PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

Date: June 1, 2022

To: Ebbonie Montague, Program Manager
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Dr. Shar Najafi-Piper, Chief Executive Officer

From: Nicole Eastin, BS
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AHCCCS Fidelity Reviewers

Method

On April 12 - 14, 2022, Nicole Eastin and Vanessa Gonzalez completed a review of the Copa Health 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.

Copa Health provides a multitude of services throughout the region, including integrated healthcare, permanent supportive housing, residential services, employment related services, day program activities, and counseling, among other services to a range of persons with intellectual developmental disabilities and/or mental health conditions. The PSH program at Copa Health is referred to as the Hope program.

Due to the system structure of separate treatment providers, information gathered at the Southwest Network Northern Star and Copa Health East Valley clinics were included in the review as sample referral sources. However, some data obtained reflects services provided by other partner clinics.

On October 1, 2021, Arizona Behavioral Health Corporation became the statewide housing administrator for the new AHCCCS Housing Program (AHP). The housing subsidy portion is subcontracted with HOM, Inc.

This review was conducted remotely, using videoconferencing or telephone to interview staff and members.

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

During the fidelity review, reviewers participated in the following activities:

- Program overview with Copa Health's Vice President of Housing and Community Support Services.
- Interview with the Serious Mental Illness PSH Manager.
- Group interview with four Copa Health PSH Hope staff.
- Group interview with one Case Manager and the Housing Specialist from Southwest Network Northern Star clinic and four Case Managers and the Housing Specialist from Copa Health East Valley clinic.
- Interviews with two members who are participating in the PSH program.
- Review of agency documents including the *Mercy Care Permanent Supportive Housing Service Request* form, Hope staff job descriptions, *COPA Health PSH Welcome Letter, Hope Forum Flyer, Hope PSH Flyer, PSH meeting notes,* and *On-call Policy.*
- Review of 10 randomly selected records, including charts of interviewed members/tenants.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the 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 review. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The PSH Hope tenants confirmed being offered choices in units and do not experience pressure to accept units that do not meet individual needs and preferences.
- PSH Hope staff and clinical teams do not have a role in property management functions, nor do landlords play a role in provision of support services.
- Based on data provided, most housed Hope tenants live in integrated settings in the community.
- Hope members are able to individualize service plan goals and modify service plans within the Hope program and assigned clinics. Services provided by Hope staff varied by member and seemed to be flexible based on members' changing needs and/or preferences.
- PSH Hope staff documented coordination with clinical teams and other outside agencies at a high rate. Documentation showed Hope staff providing clinical teams weekly email updates, phone calls to clinical teams, and monthly summaries sent via email.

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

- Documents necessary to support member tenancy and safe housing, leases and Housing Quality Standards inspections, were not consistently obtained by the program. As of April 2022, Copa Health employs a certified staff to perform inspections of units where

members reside. The program should continue efforts to build a collaborative relationship with subsidy administrators to retrieve completed HQS inspections and copies of leases for the tenant's file.

- Develop additional strategies to solicit and incorporate member input on program design and service provision. Although the team reports offering forums for members to attend, Hope staff were uncertain when these forums take place and members interviewed were not aware of any forums offered.
- Members and clinical team staff were not aware the PSH Hope program provides 24/7 services. Consider updating program brochures to include the on-call number and provide to members of the PSH program and clinic staff.
- Hope staff and system partners should ensure that clinical teams and service providers have a shared understanding of *Housing First* principles so that members expressing a need for housing are assisted in obtaining the housing that aligns with their preferences. All clinical team staff should be trained on PSH service provisions to support members and educate of such programs available.

