etc.). Though CFSS staff and tenants report they have yet to encounter these challenges, the

			apartments. Placement in either setting is based upon vacancy at the time of program entry. Eligible tenants are decided solely by the property management company, without the input of the current tenants. CFSS staff and tenant groups were equally unclear on the property management's policies regarding the potential for adding romantic partners and other groups (such as children) to the current lease agreements.	property management company's ruling on these issues may reveal the true degree of control tenants have in these affairs.
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	Housing management has no role in providing social services to tenants. Both Supported Living sites share the same property management company. Tenants and staff groups report that the property manager is focused solely on property management functions such as: lease and/or eviction execution, collection of tenant payments, and property maintenance.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 2.5	CFSS staff and tenants report a slight overlap in staff responsibility for housing management functions. Staff and tenant groups agree that CFSS has made great efforts to place responsibility in the hands of tenants for reporting maintenance requests and lease infractions; however, staff also stated they were required to report substance abuse and drug paraphernalia to the property management company. When asked, staff were unable to state the entity who established this requirement.	• Review and revisit any program policies or other agreements which may affect this item. This may include contractual obligations to the RBHA and/or the property management company. If the program is required to fully operate under PSH principles, this type of reporting would not be in line with the evidence-based practice.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 1	Social and clinical services are located onsite for both program properties. Approximately 55% of all tenants live in the Allen House setting, where staff are located inside their homes 24 hours a day, seven days a week. Staff report that they recently have begun to leave the home unattended at various times in the day to give more autonomy to tenants. The Clarendon Apartments staff are also located onsite; however, they reside in a separate office. They are in-office 24 hours a day, seven days a week.	• To create more independence for tenants (especially in the Allen House setting), consider revamping the staff availability to a system which allows tenants to engage with staff upon request (e.g., on-call scheduling, staffing pool, etc.)
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 review team was unable to accurately calculate tenant payment due to a lack of documentation for 67% of program tenants. CFSS was able to acquire the leases/rental payment information from the property management. However, the income data for most tenants was documented as unknown by CFSS staff.	• In order to track housing affordability, the agency should have tenant income amounts on file. Also, leasing documents are a necessity when assuring rights of tenancy and conducting self-advocacy training as it relates to housing concerns.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 4	CFSS provided HQS inspection reports for all units at both Supported Living sites. All of the combined nine (9) units passed HQS inspections. Tenants and CFSS staff report that the property management company provides inspection reports upon request, when accompanied by a Release of Information (ROI) for each tenant.	
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 1	Housing units are not integrated. Allen house is a single detached home with five bedrooms. All units in the home are reserved for people with disabilities. Clarendon Apartments consist of four	• The agency has limited ability to affect this item in the framework of their current contractual obligations to the RBHA. This item should be revisited,

			single-occupancy units. All units are reserved for people with disabilities.	should the agency be awarded an opportunity to participate in voucher-based, scattered site programming, or other similar PSH services.
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	Tenants have full legal rights of tenancy according to local landlord/tenant laws. CFSS provided leases for all nine tenants. The leases did not have any program-specific stipulations included.	
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	Though the leases provided by the property management company did not outline program-specific regulations, the staff and tenants noted a few program rules. For instance, staff reported that members are allowed to drink alcohol off-site, but are not allowed to drink alcohol onsite. Neither the staff nor tenants were able to identify the source of the rule in program or leasing documentation. There was no evidence that failure to comply with the provision led to evictions	• Review and revisit any program policies or other agreements which may affect this item. All staff and tenants should be clear on the difference between leasing requirements and program provisions. Moreover, true PSH insists that tenancy should not be attached to compliance with program 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	Clinical staff and CFSS staff stated that tenants do not have to demonstrate housing readiness to gain access to housing units. However, one staff stated that she viewed CFSS as more of a "step-down" setting for tenants who are not quite ready for independent living. CFSS staff said that the agency's responsibilities are to report their vacancies to the RBHA and receive the tenants who choose to enroll in the	• See 1.1.a for recommendations on education and empowerment of clinical staff with housing options.

			program. CFSS staff did not state any demonstration criteria for their housing program; though the program previously focused on young adults between 18-25 years old, that requirement has since been relinquished.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Both clinical and CFSS staff groups report that the RBHA places housing priority on tenants who are experiencing extreme circumstances such as chronic homelessness and recent hospitalizations. Staff groups also report that the RBHA requires the use of the Vulnerability Index & Service Prioritization Decision Assessment Tool (VI-SPDAT) to determine the chronicity and medical vulnerability of homeless individuals. After the RBHA makes their determination, potential tenant(s) are sent to CFSS to tour the available unit. The agency itself does not create a priority for housing individuals with obstacles to maintaining housing. Staff report that due to the way the program is positioned (as a recipient of eligible tenants) limits their ability to implement prioritization criteria. In addition, CFSS has very modest experience with unit turnover, as only one unit has experienced vacancy in the past year.	• The RBHA and provider agencies should continue efforts towards making tenants with the most significant housing barriers a priority for PSH support. Though tenants who are hospitalized may have significant barriers, priority extends beyond this measure. Other factors may include: lack of income, lack of proper identification, substance use challenges, poor rental histories, difficulties maintaining housing, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social supports.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 2	Staff access to members' housing depends on the Supported Living site where they dwell. CFSS staff and tenants confirmed the difference between the Allen House and Clarendon Apartments settings. Allen House has five of the program's nine units. At the Allen House, staff are in the home 24 hours a day, seven days a week. Staff explained they occasionally leave the home unattended for a period of time to give the tenants more autonomy. Tenants have keys to both the front door and their	• Restructure the program to have staff interact with tenants in a less intensive manner. Consider having staff set appointments with tenants, making themselves available to tenants "as needed" and up to 24 hours a day, rather than stationing them inside the home for 24 hours a day.

