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

Date: December 8, 2023

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**Introduction**

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral - Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Permanent Supportive Housing Fidelity Scale, an evidence-based practice (EBP). Permanent Supportive Housing refers specifically to the EBP of helping members diagnosed with a serious mental illness (SMI) find and maintain safe and affordable housing in integrated communities, not those with disability-related eligibility criteria.

**Method**

On November 6 – 9, 2023, Fidelity Reviewers completed a review of the Arizona Health Care Contract Management 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.

AHCCMS provides residential treatment, community living placement homes and apartments, and permanent supportive housing. The PSH program, which at the time of the review served 17 members, is the focus of this review.

Due to the system structure of separate treatment providers, information gathered at the Chicanos Por La Causa – Centro Esperanza and Southwest Network - Estrella Vista clinics were included in the review as sample referral sources. However, some data obtained reflects services provided by other partner clinics, as well.

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

The individuals served through the agency are referred to as *clients* and *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:

- Group Interview with agency leadership: Regional Director, Director of Clinical Services, and Clinical Director.
- Interview with the PSH administrator (Clinical Director).
- Group interview with two PSH direct service staff.
- Group interview with two Case Managers from Chicanos Por La Causa – Centro Esperanza clinic, and two Case Managers and the Housing Specialist from Southwest Network - Estrella Vista clinic.
- Interviews with five members that are participating in the PSH program.
- Review of agency documents including policies and procedures, program brochure, *PSH Member Involvement Meeting* minutes, and group supervision logs, and Housing Quality Standards (HQS) reports and leases for 20 sampled members.
- Review of records provided by PSH program of 10 randomly selected members, including those of interviewed members/tenants.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) PSH Fidelity Scale. This scale assesses how close in implementation a program is to the Permanent Supportive Housing (PSH) model using specific observational criteria. It is a 23-item scale that assesses the degree of fidelity to the PSH model along 7 dimensions: Choice of Housing; Functional Separation of Housing and Services; Decent, Safe and Affordable Housing; Housing Integration; Right of Tenants, Access of Housing; and Flexible, Voluntary Services. The PSH Fidelity Scale has 23 program-specific items. Most items are rated on a 4-point scale, ranging from 1 (meaning *not implemented*) to 4 (meaning *fully implemented*). Seven items (1.1a, 1.2a, 2.1a, 2.1b, 3.2a, 5.1b, and 6.1b) rate on a 4-point scale with 2.5 indicating partial implementation. Four items (1.1b,5.1a, 7.1a, and 7.1b) allow only a score of 4 or 1, indicating that the dimension has either been implemented or not implemented.

The PSH Fidelity Scale was completed following the 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:

- Tenants are able make the final decision about the type of housing in which they want to live and have control over the composition of their household.
- A functional separation exists between housing related matters (rent collection, physical maintenance of the property, etc.) and services and support (case management).
- The majority of housed AHCCMS PSH members pay 30% or less of their income toward housing costs.
- The majority of housed members live in integrated settings within their communities. Additionally, most members were afforded choice in unit when selecting a residence.
- The PSH program utilizes multiple avenues to solicit member feedback to support a consumer driven program.

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

- Continue efforts to track and obtain copies of housing documents. With current leases on file, staff will be better informed to guide tenants when issues arise. Continue efforts to ensure all members reside in settings that meet Housing Quality Standards.
- Housing should not be contingent on enrollment at the clinic level. Educate staff and members on how choices of the services that members do or do not select may impact other services, i.e., inability to be enrolled in PSH services at the Navigation level of case management.
- In the Evidence Based Practice of PSH, staff are available to respond to members' crises phone calls outside of regular business hours. PSH staff are better positioned to respond to and support members than staff from general crisis lines.

**PSH FIDELITY SCALE**

| Item # | Item | Rating | Rating Rationale | Recommendations |
|---|---|---|---|---|
| **Dimension 1<br>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<br><br>4 | Clinic staff interviewed reported members decide the type of housing pursued. Staff will explain differences in affordable housing vouchers, fair market scattered sites, community living placements, and shared housing. Staff make referrals based on members' preferred housing type.<br><br>Most members interviewed reported having a choice between housing types. One member reported preferring a community placement option but due to availability and wait lists, chose scattered site housing. | |
| 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<br><br>4 | PSH staff stated that members have choice when it comes to their preferred location and choice of unit. PSH and clinic staff noted systemic impediments to choose of units, such as a lack of affordable housing options and landlords that refuse to take certain rental subsidy vouchers.<br><br>Records reviewed documented PSH staff supporting a member in changing their unit to accommodate the request for a first-floor apartment. Members interviewed reported having a choice in selecting their desired unit. | |
| 1.1.c | Extent to which tenants can wait for the | 1 – 4<br><br>4 | PSH staff reported members can decline housing options without risk of losing eligibility. Members with vouchers have 90 days to secure housing and | |