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 2.5	Based on interviews with members, clinic staff and Hope staff, members have a choice in housing type. Clinic staff reported PSH services are ideal for members with a housing goal whether the member is needing assistance securing housing, maintaining housing, assistance with lease signing, understanding leases and housing related paperwork, resolving issues with landlords, and any assistance needed related to housing vouchers. At one clinic staff reported case-by-case assessing of members and having a conversation about the "reality "of independent living and whether the member is capable of success. At times, the clinic provides other options such as treatment or staffed housing and reported some members will never be able to live independently. At another clinic, staff reported when a member requests housing services, Case Managers will inform the Rehabilitation Specialist or Housing Specialist to meet with the member. Staff will complete the referral and have the PSH agency work with the member based on the member's choice of housing type as the agency is specialized in that area. One clinic staff reported Copa Health's Hope program does an excellent job of exploring housing choice	• Clinic or referring agency staff should educate members about the range of options without screening for readiness to live independently. Offer services and engage members to support them in the setting of their choice. PSH services should be structured to meet the needs of members with the most significant housing challenges.

			with members based on the members' preferences. Of the records reviewed, evidence showed members were supported in their pursuit of housing based on their preferences by Hope staff. Although there is a lack of affordable housing choices and availability in the area, Hope staff showed consistency when searching per member's preference based on information collected at intake and the first meeting with the assigned Hope Housing staff. Hope staff will support members to identify what they can afford by creating a budget and assisting members with applying for low-income housing options, when applicable. Hope staff reported speaking with landlords to encourage decreasing rent to help secure housing that aligns with members' choice. In one member record, the member changed their housing search preferences, and the Hope staff quickly supported the member based on new preferences. Members interviewed reported being assisted in searching for housing of their choice.	
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	Hope staff reported that during intake member preferences relating to location or restrictions to unit type are obtained. When a member uses a walker and would benefit from a unit on the 1st floor, or requests a complex with an elevator, that will be the search focus. When Hope staff are informed a unit will be available in coming weeks, members may choose to act quickly and secure that unit by signing a lease before physically seeing it. Hope staff will review the apartment website with the member as some websites offer virtual tours and floor plans, and the member will then determine if they want	

			to move forward with applying. Hope staff and clinical team staff have collaborated to make sure this is not consistently happening to those members they are serving. Records reviewed showed evidence of Hope staff researching and providing members with housing options based on members preferences, such as locations and their choice of unit. Documentation showed Hope staff working on a budgeting plan with a member that was needing to move to another location due to rent increase and searching for a new unit in the area the member requested. Also seen in records, Hope staff assisting members with placing their names on low-income waitlists based on the member's choice of location and advocating on the member's behalf with landlords, apartment management, and voucher holders. Members interviewed reported Hope staff assisting with locating units based on their preferences and assisting with placing their names on several low-income waitlists.	
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	Hope staff said that members can decline housing options offered, and that the program will continue to assist the member. Hope staff stated for those on low-income waitlists it depends on the property as some will put the member's name back on the waitlist, move to the end of the waitlist, and some will remove the member from the waitlist when declining the unit available. Members that hold vouchers can decline units and continue to search up to 90 days to secure a unit, however; they can request up to three extensions, if needed. Hope staff reported choice is constrained due to market factors. Fewer	

			landlords accept members with past evictions, judgements, or a criminal history. Additionally, fewer property management companies accept housing vouchers. Rent increases have greatly reduced the number of affordable units to members. One record reviewed showed Hope staff continuing to assist a member searching for housing after declining an available unit at a property when their name came to the top of the waitlist.	
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	Hope staff reported supporting members when wanting to add someone to a voucher, whether that may be a significant other, children, or friends. Clinic staff reported the voucher holder will reach out to the clinical team to ask about a potential person the member is requesting to place on their voucher for insight and approval. Any person added must pass financial and background checks as required by the property management. One record reviewed showed a member requesting a larger unit and added a child to the voucher. Hope and clinic staff assisted the member in the process. Data reflected, about 21% of members are in settings where there may be program control over housing composition, i.e., behavioral health residential facilities (BHRF).	• Control of household composition should be that of the tenants. Ensure tenants are informed of the processes to add others to leases. Advocate for members to have control of their household composition instead of allowing clinical teams to decide.
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	Based on interviews with clinic staff, Hope staff, and members, property managers do not have any role in providing clinical or social services to members. Of the 33 housed members, 21% reside in settings where there may be overlap between housing management and service staff affiliated with the residence, such as halfway houses and behavioral health residential facilities.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Per interviews conducted, service providers do not have any responsibility for housing management functions. Clinic and Hope staff denied collecting rent, serving evictions, and are not tasked to report lease violations.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 - 4 3	Clinic and Hope staff denied having offices at the locations where members reside. 78% of Hope tenants reside in independent settings where social service staff is based off-site. About 21% of members reside in settings where supportive services may be provided by on-site staff. In one record reviewed, clinic staff advocated for a member with the property manager regarding health and safety issues in the home needing to be resolved.	• Educate members in residences where social service staff are on-site or frequently visit (without member control) of other housing arrangements based on members preference.
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their	1 – 4 3	Per the data provided by Hope staff, nearly 36% of housed Hope members receive a housing subsidy. Three members have no income currently, thus do not have any responsibility for rent. Tenants on average pay nearly 32% of their income towards	• To the extent possible, with consideration for market factors, continue to work with tenants that are paying over 30% of income toward housing to find more affordable

