PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: March 31, 2018

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AHCCCS Fidelity Reviewers

Method

On February 26-28, 2018, Thomas Eggsware and Annette Robertson completed a review of the Community Bridges, Incorporated (CBI) 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.

CBI provides several targeted services and include the following: short term stabilizing facilities (Access Point and Transition Point) for those who would benefit from brief residential services, Community Psychiatric Emergency Center in Mesa, Crisis Stabilization (3 locations) and Medical Detoxification. In addition, they have Forensic ACT teams and integrated health practices at outpatient services centers throughout Arizona, as well as Projects for Assistance in Transition from Homelessness delivering services to homeless Seriously Mentally Ill persons or those at imminent risk of being homeless. CBI receives PSH referrals from Southwest Network Highland and Lifewell Oak clinics, among others, data from these clinics were both included in the review process, with a focus on co-served members.

The individuals served through the agency are referred to as *client* or *patient*, 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:

- Program overview with the CBI PSH Administration staff: Director of Housing and Community Integration, Senior Director of Housing and Community Integration, and Associate Director of Housing and Community Integration;
- Individual interview with the CBI PSH Supervisor;
- Group interview with three direct service staff (two Navigators and the Lead Navigator);
- Interviews with eight members who are participating in the CBI PSH program;
- Interviews with three case management staff at Southwest Network Highland Clinic, as well as two case management staff and the housing specialist at Lifewell Oak Clinic;

- Review of agency documents including *Supportive Services Flyer, Navigator Policy, Supported Housing Survey, Client Forum Agenda, Client Forum Surveys,* and *Family and Friends Lease Agreement*; and
- Review of ten randomly selected records from the clinics and CBI.

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:

- CBI PSH staff assist members in locating housing units that are within their budget. Clinic staff and members interviewed stated that there is choice when it comes to units within an apartment complex that accepts vouchers. Most tenants received a voucher and were able to secure housing.
- CBI PSH staff take a strong advocacy role when it comes to the tenant's ability to choose who they live with. Staff interviewed report there are times when a tenant's control is challenged, but staff report they remind those attempting to limit their control that it is the members' contract and their right to choose.
- Review of leases on file with CBI showed the majority of CBI PSH tenants have full legal rights of tenancy. Ninety-one percent of tenants had a current lease on record with the CBI PSH program. The program developed a *Family and Friends Lease Agreement* to support those members living with family or friends.

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

- The CBI PSH program had current and passing Housing Quality Standards (HQS) reports on record for 89% of the housing units occupied by members. The program did have more HQSs on record; however, several were outdated. The CBI PSH program has had a staff person trained and certified to complete HQSs this past year. The program should continue its efforts to have all tenant housing HQS approved.
- Clinic and CBI staff need to continue efforts in supporting members in writing service plans that are individualized, when members are able to choose the services they want. At CBI, consider the ramifications of high turnover and the need to offer training on a consistent basis to ensure that quality individualized service plans are developed with member input.
- Tenants should be allowed to modify their selection of services. Reviewers were told by staff that service plans were updated quarterly; however, only two records reviewed had a quarterly update. Tenants should be allowed to modify their service plan after being housed and/or when other significant events occur.

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	Most tenants interviewed report there is choice in housing type. However, one record revealed that when a tenant repeatedly expressed hesitation about accepting housing in a group home setting, the PSH staff did not support the member in reconsidering. After residing in the home for one month, the member informed his Navigator of his desire to move. Access to affordable units is constrained due to the eligibility requirements and length of the voucher waitlist. Staff interviewed at one clinic indicates that sometimes members are encouraged to go to Central Arizona Shelter Services if they are "couch surfing" in order to qualify for a voucher, even if members feel unsafe going to the shelter. Members interviewed reported taking similar action in order to obtain a voucher. Restrictions in the housing market related to criminal background or a history of eviction, may limit tenant choice. Reportedly, those tenants have very few options, and CBI PSH staff report working with landlords on a one-to-one basis to secure tenant housing. Staff report in those situations, they encourage tenants to advocate for themselves with potential landlords, and staff accompany them to those meetings. Some of these tenants may locate housing in an area or	● Clinic and CBI staff should listen to all members' wishes related to housing choice. Placement in a setting that the tenant does not choose not only diminishes their opinion, but can set the provider up for more work when relocation is necessary.