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| | unit of their choice without losing their place on eligibility lists | | staff can help obtain an extension when necessary. Staff at one clinic identified an inability to locate unhoused members as an obstacle to securing housing.<br><br>One record showed staff supporting a member in declining a unit and obtaining an extension to continue housing search. Tenants interviewed indicated the ability to choose their desired housing without losing eligibility. One tenant was unable to retain the desired current housing type. Although being provided a reasonable period to locate housing, per clinic records, referral to the PSH program was near the deadline for move out. The tenant settled for scattered site 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<br><br>4 | Clinic staff interviewed stated that members are able make the final decision about the composition of their household and choose to live alone or have a private bedroom. PSH staff reported educating members on potential barriers of adding household members to a lease. For example, persons added must pass financial and background checks as required by landlords. For tenants with a voucher through HOM, Inc. i.e., AHCCCS, the PSH program coordinates with members' clinical teams. The PSH and clinic staff reported successful collaboration in supporting tenants with adding an additional person to a voucher. One tenant resides in a half-way house and is unable to control composition.<br><br>Records reviewed showed PSH staff educating one member on why the landlord denied adding a person to their current lease. Staff offered assistance with beginning a new housing search that would accommodate landlord requirements | |

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| | | | for their desired household composition. Another record showed PSH staff coordinating with the clinic staff to request a change to the subsidy voucher in order to add a person to the lease. | |
| **Dimension 2<br>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<br><br>4 | Tenants, clinic, and PSH staff reported housing management and landlords do not have any authority or role in providing clinical or social services to members. | |
| 2.1.b | Extent to which service providers do not have any responsibility for housing management functions | 1, 2.5, or 4<br><br>4 | Tenants and staff reported service providers do not have any responsibility or role to collect rent, enforce lease requirements, serve evictions, or other housing management functions.<br><br>PSH staff reported supporting tenants with speaking to their landlords when requested by tenants. Tenants are required to be present during discussions with landlords. Staff will provide support to members for budgeting and navigating online rent payment portals. Staff also provide education on lease agreements and eviction prevention measures.<br><br>Records showed PSH staff providing education on lease agreements and supporting the member at the lease signing. | |

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| 2.1.c | Extent to which social and clinical service providers are based off site (not at the housing units) | 1 – 4<br><br>4 | Nearly all tenants reside in independent settings where social service staff are based off-site. All members interviewed affirmed that there are no clinical services based on-site where they live. | |
| **Dimension 3<br>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<br><br>4 | PSH and clinic staff reported voucher holders or those in low-income housing will pay 30% or less of income toward rent and utilities. Members without vouchers pay more.<br><br>Per the data provided, across all housed members, the average amount of income paid towards rent was 19%. Per the data provided, the majority of housed tenants pay 30% or less of their income for housing. | |
| **3.2 Safety and Quality** | | | | |
| 3.2.a | Whether housing meets HUD's Housing Quality Standards | 1, 2.5, or 4<br><br>2.5 | PSH staff reported accompanying members during new unit walk throughs, observing housing safety and conditions during home visits, and reminding members when annual home inspections are approaching for those in units that require an HQS.<br><br>Data provided 81% of housed tenants have a current and passing Housing Quality Standards (HQS) inspection. HQS inspections for six tenants were expired or not located in the records provided. | • Explore options to complete HQS inspections for members that do not receive a rental subsidy. Continue efforts to maintain copies of most recent HQS reports. |
| **Dimension 4<br>4.1 Housing Integration** | | | | |

