

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

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To: Emily Luechtefeld, LMSW
Director of Quality Management

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

Method

On June 16-17th 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the Child & Family Support Services Inc. (CFSS) 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 and Services serves between 130 to 150 children, with over 50 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 are 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. Many of the young adults referred to the CFSS program are transitioning from structured living arrangements such as residential treatment facilities and group homes. The Supportive Housing program properties are classified as Community Living Placement (CLP) sites by the Regional Behavioral Health Authority (RBHA). In Northern Arizona, CFSS has implemented a scattered site PSH program. In Maricopa county, CFSS provides services to the tenants of two CLP 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 property managed by Biltmore Properties, a Regional Behavioral Health Authority (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 to residents 24 hours a day, seven days a week.

As a part of the review process, partnering clinical agencies are included and evaluated in the review. The partnering clinics included in this review are the Southwest Network's Hampton and Saguro clinics. The individuals served through the agency are referred to as "young adults", 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:

- Orientation and tour of the agency.
- Group interview with the PSH Administrative team, including Director of Quality Management, Young Adult Program Manager, a program director, and a quality manager.
- Group interviews with three clinical case managers.
- Group interview with three PSH Supervisors and direct service staff.
- Group interview with four tenants who are participating in the PSH program.
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules.
- This program has a total enrollment of nine tenants. Due to the limited number of program enrollees, records for the entire program roster were evaluated.

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:

- Services, as outlined in the CFSS Support Plan and progress notes, are thoroughly documented. The tenant records are focused on the individual preferences and progress, with special emphasis on recovery-centered language and minimal use of clinical jargon. Support plans and services offered reflect the individual voice of the tenant, as well as the contributions of those who offer support through the Adult Family Team (AFT).
- The service mix is highly flexible and adaptable. Tenants are matched with any staff member of their choice (administrative staff included), 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.
- Service staff caseloads are optimal. With a low staff to tenant ratio, services can be offered in an intense, supportive and meaningful way.

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

- Program documentation, such as leasing documents and HQS inspections, is essential to the determination of rights of tenancy and adequacy of the housing. Also, information about these items may inform the service plans, especially for conducting self-advocacy training as it relates to housing concerns.
- Social services provided by the PSH agency should be available to tenants upon request or by a mutually agreed upon schedule. Having staff co-located with tenants 24 hours a day, seven days a week does not support functional separation between housing and services.
- Consider restructuring the program to have staff interact with tenants in a less intensive manner: Housing units should have all the rights of privacy of open market housing where tenants have full control of access to their homes except in instances where the property owner/management has made an appointment or has given sufficient notice, as per local landlord tenant law. Clinical teams should offer scattered site housing options for all tenants who express a desire to live independently, regardless of age, acuteness or symptoms, or any other factors that may be imposed by a level of care determination.

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 assigned to a type of housing. Clinical staff were able to identify and explain the differences between scattered site housing and Community Living Placement (CLP) housing at the Regional Behavioral Health Authority (RBHA). Though clinical staff are aware of the housing options available through the RBHA, clinical team staff indicated that they apply to housing options that will produce units in the shortest timeframes, even if it means that tenants go to residential programs for a period of time. It was not stated during the review that scattered site housing was offered as an option to young adults entering the program. Tenant choice is not considered.	<ul style="list-style-type: none"> The RBHA and provider agencies should provide clinical staff with professional development opportunities to improve their knowledge of the PSH model. Provide guidance on the availability of flexible supports to meet ever-changing needs of those with an SMI. Provide training on housing options in the open market. Empower clinical staff to welcome PSH programs (i.e. scattered site vouchers) as the first option for SMI tenants.
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	In the CLP housing model, tenants are not given a choice of unit initially. Clinical team and CFSS staff both stated that once a member's housing application is sent to the RBHA, it is placed in cue on the waiting list. Due to the high demand for housing assistance, the member is offered whatever unit is available at the time. One clinical staff stated, "It is whatever is available, and usually nothing is available". It was also said that if a member refuses the unit offered, they are returned to the waiting list until their next closest match can be determined.	<ul style="list-style-type: none"> The RBHA and CFSS should continue to review and implement any plans that will further expand their access to community landlords/property management companies that will improve housing options for tenants.
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists	1 – 4 2	Both the clinical and CFSS teams were uncertain of the RBHA waitlist procedures. Clinical teams interviewed varied in their explanation of waitlist limits; some staff stated that tenants had a limited number of housing choices before being placed at the bottom of the waitlist. Others stated that tenants had unlimited choice but were often limited by the lack of suitable housing options. The CFSS team was unclear about waitlist procedures; however, it was stated that the lack	<ul style="list-style-type: none"> The RBHA should provide training and coaching to clinical and PSH agency staff regarding the purpose and function of the housing waitlists.