	income for housing		rent. Of the 33 housed members, 18 members pay more than 30% of their income. About one third of housed members pay more than half of their income toward housing costs. Hope staff reported members are paying 30 – 80% of their income toward housing costs. Members that do not have vouchers may have less than $200 after paying for rent. In those situations, Hope staff assist with community resources such as food boxes to offset expenses. Clinic staff reported not referring members without income to PSH programs. However, the Hope program does accept members without an income. Hope staff assist with placing the members on housing waitlists, encourage exploring employment opportunities such as referring to employment related programs, and support members to apply for benefits. Voucher program waitlists are averaging more than one year. Hope staffed also reported challenges relating to members having funding resources for application fees and/or deposits. Hope staff must request funds through clinical teams however, the limited funds often run out quickly and there are no guarantees. One member interviewed reported a barrier of not having the funds for application fees when housing opportunities arise.	units, assistance programs, or employment to help mitigate housing costs.
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 1	The Hope program has staff that tracks when members' units Housing Quality Standards (HQS) inspections are due and communicates that information to the assigned Hope staff. Hope staff reported typically clinical teams are notified of	• Staff should develop procedures to collect copies of current HQS reports. If feasible, voucher administrators should share current HQS reports with PSH service providers, as components to supporting

			upcoming inspections from voucher holders and Hope staff are made aware of the scheduled inspections either by the member or the clinical team. Hope staff plan to meet with HOM Inc. to seek ways to better serve members in the PSH program. Staff said it has been difficult to coordinate with HOM Inc. regarding point of contact, obtaining copies of HQSs, and the requirement of a current release. Hope staff expressed wanting more involvement with the housing authority as they are the program supporting members for housing, rather than having to depend on the clinical teams. Evidence in one member record reviewed showed Hope staff coordinating with a voucher holder, clinical team, and property manager for a housing inspection to be scheduled and completed prior to the member moving into a unit. However, data provided by Hope staff shows only 15% of housed members have a current and passing HQS inspection on record. Hope staff reported having requested updated HQS from HOM Inc. As of April 2022, Copa Health has a certified staff to perform inspections of units where members reside. Hope staff completed a training with the inspector to be aware of the requirements of a passing HQS.	tenant self-advocacy and eviction prevention.
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 data provided by Hope staff, the program serves 38 members. Of the 38 members, 33 are housed. The majority of the housed members reside in an independent residence, with family, or friends, and there are no clusters of members at the same address. Only 21% of housed members reside in settings where there may be some clustering of persons with disabilities.	
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	Hope staff reported tenants have full rights of tenancy, particularly those living in independent settings and have a copy of their lease. Staff reported restricted contact during the public health emergency but are now back to providing in-person services. Staff look forward to attending lease signings with the members and to obtain lease copies. One member record reviewed showed evidence of Hope staff educating on the value of and encouraging the member to have a family/friend lease agreement. Staff provided the document to the member, but the family member ultimately declined to complete. One member interviewed reported their assigned Hope Housing Specialist was accompanying them to a lease signing the following day. Data provided by Hope staff showed 51% of members have a current lease on file with the PSH agency.	• Continue efforts to educate members, and their family and friends with whom they reside, of the benefits and protections a written housing agreement may offer. Living with family does not guarantee member's rights of tenancy. • PSH agencies should obtain and maintain current copies of all leases. For scattered site units, explore the feasibility of having voucher administrators provide copies of leases to PSH providers as leases are an important tool supporting tenant advocacy and eviction prevention. Members participating in PSH services should be educated as to the benefits of sharing the lease with the PSH services provider.