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| **4.1 Community Integration** | | | | |
| 4.1.a | Extent to which housing units are integrated | 1 – 4<br><br>4 | Clinic staff report that members are immersed throughout the community. The data provided showed nearly all housed members are housed in scattered housing sites or market rate units throughout the community. One member is housed in a senior and disabled persons only complex.<br><br>Members interviewed reported the PSH program assisted them in locating independent housing in the communities of their choosing. | |
| **Dimension 5<br>Rights of Tenancy** | | | | |
| **5.1 Tenant Rights** | | | | |
| 5.1.a | Extent to which tenants have legal rights to the housing unit | 1 or 4<br><br>1 | Data provided showed the program has copies of 75% of tenants' current leases. By retaining these documents, the program is able to reference during discussions about tenants' legal responsibilities, working to help maintain safe and affordable housing. One member is unhoused.<br><br>PSH staff reported it is optional for a tenant to provide the PSH provider with a copy of their lease. At least two tenants did not provide a lease to the program. Tenants without leases were living with family and in a transitional living setting.<br><br>All members interviewed reported having a copy of their lease and being familiar with details of the lease agreement. | • PSH programs obtain and maintain current copies of leases for 90%, or more, of housed members. Educate members on the benefits of the PSH program maintaining a copy of tenant leases in order to confirm and advocate for tenants' legal rights of tenancy.<br>• Educate members, and their family and friends with whom they reside, of the benefits and protections a formal housing agreement may offer. Living with family does not guarantee rights of tenancy. |
| 5.1.b | Extent to which tenancy is contingent on compliance | 1, 2.5, or 4<br><br>4 | Based on the data provided, nearly all housed members reside in settings where tenancy is not contingent on compliance with program provisions. One member resides in a half-way | |

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| | with program provisions | | house and is likely subject to treatment expectations. Members interviewed reported experiencing no special requirements or rules for tenancy. | |
| **Dimension 6<br>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<br><br>3 | PSH staff interviewed report there are no readiness requirements to participate in PSH. The program practices a *Housing First* model, which recognizes having a secure place to live improves a person's ability to advance in life. The PSH program requires a referral from the member's clinical team, with the desired services requested.<br><br>Staff at one clinic were familiar with the *Housing First* model and the priority of assisting members in obtaining safe and affordable housing. Members are not required to exhibit skills to live independently. Staff noted that obtaining stable housing may be what helps the member improve.<br><br>Staff at another clinic reported familiarity with the *Housing First* model, and when permanent-independent housing is not immediately available, staff will suggest treatment-based housing or shelter-based options. Another clinic staff stated that when a member requests housing services, staff will assess functioning level for appropriateness of referral, but ultimately staff refers members to programs that members' request. | • Ideally, PSH staff and system partners collaborate with clinic staff to increase understanding 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 in being successful in living independently. Members only need to express a desire for safe and affordable housing to be referred to PSH programs. |
| 6.1.b | Extent to which tenants with obstacles to housing | 1, 2.5, or 4<br><br>4 | PSH program staff reported not having a waiting list for services. Referrals packets for individuals experiencing homelessness include a Vulnerability Index-Service Prioritization Decision Assistance | |

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| | stability have priority | | Tool (VI-SPDAT) and would be prioritized to receive PSH services.<br><br>Clinics reported that hospitalized and unhoused members are prioritized as well as the medically compromised. | |
| **6.2 Privacy** | | | | |
| 6.2.a | Extent to which tenants control staff entry into the unit | 1 – 4<br><br>4 | Most members live in a setting where they can control entry into their residence. Neither clinical nor PSH staff hold copies of tenant keys. Staff reported that when they think there is a threat to life or safety, law enforcement is called for a safety well-check.<br><br>Members interviewed reported having privacy and control over entry into their units. | |
| **Dimension 7<br>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<br><br>4 | All referring clinic staff interviewed indicate that members choose the services they want at program entry and members are the authors of their service plan. Members interviewed affirmed the ability to control what was on their service plan when initiating services at the behavioral health clinic. | |
| 7.1.b | Extent to which tenants have the opportunity to modify service selection | 1 or 4<br><br>4 | Staff interviewed reported that service treatment plans are completed collaboratively with members to reflect desired services. Member service plans are considered a living document and updated as frequently as needed when goals change, at the member's request, and when there are significant life changes, such as psychiatric hospital discharge or incarceration. | |