			complex with few restrictions, consequently resulting in questionable behavior by other residents and/or their guests. CBI PSH staff encourages these tenants to use the opportunity to build a positive rental history in order to allow them more opportunity when their lease expires.	
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 4	Clinic staff and members interviewed stated that there is choice when it comes to units within an apartment complex that accepts vouchers. Most tenants received a voucher and were able to secure housing. CBI PSH staff assist members in locating housing units that are within their budget. In some instances, members find an apartment that is more than their voucher, and the Navigators coordinate with the voucher administrator to request an increase. Members have to document their efforts to find affordable housing and some are successfully granted a higher voucher amount. Members interviewed said that CBI PSH staff assists them in finding housing wherever they want to search, often offering additional housing options in their search to secure 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 4	Member, clinic staff, and CBI PSH staff interviews all reflected that tenants are able to wait for the unit of their choice. Tenants are not put to the bottom of the wait list; however, they may need to request an extension to their voucher as there is a 30-day time frame in which they need to secure housing before the voucher expires. It is evident in the records reviewed, and both staff and member interviews confirmed, that it is often a collaborative effort between clinical staff, Navigators and the voucher administrator to extend the voucher timeline to ensure the member is able to find safe and affordable housing.	

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	CBI PSH staff take an advocacy role when it comes to a tenant's ability to choose who they live with. Staff interviewed report there are times when tenant control is challenged, but staff report they remind those attempting to limit tenant control that it is the members' contract and their right to choose. However, members and clinic staff interviewed noted there may be some restrictions to tenant control with one of the voucher administrators. It was indicated that tenants have to get permission from their clinical teams before they are allowed to add someone to their lease. CBI staff reported they encourage tenants to inform the voucher administrator and follow the terms of their lease, if required, regarding additions to their household, as seen in at least one record reviewed.	• Work with voucher administrator on educating members on the process of adding others to leases, while supporting member choice in controlling the composition of their households, rather than seeking clinical team approval.
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	It does not appear there is any cross over in roles with regard to housing management providing social services. Housing management does not have any authority or role in delivering social services to CBI PSH tenants. CBI staff speak with landlords in an advocacy role if tenants are having lease issues, but only at their request.	
2.1.b	Extent to which service providers do not have any responsibility for housing	1, 2.5, or 4 4	Member and clinical staff interviews stated there were no instances of CBI staff having authority to collect rent, enforce lease requirements, and serve evictions or other management functions. CBI does not have staff in management or landlord positions or roles. CM staff denied being aware of	

	management functions		any situation where CBI PSH program has staff in housing management.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Clinic staff was unaware of any tenants receiving supportive services on site from anyone other than PSH staff. CBI staff stated two tenants are housed at complex where CBI staff has office space for tenants from other programs to engage services. Staff denied that those two tenants participate in services at that site and reported the tenants are only utilizing PSH services. When tenants were asked if they would prefer services by on site, all eight interviewed stated they preferred not to have services where they live.	
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 4	The vast majority of tenants with a housing subsidy pay 0-30% of their income for their housing. Approximately 94% of housed members receive a subsidy. Thirty-nine tenants have no income currently, thus pay nothing toward their rent. CBI PSH staff assist members in finding housing that has utilities included so tenants with little or no income can better afford their housing. Three tenants pay more than 50% of their income towards their rent; one of those includes room and board (i.e., meals and laundry services). Five members did not have rental data. The average amount tenants paid for rent is less than 24% of their income, if they have an income.	
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 2.5	The CBI PSH program had current and passing Housing Quality Standards (HQS) inspections on record for 89% of the housing units occupied by members. The program did have more HQSs on record; however, several were outdated or the	• Ensure all HQSs on file are current as well as ensuring all failed inspections are followed up on in a timely manner.

			unit had not passed the most recent inspection. The CBI PSH program has had a staff person certified to complete HQSs this past year and this approach appears to have significantly improved their ability to have HQS for all members.	
Dimension 4 4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	The majority of tenants with the CBI PSH program live in housing units where 25% or less of all units is set aside for members with disabilities. Tenants, clinic staff and CBI staff interviewed report tenants live in complexes that are not identified as units that are for people with disabilities or any other special needs, including persons who are homeless. CBI staff admits being aware that some housing complexes have a high rate of disabled persons, but report they are not set aside for the disabled or homeless. Two properties that appear to be non-integrated were identified with seven percent of CBI PSH housed members residing.	
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	Review of leases on file with CBI showed the majority of CBI PSH tenants have full legal rights of tenancy. Ninety-one percent of tenants had a current lease on record with the CBI PSH program. Some tenants living with family members had a document outlining their legal rights and obligations.	• Continue to advocate for those tenants living with family, friends, or acquaintances without a lease to obtain one. Although the *Family and Friends Lease Agreements* on record were not notarized, this might be suggested to tenants to even further legitimize their tenancy rights.
5.1.b	Extent to which tenancy is contingent on compliance with	1, 2.5, or 4 2.5	It does not appear that any tenant's housing is dependent on compliance with program participation. Clinical staff and CBI PSH staff, however, differed in their understanding of	• Ensure staff and tenants know their rights regarding their ability to maintain housing regardless of their participation in behavioral health

