PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: January 10, 2020

To: Christopher Bartz, Recovery Services Administrator
David Covington, CEO and President of RI International

From: T.J. Eggsware, BSW, MA, LAC
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AHCCCS Fidelity Reviewers

Method

On December 16-18, 2019, T.J. Eggsware and Karen Voyer-Caravona completed a review of the RI International 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 the Central Region of Arizona.

RI International offers services in Arizona, California, Delaware, North Carolina, Washington, and New Zealand. Examples of services available include: crisis and urgent care, peer support, and supportive housing. This review focuses on the PSH program*, Community Building*. Due to the nature of the referrals, which originate at external clinics, information was gathered at two Partners in Recovery locations – Metro Center Campus Integrated Health Home and Arrowhead Campus Integrated Health Home, with a focus on co-served members.

The individuals served through the agency are referred to as *person* or *citizen*, 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 discussion with the Community Building Recovery Services Administrator and the Regional Director for Arizona Outpatient Programs;
- Individual interview the Community Building Recovery Services Administrator;
- Individual interview with a Rehabilitation Specialist at the Arrowhead Campus Integrated Health Home;
- Group interview with two Clinical Coordinators (CC), two Case Managers (CM) and a Housing Specialist (HS) at the Metro Center Campus Integrated Health Home;
- Group interview with Community Building direct service staff: three Behavioral Health Technician/Recovery Coaches and one HS;
- Interviews with eight members who participate in the Community Building program;
- Review of ten randomly selected records, including co-served members;

- Review of agency information, including: intake and exit processes, an annual certification checklist, the *Admission Criteria-Community Building* protocol, PowerPoint slides with information on PSH, job descriptions, a move-in checklist, housing and resident education documents, Housing Quality Standards (HQS) reports, leases, tenant housing costs, blank survey forms, member outcome tracking data, quality improvement meeting notes for March, June and September 2019, the program waitlist, and the Regional Behavioral Health Authority (RBHA) *2019-2020 Member Handbook*.

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:

- Based on interviews with members and clinic staff, members have choice in housing. Clinic staff interviewed affirmed that independent housing, supported housing, or treatment placement is sought based on each member's goal and preference. Clinic staff confirmed that having an informed and proactive HS at the clinics aids other staff to stay current on the available housing options and programs.
- The Community Building tenants had a choice of unit based on data provided and interviewee reports. Tenants select units in the communities where they want to live. Tenants can live with whom they choose. Service staff do not hold keys to tenants' residences.
- Community Building tenants live in settings where there is no overlap in housing management responsibilities and PSH services.
- Based on data provided, all tenants appear to live in integrated settings in the community.
- The Community Building staff have current copies of tenant housing documents, including HQS and leases.
- Community Building staff educates community partners about PSH. Program staff provided a PowerPoint presented at a local networking conference in September 2019. Community Building staff said that program representatives visited five to ten clinics over the prior year to educate staff at those locations about PSH.

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

- System partners should collaborate to establish, preserve and improve relationships with property managers over issues such as working with rent assistance programs, prospective tenant income requirements, and member background issues.
- PSH services should be adaptable to meet tenants' changing needs and preferences. Educate staff and members on how choices of the services members select do or do not impact other services. For example, if terminating clinic services is allowed, the impact on applicable subsidies and/or PSH services.

- Optimally, all behavioral health services should be provided through an integrated team.
- Ensure all members are informed of PSH staff on-call availability outside of regular business hours. For example, on the program brochure consider listing the steps and phone number to contact PSH staff after hours.

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 4	Based on interviews with members and clinic staff, members have choice in housing. Clinic staff interviewed affirmed that independent housing or treatment is sought based on members' goals. Clinic staff may offer residential treatment or other living settings. Clinic staff said that ultimately, members choose how and where they want to live. Community Building staff said that referred members must be enrolled with Mercy Care, the RBHA for the Central Region of Arizona. The RBHA's *2019-2020 Member Handbook* housing services section states that "Permanent Supportive Housing is a service for members with a Serious Mental Illness that helps them find and keep their housing." Clinic staff reported that members must maintain AHCCCS insurance, Title XIX (TXIX), to enroll and receive services from the Community Building program. The PSH program *Admission Criteria-Community Building* protocol lists that members be designated TXIX with serious mental illness (SMI). However, PSH staff said that TXIX status was not required for the prior year.	• It is perceived by referral sources that members who are not TXIX are ineligible for the Community Building program. If this is inaccurate, the program should seek to educate referral sources on requirements for program enrollment, and update any applicable program forms, such as the *Admission Criteria-Community Building* protocol.
1.1.b	Extent to which tenants have choice of unit within the	1 or 4 4	All interviewees confirmed that PSH staff assists members to locate housing based on member preference. Though, market factors can limit options. In one record it was documented that	• Continue efforts to educate property owners about the benefits of the Community Building program, including advocating for income qualifications based