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| | | | Clinical teams reported a barrier to updating treatment plans when members are unable to be located. One member reported that the clinical team explains the benefits of adding support services to their plan. | |
| **7.2 Service Options** | | | | |
| 7.2.a | Extent to which tenants are able to choose the services they receive | 1 – 4<br><br>3 | PSH staff reported that during the initial intake staff inquire about what services are needed, what is desired, discuss planning steps to take, and how often to meet. Service plans are written in members' voice based on preferences, strengths, needs, and goals. Staff reported that members must be enrolled with a clinic and complete an annual comprehensive assessment and a psychiatric evaluation to engage in PSH services.<br><br>Records reviewed showed services plans were updated to reflect changes to goals that varied from locating and maintaining affordable safe housing, budgeting, daily living skills, and coping skills.<br><br>Some members interviewed reported needing to participate in clinic services in order to retain a voucher subsidy and were unaware if being engaged in no services was an option. | • Educate staff and members about how choices of the services members do or do not select, impact other services. For example, if terminating clinic services, inform of the impact on applicable subsidies and/or PSH services. |
| 7.2.b | Extent to which services can be changed to meet tenants' changing needs and preferences | 1 – 4<br><br>4 | PSH staff reported that members regularly choose to modify service plans after enrolling in the PSH program because initial objectives shift, and members become aware of new needs. PSH staff review progress with tenants monthly to identify accomplishments and offer options to support new goals. | |

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| | | | Records reviewed showed treatment plans were updated with new objectives as frequently as once per month to once every six months. | |
| **7.3 Consumer- Driven Services** | | | | |
| 7.3.a | Extent to which services are consumer driven | 1 – 4<br><br>4 | Members interviewed reported that the PSH program solicits tenant feedback through an anonymous satisfaction survey, in-person quarterly *Tenant Forums*, and through one-to-one discussions.<br><br>Per review of the *Member Involvement Meeting* minutes, PSH staff provided resources for family counseling, community resources, a discussion of overall PSH program goals, and received member feedback on support services desired. | |
| **7.4 Quality and Adequacy of Services** | | | | |
| 7.4.a | Extent to which services are provided with optimum caseload sizes | 1 – 4<br><br>4 | At the time of the review, the program had 17 members enrolled in the program with two Housing Specialists providing services. The average member to staff ratio is 9:1. Housing Specialists do not have other duties outside of the PSH program and are at an appropriate caseload size. | |
| 7.4.b | Behavioral health services are team based | 1 – 4<br><br>2 | Member interviews and records reviewed identified that, in addition to their assigned clinical teams and PSH staff, some tenants received counseling/psychotherapy from various service providers.<br><br>PSH staff stated that when members need substance use treatment or counseling referrals, staff will coordinate with clinics. Staffings are held with clinic staff and other service providers quarterly to address progress, concerns and needed outside referrals. Staff reported that most | • Ideally, in the EBP of PSH, all behavioral health services are provided by an integrated team. Due to the current structure of the system with separate service providers, this is not possible. |

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| | | | communication with clinical teams occurs by email or phone, and occasional virtual meetings.<br><br>Some clinic staff reported being unaware of the range of services that a PSH program would provide. Most referrals are made when a member receives a housing subsidy voucher and requests assistance with locating housing. Some clinic staff have access to the *Padmission* website to search for available units accepting subsidy vouchers but is not a resource available for all case managers.<br><br>The majority of records reviewed had documented coordination of care between the PSH program and clinical teams. Records showed PSH staff scheduling and conducting meetings between clinic staff, counselors, and the member to coordinate care. PSH staff completed monthly summaries of services delivered, however, clinic staff interviewed, were unable to confirm receipt. | |
| 7.4.c | Extent to which services are provided 24 hours, 7 days a week | 1 – 4<br><br>3 | According to PSH staff, the program offers supportive services twenty-four hours a day, seven days a week. PSH staff adjust their schedule to accommodate members after hours or weekend needs. When after-hour calls are received, staff will schedule to meet members for in-person follow-up the next business day, when necessary. Staff report not receiving calls after hours or crisis calls that require in-person contact. Staff reported that if a crisis call were to be received after-hours that would require staff presence, PSH would assist tenants in contacting the local crisis line.<br><br>One record showed a member calling PSH staff with concerns for safety during evening hours at their complex. Staff suggested the member | • 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. In the EBP of PSH, members are able to contact program 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. |

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| | | | contact the leasing office during business hours to register their concern. Members interviewed were unaware of what services are available outside of business hours. | |

**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 | | 4.0 |
| 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 | | 4.0 |
| 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 | | 4.0 |
| 5. Rights of Tenancy | | |
| 5.1.a: Extent to which tenants have legal rights to the housing unit | 1,4 | 1 |

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| 5.1.b: Extent to which tenancy is contingent on compliance with program provisions | 1,2.5,4 | 4 |
| Average Score for Dimension | | 2.50 |
| 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 | 4 |
| Average Score for Dimension | | 3.67 |
| 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 | 4 |
| 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 | 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 | 3 |
| Average Score for Dimension | | 3.50 |
| **Total Score** | | 24.92 |

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| **Highest Possible Score** | | 28 |