			bedrooms. The Clarendon Apartments are four, single occupancy units. Tenants have full control of entry into their units. At both properties, staff do not have keys to units and will not enter the units unless there is a health and/or safety concern.	
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	At the clinic level, tenants are not the authors of their service plans. Tenant goals were often written in the tenant exact words; however, many of the service plans reviewed did not provide any action steps towards the expected outcome of living independently.	• Tenant service plans should not only reflect the tenant's housing goals, but also the necessary action steps for achieving those goals. Clinical teams should always prioritize the successful fulfilment of goals set by tenants.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Tenants initiate and are offered routine opportunities to modify their service selections both at the clinic and at the agency level. Tenants, clinical and CFSS staff stated that tenants are able to modify their clinical service plans annually or upon request. Once entered into the CFSS program, tenants are able to modify service selection at any time they feel, with a minimum frequency of six months. Evidence was found in tenant charts supporting this claim; charts that were reviewed showed that outcomes were documented thoroughly, and modifications to the support plan were established swiftly.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Both the staff and tenant groups agree that tenants have complete freedom to choose the services they want while enrolled in the program. Staff participate in one-on-one training with tenants, unless they decide to travel as a group to a shared activity. Tenants, CFSS and clinical staff	• Consider expanding the scope of the subsidy program to include a provision extending the subsidy for a period of time if tenants elect to close from RBHA services.

			also said that tenants are free to decline offered services, but disenrollment of AHCCCS/RBHA benefits will terminate housing.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 4	At CFSS, the service mix is highly flexible and adaptable. Tenants are matched with any staff member of their choice, or one that has the resources to fulfil their need/request(s). Services can be performed in any location that will support the plan goals. The support plan is constantly updated to indicate the resources needed (including transportation) to fulfill the goals. The CFSS staff, tenants, and chart documents indicate that the program is designed to focus on helping tenants to assert their voice in the treatment planning process built around the "pillars of support – hope, relationships, physical well-being, skills and enjoyable activities in an experiential learning format."	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 3	Services at CFSS are consumer driven. In addition to giving individual feedback on services rendered, tenants are given multiple forums for collective, organized feedback to the agency. The tenants participate in YOFU (Youth Organization for You) - a regularly scheduled opportunity for tenants and their families to become informed on agency practice and to inform practice themselves. Tenants also film videos and give presentations to staff training classes and outside agencies on their various topics. CFSS also has a bi-annual meeting to provide agency-wide feedback.	• Though the CFSS program has multiple opportunities for tenants to influence decision making, the agency should consider developing opportunities where tenants have voting privileges or stakeholder positioning on a decision making board or council.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum	1 – 4 4	The program has a total of nine tenants, who receive services from various staff. In general, the tenants work with approximately 25 staff on a regular basis. The types of staff most often	

	caseload sizes		assigned to support tenants are Community Coordinators, Site Coordinators, and direct support staff. Staff are assigned to tenants according to their needs, as outlined in their support plan. The small caseload size allows staff to be intensely involved in clinical staffings, evaluations, psychiatric and medical appointments at the request of the tenant.	
7.4.b	Behavioral health services are team based	1 – 4 3	All behavioral health services, except psychiatric services, are provided through a team. Many tenants have guardians and advocates that have transitioned with them from the children's system to the adult system of care. At CFSS, tenants meet on a monthly basis with their Adult Family Teams (AFT), which includes the guardians, advocates, clinical case manager, probation officers and CFSS team. The AFT meets to discuss the tenant's vision/recovery goals, as well as the progress towards those goals. Clinical case managers represent the clinical team at these meetings. Psychiatric services are the responsibility of the client's clinical team and serves as the referral agent to other psychiatric services for tenants (e.g. DBT counseling).	• Preferably, all behavioral health services are provided through an integrated team. If this is not possible due to the current structure of the system with separate service providers, it is recommended the full clinical team and PSH service provider continue to hold regular planning sessions to coordinate care in order to work more fluidly as a team, even if full integration cannot be achieved. Ongoing coordination with the clinic CM, soliciting input into the service planning process, and sharing of written documentation is encouraged if an integrated health record cannot be implemented.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	CFSS' services are available 24 hours a day, seven days a week. In the Allen house, staff are available in the home 24 hours a day, seven days a week. At the Clarendon Apartments, staff are located onsite in a separate unit 24 hours a day, seven days a week.	

PSH FIDELITY SCALE SCORE SHEET

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2.5,4	1
1.1.b: Real choice of housing unit	1,4	1
1.1.c: Tenant can wait without losing their place in line	1-4	3
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		1.88
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	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	1
Average Score for Dimension		2.5
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	1
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	4
Average Score for Dimension		2.5
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	1
Average Score for Dimension		1
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	4

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	2.5
Average Score for Dimension		3.25
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	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	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	4
7.3.a: Extent to which services are consumer driven	1-4	3
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	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week.	1-4	4
Average Score for Dimension		3.25
Total Score		16.88
Highest Possible Score		28