	housing model. For example, within apartment programs, tenants are offered a choice of units		clinic staff encouraged a member to take the first option when offered. However, Community Building staff supported the member to explore available options. Choice is constrained due to market factors. Staff reported rising rental costs, such as at recently renovated properties, as an issue. Staff said that some properties are priced just above the fair market rate. It was reported that some property owners elect not to work with rental assistance programs. Property owners who do not accept housing program assistance but manage multiple properties further constrains housing supply. Community Building staff said that they contacted a local fair housing council to advocate on behalf of tenants. Some landlords require at the time of application proof of income to cover up to three month's rent, which disqualifies many potential tenants. On the other hand, PSH staff said that some property owners require proof of income for three times the *tenant's* portion of the rent, resulting in a lower eligibility threshold. Evidence was found in records of the PSH HS educating property managers about the benefits of the program.	on the tenant's portion of the rent, and working to ensure members are treated fairly during the application process.
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	Members are referred for PSH directly by clinic staff to Community Building. RI International manages the its own program waitlist, separate from that managed by the RBHA. Each member's Vulnerability Index-Decision Assistance Tool (VI-SPDAT) score is obtained from the referring agency staff to establish eligibility for PSH services. If eligible, members are added to the Community Building waitlist. The program prioritizes the waitlist from high to low using each member's VI-	

			SPDAT score. Based on records and interviews, Community Building staff assists members to locate a residence based on their preference and members can decline options.	
1.2 Choice of Living Arrangements				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 4	Based on interviews with clinic and PSH staff, Community Building tenants choose the composition of their household and no outside approval is required. The additional lessee is required to meet standard leasing requirements. The additional lessee must be able and agree to pay 50% of the rental costs. Most tenants interviewed confirmed that they were told by Community Building staff that they could add someone to their lease. Tenants said the person added to their lease has to pay half of the rent. One member said they were told the requirement changed, to only allow for adding a spouse.	• Continue to educate tenants on the process to add someone to their lease.
Dimension 2 **Functional Separation of Housing and Services**				
2.1 Functional Separation				
2.1.a	Extent to which housing management providers do not have any authority or formal role in providing social services	1, 2.5, or 4 4	Staff and tenants said that housing management or landlords do not have any role in providing social services to tenants. The Community Building program Recovery Services Administrator supervises the four Community Building program staff: three service staff and a HS. The HS assists tenants with housing searches, leases, move-in, relocation, and the monitoring and delivery of the program's portion of the rental payments.	
2.1.b	Extent to which service providers do not have any responsibility for housing	1, 2.5, or 4 4	The Community Building program and the RI staff have no direct role in housing management functions. Staff and members reported that PSH staff does not collect rent from tenants, does not enforce leases, and does not report lease infractions to landlords. PSH staff affirmed that if	

	management functions		tenants do not follow the terms if their lease, PSH staff provides education and support to the tenant to resolve the issue. The Community Building program maintains tenant housing files, separate from other healthcare records, which include: move-in documents, copies of leases, and inspections. Due to the Community Building funding structure, PSH staff (e.g., the HS), delivers checks for the agency's portion of rental costs to landlords.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Community Building staff does not maintain offices at any apartment complexes or any housing sites where the PSH tenants reside. Community Building staff said that no PSH tenants are in settings where other social service staff has office space.	
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	Based on data provided, tenants pay no more than 30% of income toward housing costs. All Community Building tenants receive rental assistance through the program. Tenants interviewed stated that they do not currently pay above 30% of their income for housing. Tenants are encouraged to lease properties with utilities included, but staff said that there are fewer of those properties available.	
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 4	All units leased through the Community Building program receive HQS inspections by a partnering agency, HOM Inc. Inspections are filed in the housing records for all of the PSH members.	
Dimension 4				

4.1 Housing Integration				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	Based on interviewee reports, housing data provided, and review of addresses where multiple members reside, the Community Building tenants, live in integrated settings in the community. Due to market factors addressed earlier in this report, some unintentional clustering of individuals with disabilities may occur. There is no evidence that Community Building tenants occupy a significant number of units at any property.	
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	PSH tenants have rights of tenancy. Community Building staff track lease renewal dates. Organized housing document files, with current leases, are stored separately from other service records at the program. Some leases converted to a month-to-month agreement, but the majority of PSH tenants have a lease signed in the prior year. An example was found in a record reviewed of a PSH staff working with a member in advance of their lease end date to plan for renewal. Staff also educates members on the benefits of a long-term or annual lease rather than allowing their lease to convert to a month-to-month agreement.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 4	Members interviewed said they only need to follow their leases and there were no other program rules or service requirements. Tenancy is not contingent on adherence to program rules or treatment. None of the agency materials provided show, or interviewees reported that tenants who receive PSH services with the Community Building program must adhere to clinic or PSH program provisions. PSH staff support tenants to	