	program provisions		tenants' mandatory participation in their treatment or other requirements, such as being open with a behavioral health clinic. One clinic staff, and a member interviewed, believed that taking prescribed medications was expected to participate in the housing program. A CBI staff, as well as one member interviewed, was unsure if tenants could choose no service as an option and retain their housing. Additionally, in one member record reviewed, clinic staff reminded a tenant that he had agreed with HOM Inc. to be compliant with treatment in order to maintain housing.	services.
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	Some clinic staff reported screening members' readiness for housing, explaining that they want to set members up for success, rather than failure. Other clinic staff report they do not screen, and if a member requests assistance with housing, staff will inform the housing specialist (HS) based at the clinic and the HS will follow up with the member. One tenant reported she was told at her clinic that she needed to address substance abuse issues before she would get assistance from the clinic in seeking permanent housing. The tenant noted she was eventually referred to CBI PSH services.	• Clinic staff should refer all members that are interested in housing. Members should not have to prove readiness. The PSH provider should work with clinic staff to ensure they are aware all members interested in housing can be referred and that there is no prescreening necessary for members seeking safe, affordable housing.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	Staff at one provider clinic were not familiar with the *housing first* approach. Staff at the other provider clinic, and CBI PSH staff interviewed, confirmed that the *housing first* model was utilized in each of their settings. Both noted that if a member has issues such as substance use, they seek to get them housed first and later address those issues. CBI PSH staff stated that they have seen it is easier for some members to address	• Provider clinics would benefit from a better understanding of *the housing first* approach. Clinic staff should understand the value of safe and secure housing and its positive effects on a member's ability to address other issues, such as substance use. • PSH and clinic staff would benefit from a better understanding of the

			their substance use issues after they are safely housed. One CBI PSH staff said that he was previously homeless and was able to address his own substance use after being first housed through the program. There was wide difference in understanding of the use of Coordinated Entry (CE) among CBI PSH staff and clinic staff. Some staff believed they were unable to access the program, others felt disconnected due to CE staff no longer coming to their clinic to complete Vulnerability Index- Service Prioritization Decision Assistance Tool (VISPDAT). Evidence was found in one record that staff prioritizes members with vouchers that are near expiration.	Coordinated Entry program and the proper steps to access the program. Improved coordination with the CE program would benefit members' access to the program benefits which may increase the number of members being housed.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	CBI PSH staff were clear that they do not keep copies of keys to any tenant's housing, although do admit they may be the emergency contact for some members. In addition, they stated they only enter a tenant's home if they are invited. Staff was unclear about the two members living in a recovery home and their ability to lock the door to their room, but reported again that they would only enter a room if they were invited. However, there was evidence in one record reviewed where staff did enter the room of a tenant residing in a group home when the tenant was not present to give permission.	• Ensure that member rights to privacy, including those living in group home type settings, are respected. Being allowed into the residence by other tenants does not imply permission to enter members' personal living space.
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	1 or 4 1	It appears members have choice when it comes to choosing their PSH provider, though clinic staff may recommend certain providers over other agencies. Service plans at the clinics are written in a mix of member voice and clinic staff voice.	• Members are more likely to succeed at identified goals if they are the primary authors of their service plan. Service plans should be individualized to each member with their identified goals,

	entry		Service options appear to be mostly a list of billable services available through the clinic staff with an occasional reference to housing services. None of the plans reviewed specifically indicated CBI as the PSH provider being referred. Most plans appear to be updated annually or when the member was referred to PSH services.	action steps, and services that will support them in those steps. Continue training staff on how to write effective service plans.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	Clinic staff reported service plans are updated minimally once a year, or when a member adds a service that requires notation in the plan in order for the referral to be accepted by the provider. Records reviewed at the clinics and with CBI lacked evidence of clinic plans being updated more frequently than annually. CBI records only contained the initial service plan received at referral. Coordination did not appear to occur between clinic staff and CBI PSH staff when updating service plans.	• Allow members to make changes to service plans as they see needed. Plans should be individualized, and collaboration with providers should occur to align services to meet member needs.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	CBI PSH staff reported members are able to change their service plans, including opting out of services, without putting their housing subsidy at risk. Goals are identified in first-person in the service plans; however, they do not appear to be in members' words. For example, an identified goal in one record review was, "I need to maintain stable housing". Steps to reach identified goals generally were a list of services available from the PSH provider. One unsigned service plan in CBI PSH records was completed 30 days prior to the fidelity review, yet staff had not had any contact with the member since October 2017. Tenants must maintain an open case through the RBHA system in order to maintain housing subsidy supports. Tenants may be moved to the Navigator	• Ensure clinic staff, partner agencies, including voucher administrators, and members are informed that tenancy is not linked to compliance with program provisions. • Ensure members' plans are individualized, and providers should collaborate to align services to meet member needs.