			of clarity was due to their role in the process being limited to reporting their openings to the RBHA, and receiving the tenants that have been approved for their program.	
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 have no control of their household composition; however, they are offered a private bedroom in both housing sites. Allen house is an all-male, five bedroom home. Tenants have a pre-selected household and are offered their own bedroom. Clarendon Apartments are single occupancy, one bedroom apartments. Staff and tenants stated that placement in either setting is based upon vacancy at the time of program entry.	<ul style="list-style-type: none"> The RBHA should consider matching tenants with housing options that are more reflective of their personal preferences, rather than perceived clinical needs. (I.e. neighborhood of choice, near public transportation, etc.)
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. Tenants and staff report that the property management for both properties (Biltmore Properties) 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 occasionally has overlapping roles in the responsibility for housing management services. CFSS staff stated that it is incumbent upon them to submit property maintenance requests on behalf of tenants. CFSS staff stated that on more than one occasion, they have gone above the property management company and contacted the property owner directly to solicit action on overdue repair requests. CFSS staff also stated that they do not perform any actions related to eviction, but quite the contrary. They state their goal in performing any housing management function is an effort in eviction prevention.	<ul style="list-style-type: none"> As a part of independent living skills and self-advocacy training, staff should educate tenants on the process for only handling maintenance requests with property managers. Staff should not be required to submit requests on the behalf of tenants. The RBHA and CFSS should review any Memorandums of Understanding (MOUs) /Memorandums of Agreement (MOAs) established with the RBHA - contracted property management companies. These agreements can be used to mitigate instances where staff roles are constantly overlapping.

2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 1	Staff and tenants stated that social and clinical services are located onsite for both program properties. At the Allen house, a staff member is stationed inside the home 24 hours a day, seven days a week. At the Clarendon Apartments site, staff are located onsite in a separate office 24 hours a day, seven days a week. Staff at both sites will take tenants offsite to participate in community activities and/or life skills trainings as determined by the service plan.	<ul style="list-style-type: none"> To fully align with the PSH practice of functional separation between housing and services, consider revamping the staff availability to a system which allows tenants to interact with staff upon request (e.g. Staffing pool, on-call scheduling, 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 calculate tenant payment due to a lack of documentation. At the time of review, CFSS was unable to acquire the leases/rental payment information from the property management. Staff stated that they were informed by the property management that the documents could not be sent to them directly, rather, they could be sent to the RBHA, who could forward it to CFSS. Staff received and furnished these documents to the reviewers after the site visit was concluded.	<ul style="list-style-type: none"> The agency, RBHA, and property management companies must work together on a protocol for receiving pertinent rental information from RBHA contracted companies. 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 1	The review team was unable to evaluate HQS compliance due to a lack of documentation. At the time of review, CFSS was unable to acquire the HQS inspection information from the property management. As explained in 3.1.a, staff were notified by the property management that the documents could not be sent to them directly, rather, they could be sent to the RBHA, who could forward it to CFSS. Staff received and furnished these documents to the reviewers after the site visit was concluded. Without documentation, the adequacy of the housing cannot be determined.	<ul style="list-style-type: none"> See recommendations in 3.1.a. Consider having an internal staff trained to conduct HQS inspections or partnering with an agency that currently provides this service.
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	<ul style="list-style-type: none"> As scattered site opportunities increase at the RBHA level, CFSS should develop relationships with local landlord/property management