			understand and follow the terms of their lease.	
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 4	Clinic and PSH staff stated that tenants do not have to demonstrate housing readiness to be referred to the Community Building program. Some clinic staff are not familiar with the term *housing-first*. At one clinic, after it was defined by an interviewee, the other staff agreed that they feel staff at their clinic practice a housing-first approach. Tenants reported that they were not required to demonstrate housing readiness prior to participating in the program. The *Admission Criteria-Community Building* protocol states that the Community Building program "has no additional criteria or screening process such as sobriety, mental health stability, criminal background, housing readiness, etc., in order for citizens to be eligible for the program. It operates from the belief that housing is a basic need and can create stability for the citizen, recovery is possible for anyone, and people can be self-sufficient regardless of their situation."	• Consider adding language from the protocol to the brochure regarding no additional criteria or screening process.
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 4	Members are directly referred by clinic staff to the Community Building program. The PSH agency manages the waitlist and member prioritization. Prioritization is dependent on each member's VI-SPDAT score. Each applicant must receive a score of eight of higher to qualify for housing support in the Community Building program. The waitlist is sorted and prioritized by VI-SPDAT score, with the highest scores at the top of the list.	
6.2 Privacy				
6.2.a	Extent to which	1 – 4	Data provided by the agency showed that most	

	tenants control staff entry into the unit	4	tenants live in units where they control entry to their units. Community Building staff and members interviewed confirmed that the PSH staff does not enter tenant units without permission, nor do they hold keys to tenant units. The program offers members an *Advance Directions* process in case of emergency. An agency form is completed with tenants. The tenant identifies if they elect to participate. If they elect to participate, the tenant identifies warning signs when someone may enter their unit. In housing records, it was documented that some members elected not to participate. In other records, members identified not returning calls or responding to outreach for a period of time as warning signs. The form indicates that some property managers require police presence to enter a unit. The form allows space for tenants to identify who they want involved and how PSH staff should identify if they need to attempt entry. The form has a section for pet owners to make decisions, in advance, for the care of their pet if the tenant needed emergency treatment.	
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which tenants choose the type of services they want at program entry	1 or 4 4	Behavioral health clinic plans completed at least once in the prior year were located in clinic files reviewed. The goals on the clinic plans appeared to be specific to the members reviewed. Members can choose or decline PSH with Community Building. Members said that clinic staff usually update their service plan annually. Members said that their goals and words are usually used on the plans, but some of the content is copied year-to-year. On some clinic plans reviewed, the content	• Ensure clinic staff approach service planning to identify individualized member goals, needs and objectives.

			of the need areas outlines services (e.g., psychiatric, case management, and nursing service) not necessarily the member's need.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Clinic staff said that they update member plans when they experience a significant change in status or request a new service. Interviewees confirmed member clinic service plans are updated annually. RI International staff track when clinic documents are due and request those at least annually. In some clinic records, documentation showed that more than one plan was completed over a year period.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Staff and tenant groups interviewed reported that tenants are able to choose the services they desire from the Community Building program. The service plans in records at the PSH agency seemed to reflect member goals. Some Community Building plans contained similar content on plans for different members (e.g., stable housing), and others did not appear to address specific areas of concern. For example, a specific barrier to a tenant maintaining stable housing in the past was keeping a clean apartment, which the plan did not seem to address. Interviewees provided different information on the extent that PSH members can modify services. PSH staff confirmed members can close from the Community Building program and maintain their subsidy, but they cannot end clinic services and continue PSH services. Two tenants also said that they cannot close clinic services and retain Community Building Services, while another tenant expressed uncertainty. One tenant said they were told they could not transition to *Navigator* status at the clinic and retain PSH	• Educate staff and members on how choices of the services members select do or do not impact other services. For example, if terminating clinic services is allowed, the impact on applicable subsidies and/or PSH services. Consider developing a simple decision flow chart that tracks how modifying services from one provider can impact other supports. PSH and clinic services are not integrated, so scenarios where members close from one or both providers impact whether members are able to choose the services they receive. • Ongoing training should occur with PSH staff regarding how to work with members to develop personalized needs and/or objectives. Match specific PSH services to directly address or support the member to address those needs. • Review the content of plans to determine if revisions are needed, such as when members obtain a residence. On plans, document the shift from services to obtain