5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 4	Based on housing data provided, 73% of Copa Health PSH members reside in settings where tenancy is not contingent on compliance with program provisions.	
Dimension 6 Access to Housing				
6.1 Access				
6.1.a	Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1 – 4 3	Hope staff confirmed practicing a *Housing First* approach and that there are no other PSH program entry requirements other than a referral from a provider clinic. Hope staff reported accepting all referrals into the PSH program and assisting the members based on identified needs. The Hope program requests a Vulnerability Index Service Priority Decision Assistance Tool (VI-SPDAT) with the referral but does not use the score to base whether a member is accepted into the program. Clinic staff reported only referring members with an income to PSH program. Hope staff reported they do welcome members without an income however, the *Hope program flyer* states, "individuals without financial resource are assisted with adding his/her name to affordable housing wait lists in areas of choice, and then discharged to clinical team until circumstances change such that HOPE PSH may be of assistance" and "Have financial means (e.g., employment, SSI, voucher, etc.)". At one clinic there is a lack of knowledge of PSH program services and the *housing first* approach with case managers, the housing specialist at the clinic was knowledgeable. At another clinic, staff reported housing is the most important factor for stability in members lives, and that when members are housed, quality of life,	• Hope staff and system partners should collaborate with clinic staff to increase understanding of PSH services and of the *Housing First* model, and how PSH supports that. Assessing members' needs would be an appropriate measure if the purpose were to identify skills and services needed to support the member being successful living independently. In the evidenced-based practice of PSH, members should only need to express a desire for safe and affordable housing to be referred to PSH programs.

			basic needs, and physical and mental health improve. The Hope program reported they have not accepted any new referrals for nearly two - three months due to the member to staff ratio. Clinic staff reported not referring any members to the Hope program due to the program not accepting referrals since January 2022. It was reported by clinic staff some members that are referred to the Hope program are re-routed to Copa Health's In Home Support Program or the SHAPE program. In addition, it was reported Hope staff are providing services to SHAPE enrolled members for their housing needs. One clinic staff reported six to seven members that were referred to the Hope program were funneled to SHAPE. The potential exists that members choice of receiving PSH services is limited when the preferred program is currently not accepting new referrals.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 4	Per interviews, PSH services are available to members that request the support, whether to search for housing, needing additional support to maintain housing, requesting assistance in finding another place to live, applying for low-income housing waitlist, having challenges with apartment managers and landlords, those with or without a voucher, and those that are homeless or facing eviction. Hope staff reported depending on the need of the member they will typically meet members at least once a week to provide support and will meet those with a higher need more often based on the members situation and if there are time constraints involved. Hope staff reported one member enrolled into the program who was living with their family, the	

			members parents did not believe the member was able to live on their own due to the lack of independent living skills. Per the members preferences, Hope staff were able to assist with securing an independent unit, connected the member to a peer run agency for meaningful activities, and between the help of Hope staff, clinic staff, and the members family, the member has been able to maintain their housing and working on new skills daily. Of the records reviewed, members were in different situations as to how the Hope PSH program could assist with their housing needs. Some were housed and needed assistance finding another place to live as their rent has increased and was no longer affordable, some were living with family and friends until they could secure their own housing, some were in residential or halfway homes searching for independent living.	
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 3	Clinic and Hope staff said that the tenants control entry to their units. Per interviews, staff schedule home visits with the members and do not enter without permission. Hope staff reported when unable to connect with members and are concerned for their safety, staff will contact the clinical team and the members emergency contact. Last resort actions involve a request to Law Enforcement to complete a wellness check. Members interviewed said staff do not have access to their units without permission, one member reported welcoming staff into their home when coming to visit. Most housed members reside in independent housing, with family or friends. About 21% of	• Continue efforts to assist members who reside in transitional or treatment settings to explore their independent living options if that is their goal.