			level of service if they are out of contact with their clinics. CBI staff reported there is an expectation for staff to have a minimum of two interactions per week per member, at least one being face-to-face, but the requirement appears to be tied to engagement by staff rather a mandate for member participation.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	CBI plans were written in first person and staff and members interviewed reported that services are very flexible. Members reported how staff were willing to assist them in looking for the housing of their choice, which may have taken them to different ends of the valley in search of safe affordable housing. However, plans reviewed had similar services listed: peer support services, independent living skills, and transportation services. CBI PSH staff interviewed report service plans are updated quarterly, semi-annually, or when the member has been housed or there is a significant change. It was also reported that monthly reviews are completed; however, records reviewed indicate the monthly reviews are an administrative task and do not involve the members. The reported quarterly reviews were located in two of the ten records reviewed. Few records showed evidence of plans being updated when members were housed or after significant events.	• Members' services plans should be updated to reflect their changing needs, preferences, or circumstances. Consider how high turnover rate of PSH staff may affect service plan creation and implementation (see 7.4.a). • See recommendations from 7.2.a.
7.3 Consumer- Driven Services				

7.3.a	Extent to which services are consumer driven	1 – 4 3	CBI PSH has implemented a quarterly Client Forum but was only able to provide flyers for the November 2017 and February 2018 forums. During the February 2018 forum, tenants were asked how CBI (PSH) helped them in their recovery over the prior three months, how *choice* influenced their experience in the program, for input as to how to improve services, and about challenges they experienced in the program. An example given of how information gathered at forums was implemented was the decision to extend staff hours, though, due to construction and relocation of the PSH team, the hours temporarily returned to 7am – 5pm, seven days a week. The program does have Certified Peer Support Specialists on their team to assist members in finding housing and to support their recovery. Each PSH staff is expected to have one member complete a satisfaction survey weekly. These surveys are turned in to the Supervisor and after review, sent to quality management.	• Consider implementing client satisfaction surveys to all members where they can anonymously submit their responses. This would allow more accurate responses from members and ensure the response pool is diverse. • Consider creating a position on the Board of Directors for a person with lived experience to further carry the agency purpose of being an "agent of positive change."
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 4	At the time of the review, thirteen staff delivered PSH services to 119 members. Staff reported the average caseload size of fourteen members is a combination of members seeking housing and tenants requesting supportive services. Members interviewed reported a high turnover rate with PSH staff, stating that staff left positions when they were promoted within the agency. One member stated that the turnover was a positive experience as they were able to learn something different from each of the staff.	
7.4.b	Behavioral health services are team based	1 – 4 2	Members receive services from their referring clinic and CBI PSH. They may also be involved with other providers for additional services (e.g. trauma	• Preferably, all behavioral health services would be provided from one team, including psychiatric care. Due to

			therapy, employment services). In addition to PSH services, Navigators offer support in substance use recovery. Members may be working with several different providers which results in separate files being maintained at each provider agency. Duplication of documents may occur between programs. Record review showed members working with other CBI programs and evidence of coordination was inconsistent. CBI PSH staff report they most often coordinate with clinic staff through email and phone. Review of ten records showed few contacts with clinic based teams. Records revealed several instances where clinic staff was unaware of significant events such as members being housed, or being hospitalized which CBI was aware. Clinic staff noted that PSH staff will coordinate if a tenant is difficult to engage and to request a staffing when members have a significant event occurs, sometimes including the supervisor.	the current structure of the system with multiple providers offering services, the PSH program should make efforts to improve coordination with clinical staff and other providers. Service plan creation should include input from all providers with whom members are engaged in an effort to tie services together. • All coordination efforts should be documented in the member's clinical record.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 2	The CBI PSH program reported they extended their hours of operation at the request of members; however, at the time of the review, the hours were more in line with typical business hours of 7:00 am to 5:00 pm due to relocation of the team during office construction. Staff is available seven days a week, but is not available after hours, when members are encouraged to call the Care Access Line, a crisis response line.	• PSH services should be available 24 hours a day, seven days a week to fully support members.

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	4
1.1.c: Tenant can wait without losing their place in line	1-4	4
1.2.a: Tenants have control over composition of household	1,2.5,4	2.5
Average Score for Dimension		3.25
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	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	4
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	4
Average Score for Dimension		4
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	4
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	2.5
Average Score for Dimension		3.25
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	4
Average Score for Dimension		4
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
3.56. 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	1
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	3
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	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	2
Average Score for Dimension		2.38
Total Score		23.3
Highest Possible Score		28