			single-occupancy units. All units are reserved for people with disabilities.	companies, with the goal of improving tenant access to integrated, community settings in the future.
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	Rights of tenancy were difficult to verify due to the lack of documentation provided during the review. CFSS does not retain copies of tenant leases but will assist with advocacy needs when solicited. CFSS staff was notified by the property management that leasing documents would be furnished to the RBHA, who would then forward them to CFSS. These documents arrived at CFSS after the site review was concluded. Staff and tenants state that they felt the lease granted full rights of tenancy; however, tenants were unable to have alcohol or overnight guests for more than three nights a month. Some staff stated they have never seen a tenant lease before. Without documentation, rights of tenancy cannot be determined.	<ul style="list-style-type: none"> CFSS should incorporate the reviewing of tenant leases as a critical component of self-advocacy training for tenants. Consider requesting copies of the lease from tenants upon move in and/or program entry. Tenants have the right to refuse this service, and refusals should be documented in the tenant's record. Train staff on local landlord/tenant law as a method of empowering them to educate and assist tenants with leasing concerns.
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 2.5	The CFSS program is targeted for tenants who are between the ages of 18 and 25. There are tenants in their thirties who still live onsite. CFSS staff stated that tenants can stay until they learn the skills they need to be successful on their own. Also, tenants must stay enrolled in services at the RBHA to maintain their housing placement.	<ul style="list-style-type: none"> Due to the time-limited, targeted nature of the CFSS Young Adult Program, the agency may have limited ability to impact this item. However, tenants should be encouraged by clinical and CFSS staff to create exit planning and/or apply to subsidy programs in the community (i.e. Section 8, scattered site programs, etc.) that are designed to provide stability for longer terms.
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	Clinical teams have a primary role in access to housing for tenants. The clinical staff interviewed at both clinics described themselves as consultants, providing tenants with the list of resources they can use to find housing (i.e. shelters, apartment locators, etc.) One staff stated that she felt the “burden” of home search is being shifted primarily to the tenants; however, they	<ul style="list-style-type: none"> See recommendations on 1.1.a. To help offset some of the difficulties of home searching, the RBHA and providers should develop a “user-friendly” system for presenting and educating tenants on RBHA affiliated and local housing options.

			<p>need more help to navigate the process. Clinical staff also stated that they focus on applying for RBHA affiliated housing programs that meet the member's stated criteria; however, tenants often take whatever comes available first due to lengthy wait times and limited availability of homes.</p> <p>CFSS staff did not state any demonstration criteria for their housing program besides the age restriction at program entry (between 18-25 years old). Staff also stated that the current role of CFSS in this RBHA housing process is to report their vacancies and receive the tenants who want CFSS services.</p>	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	<p>Staff at CFSS state that no real priority exists for tenants with housing obstacles for this program. Tenants who are between 18 and 25 years old can apply through the RBHA to obtain housing from this program. Staff also stated that the only true limit to enrollment for this program is the limited number of units available. With a total of nine units, and modest turnover of units, CFSS has had few occasions to implement priority housing selection procedures.</p>	<ul style="list-style-type: none"> In preparation for future program growth, CFSS should become familiar with the RBHA process for prioritizing tenants with housing obstacles, as it directly impacts their ability to receive referrals to their program.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 2	<p>Service staff have varied access to member housing, depending on the site where they live. CFSS staff and tenants confirmed the difference between the Allen House and Clarendon Apartments settings. At the Allen House, staff resides in the home 24 hours a day, seven days a week. Tenants do not have keys to the front door, but all have keys to their bedrooms. Allen House has five of the program's nine units. At the Clarendon Apartments, staff does not enter the units unless there is a health and/or safety concern.</p>	<ul style="list-style-type: none"> Consider restructuring the program to have staff interact with tenants in a less intensive manner. Tenants in the program's housing units should have all the rights of privacy of open market housing, where tenants have full control of access to their homes except in instances where the property owner/management has made an appointment or has given sufficient notice, as per local landlord tenant law.
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they	1 or 4 1	<p>Clinical staff and tenants stated that tenants are the primary authors of their service plans. However, member ISPs indicated housing goals that were not fulfilled. Many member ISPs</p>	<ul style="list-style-type: none"> Though the tenants referred to this program are young adults in transition, clinical teams should seek to honor the choices of the tenants above all other