			members are in settings where staff affiliated with the residence may have varying levels of access, including halfway houses, or residentials. Clinic staff reported scheduling a time with the member to complete home visits, Hope staff reported the same.	
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	Hope and clinic staff reported members can choose the services they want at program entry, i.e., provider clinic. Members interviewed stated they are the authors of their service plans with the help of clinic staff. A review of eight member records showed five with living goals on clinic service plans and most were written in members' voice.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Clinic staff said they update member service plans annually or when there is a change in goals. Staff reported barriers to updating service plans are connecting with the member and setting aside time to complete an update to the service plan. Members interviewed reported they can modify their service plan with their clinical team when they want to add or remove goals specific to their needs. Most recent clinic service plans reviewed do not indicate current living situation goals and housing services they are receiving; the members have been engaged with the PSH Hope program ranging from four months to over one year. Five service plans indicated a housing need and steps the clinical team will take to meet the need such as referring to a PSH program. One service plan was updated two months after enrollment with the	

			PSH Hope program, however had the exact goal as the prior plan. Three clinic service plans did not indicate living situation goals or housing needs and are engaged in the Hope program for housing services.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 4	Hope staff reported they utilize the *Mercy* Care's *Permanent Supportive Housing Services Request* document to gauge the services members are needing from the program. This is completed by clinical team staff and sent along with the referral, or by Hope staff during intake. Hope staff reported members have a choice of opting out of services with the PSH provider without risking their housing. Clinic staff reported members can choose the services they receive, if a member no longer wants supportive level of care services from the clinical team, they can step down to connective or navigation level of care. Members can also advise the clinical team how often they want to be contacted regarding services. Per the member records reviewed, PSH Hope service plans are individualized, using "I" statements, documenting current and long-term living goals, steps to reach that goal including frequency of meeting with Hope staff. Some plans included additional supportive services the member requested such as counseling. One member interviewed reported meeting with Hope staff weekly working on daily living skills, budgeting, communication with their landlord, and	

			assisted with public health emergency funding for rent while searching for more affordable housing.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 4	Clinic staff reported the Hope program is flexible with members changing needs and preferences. Although, Hope staff just recently resumed in-person services since the beginning of the public health emergency. Staff stated this has been a challenge for members in housing search and when needing advocacy when services were by phone only. One clinic staff reported receiving communication from a Hope staff stating a mutual member would like to add counseling to their service plan and asked if it was okay for the PSH program to complete the referral for the member. Documented services provided by Hope staff included housing search, advocating on members' behalf with landlords and voucher holders, providing peer to peer recovery support, budgeting, locating community resources such as food banks, voucher extensions, applying to low-income housing waitlists, coordinating housing inspections, completing W-9 and move in cost sheets to provide to clinical teams for move in assistance funding, referring for startup boxes, coordination with residential staff, contact with natural supports, and updating the clinical team at a minimum weekly on member status. One record reviewed showed Hope staff updating a service plan to add goals at three months and again at six months after program entry.	
7.3 Consumer- Driven Services				