			services. Staff at one clinic said that members cannot end their clinic services and maintain PSH services. Staff at the other clinic was uncertain if members can end their clinic services and maintain PSH services.	housing, to specify needs and services to maintain housing.
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 3	Based on records reviewed and tenant interviews, services provided by Community Building staff are flexible and appear to be based on tenants' preferences. However, in one email, PSH staff asked clinic staff if they were aware of any resources that could help a tenant maintain their apartment. PSH staff identified concerns with the tenant maintaining a clean apartment. The Community Building brochure indicates that the program can assist members with independent living skills. One of the ten member records reviewed showed that the tenant received in-house services that seemed to overlap with Community Building services. In records, some members received regular documented contact with RCs but there were also gaps in contact or outreach to members for multiple weeks. Some notes outlined survey data collected in detail, but it was not clear of the specific action plan to support tenants to address lower scored areas.	• Evaluate what training or resources the Community Building program staff can receive so they can support members with the most significant housing challenges to maintain safe and affordable housing. • Ensure all outreach to members is documented.
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 4	Services offered by the Community Building program appear to be member-driven. The program employs staff, at various levels of direct care and administration, who are self-identified as persons having lived experience with mental illness. Program tenants provide feedback through conversations with staff, surveys with ten members a month, and a tenant advisory board that meets once a month.	
7.4 Quality and Adequacy of Services				

7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	The Recovery Services Administrator supervises the four Community Building program staff. Three staff provide services, and the HS assists members with their housing search, leases, relocation, etc. PSH staff reported 59 members are in the program at the time of review, and that the caseload ratio of service staff to tenants is usually about 1:20.	• Ideally, the ratio of tenants to service staff to is no more than 15:1. With the current program structure of a HS with primary duties of managing housing searches, tenancy documents, and delivering rental payments, a fourth service staff seems necessary to achieve the ideal tenant to staff ratio.
7.4.b	Behavioral health services are team based	1 – 4 2	Members are served by staff from different agencies with separate records. Tenants receive their psychiatric care from the RBHA provider clinics, where some also receive integrated health services. The Community Building program staff assist with the housing search and services to maintain housing. Members may also receive services from other providers or other programs at RI International. In one record it was documented that a member received services from another PSH service agency simultaneously with Community Building services. Clinic and Community Building staff may coordinate over phone or email, but providers maintain separate service plans and records. PSH staff provided copies of email coordination, including with clinic staff and the agency the program contracts to conduct housing inspections. Many emails related to coordination of rent payment. Staff at clinics and the Community Building program said they do not seek input from staff at the other agency when service plans are updated. RI International staff track when clinic plans should be completed and request them in advance of the annual due date. PSH staff provided examples of their efforts to educate and inform other agencies about Community Building and PSH, including a presentation that occurred at a local networking	• Optimally, all behavioral health services should be provided through an integrated team. With separate providers, there are inherent barriers to this, including providers maintaining separate intake processes, records with possibly redundant information, etc. Staff should obtain input from each other when modifying plans if an integrated plan is not an option. Share updated plans when completed. This collaboration may prompt staff to revise plans for their prospective agency when members have a change in status. • System partners should explore if an integrated service plan can be developed. This may result in all involved service providers being aware of each other, raise awareness of stated member goals, and prevent members from needing to meet with staff at the same or other agencies, to complete separate service plans. • Review with PSH staff the agency expectations regarding email coordination. For example, generally member names should not be listed on the subject line of the email due to privacy concerns.

			event in September 2019.	
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 2	PSH staff is available 8:00 am to 4:30 pm Monday through Friday. Staff said that the agency operates an after hour line. If PSH members call they can be connected to the Recovery Services Administrator, who reported that he is available 24 hours a day, seven days a week. Staff was uncertain when the last time the Recovery Services Administrator went into the field to assist a tenant outside of standard hours, but said he is available by phone. Tenants said they do not contact RI International staff after regular hours. One tenant said their primary PSH staff told them that they are not available after hours. One member said they can call the agency emergency number and someone would call back, but it may not be housing staff.	• Ensure all members are informed of PSH staff on-call availability. Consider including the hours of PSH staff availability and how to contact PSH staff after hours on the program brochure. Members in the PSH program should be able to contact the program's on-call staff member as a primary resource in the event of a crisis. PSH staff may be better positioned to respond to and support members in the community, including outside of regular business hours, than staff from general crisis lines.

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	4
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	4
Average Score for Dimension		4
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	4
Average Score for Dimension		4
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	4
Average Score for Dimension		4
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	4
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
Average Score for Dimension		4
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
7.1.b: Extent to which tenants have the opportunity to modify services selection	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	3
7.3.a: Extent to which services are consumer driven	1-4	4
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	3
7.4.b: Behavioral health services are team based	1-4	2
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	2
Average Score for Dimension		3.13
Total Score		27.13
Highest Possible Score		28