	want at program entry		indicated requests to live with parents, live in their own apartments, etc. Tenants residing at CFSS do not live in apartments that are integrated in the community. For many, this is a temporary step in the direction of their true housing goal of independent living. Furthermore, tenants were not being referred to scattered-site voucher programs. Some tenants indicated that involvement from legal guardians often drives the clinical service planning process.	requests.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	CFSS' staff and tenants stated that tenants are able to modify their service plans annually or upon request. Clinical staff also stated that tenants are able to update and modify the service plan at any time. Once entered into the CFSS program, tenants are given frequent opportunities to modify service selection. CFSS staff and tenants report that every three months (and often more frequently) tenants will review their services with staff, or more preferably, with their AFT. Tenants and staff concur that tenants can modify their services any time they feel. Tenant charts indicated that tenant 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	Tenants can choose among an array of services, but choosing no services is not an option. Tenants, CFSS and clinical staff all said that tenants are free to decline offered services, but disenrollment of AHCCCS/RBHA benefits will terminate housing. Due to the defined age group, the housing is transitional in nature rather than permanent, although exceptions have been made when it was assessed that a member was not ready to leave the program.	<ul style="list-style-type: none"> • See recommendations in 5.1.b.
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 fulfil 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	Significant member control exists in the CFSS program. Staff identified multiple instances where tenants were able to discuss concerns or program changes with staff at every level of the organization. In one instance, a member was hired a position in the organization, as the solution to the concern he wanted addressed. Though tenants’ feedback is valued and respected, no regularly scheduled forum exists for systematic input and implementation in the program’s overall structure at this time. CFSS staff and tenants described the feedback process as an organic outgrowth of the relationships built between program staff and tenants. Though there is no regularly scheduled forum, members expressed satisfaction with their level of inclusion in changes to agency policy and program matters.	<ul style="list-style-type: none"> Encourage self-advocacy and civic responsibility, consider forming a sub council, subcommittee, or forum where tenants have the opportunity to voice and vote on changes to the program on a regular basis.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	The program has a total of nine tenants. The tenants receive services from various staff. The types of staff most often 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.	
7.4.b	Behavioral health services are team based	1 – 4 3	All behavioral health services, except psychiatric services, are provided through a team. Tenants enter the CFSS program as young adults, and often have guardians and advocates that have transitioned over to adult care from the children’s system of care with them. At CFSS, tenants meet regularly with their Adult Family Teams (AFT), sometimes on a monthly basis, 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. Guardian parents, and other system supports (i.e. probation) are regular attendees to AFT meetings. However, they serve as the referral agent to other, often brokered psychiatric services for tenants.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	Services are available 24 hours a day, seven days a week. Staff are stationed in the Allen house location 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	2
1.2.a: Tenants have control over composition of household	1,2,5,4	2.5
Average Score for Dimension		1.63
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	1
Average Score for Dimension		1
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	1
Average Score for Dimension		1
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	1
5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	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	2
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		2.17
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: Extent 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		13.30
Highest Possible Score		28