7.3.a	Extent to which services are consumer driven	1 – 4 2	Reviewers were provided a *Hope Forum Flyer* which states it is held quarterly for members to attend via videoconference or phone. Hope staff reported this forum is a way for members of the PSH program to share any feedback about the services they are receiving and to learn about various supportive housing topics. Staff reported members have not been attending the forums in the recent months even though they have the option to attend virtually. Hope staff sent this flyer to clinical teams. However, most staff were unsure when forums are scheduled. Clinical team staff and members interviewed were not aware of any forums provided by the PSH Hope program. Hope staff reported satisfaction surveys are completed on a quarterly rotation for all Copa Health programs. Per the PSH *Welcome Letter*, the Hope team consists of staff that has lived experience with mental health, homelessness, and navigation of the system.	• Ensure members have an opportunity to anonymously submit questions, concerns, and suggestions for program improvement throughout the program year. Consider revising the agency satisfaction survey pertaining to the PSH Hope program to capture member input more often than currently implemented. Consultation with other PSH providers on survey formats may be helpful. • Ensure all Hope staff, members and clinical teams are aware of the scheduled PSH forums to increase attendance and solicit member input on program design and service provision.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	At the time of the review, the program had three Hope housing specialists, a staff that conducts intakes, and a PSH program manager. Based on data provided to reviewers, the team serves 38 members that joined the program in the last two years. Interviews with Hope staff indicated also being assigned to members in the Copa Health SHAPE program to assist with housing needs. The ratio of members to staff ranges from 15:1 for one staff and 16:1 for two other staff.	• Ideally, the ratio of tenants to service staff is no more than 15:1. The current program structure of Hope staff being assigned to members in the SHAPE program limits the availability to open the PSH caseloads for members to be referred. • Hire additional Hope staff to align with the ideal member to staff ratio of 15:1.

7.4.b	Behavioral health services are team based	1 – 4 3	Clinic staff reported service planning is not integrated and Hope staff are not a part of service planning with clinical teams. Hope staff reported, however, clinical teams are welcome to attend the member intake and are sent information when it is scheduled, but rarely attend. At one clinic, staff reported not receiving communication from the Hope program on member status, however, emails sent to the clinical teams regarding intakes scheduled and completed, along with the PSH service plans were shown sent via email to the clinical teams and records reviewed showed Hope staff sending weekly updates to the partnering clinical teams, monthly summaries were sent via email and several instances of communication was documented in charts including phone calls and emails to the clinical team for coordination. In clinic charts reviewed there was minimal documentation coordinating member care with Hope staff. Monthly summaries were located by reviewers in clinic charts, however one clinic reported not knowing they received monthly summaries from the Hope program. Staff at another clinic reported coordination with Hope staff, admitting rarely documenting in member records. One member interviewed stated Hope staff participated in a staffing with their clinical team. The PSH Hope program and one partnering clinic reviewed are considered the same agency, however, have separate electronic health records for members.	• Ideally, all behavioral health services are provided by an integrated team. Consider scheduling regular planning sessions between the PSH provider, clinic staff, and the member to coordinate member care. Soliciting input and sharing updated service plans and other documentation is encouraged if an integrated health record and integrated team cannot be implemented. • Ensure clinical teams are documenting coordination with the PSH program, including receipt of monthly summaries. • Copa Health staff should explore if an integrated record system can be developed so that members that receive clinic and Hope services from Copa Health have one unified system. This may result in all involved service staff contributing to a shared comprehensive member service plan as well as improved member care coordination.

7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 3	Hope staff reported after hours services are available and that staff rotate coverage of an on-call phone monthly. Hope staff reported seldom receiving calls from members after hours. Staff reported adjustment of hours to accommodate members by working specific evenings and weekends when members request. Staff from one clinic were not aware of 24 hours/seven days a week services by the Hope program, and that members would reach out to the clinical team when needing assistance after hours. Of the members interviewed, none were aware if the Hope program has an on-call number to contact after hours and weekends.	• Ensure all members are informed of Hope staff on-call availability. Consider including the hours of Hope staff availability and how to contact staff after hours on the program brochure, welcome letter, and inform clinical teams this service is available.

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	3
Average Score for Dimension		3.67
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	3
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	1
Average Score for Dimension		2
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	1

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	4
Average Score for Dimension		2.5
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	3
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	4
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		3.33
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	4
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences	1-4	4
7.3.a: Extent to which services are consumer driven	1-4	2
7.4.a: Extent to which services are provided with optimum caseload sizes	1-4	3
7.4.b: Behavioral health services are team based	1-4	3
7.4.c: Extent to which services are provided 24 hours, 7 days a week	1-4	3
Average Score for Dimension		3.38
Total Score		**22.13**

Highest Possible Score		**28**