PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: Christopher Bartz, Recovery Services Administrator

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AHCCCS Fidelity Reviewers

Method

On January 22-24th, 2018, Georgia Harris 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 Maricopa County.

RI International offers services through two Wellness City locations in Arizona; in addition to PSH, services include individual peer support, peer employment training (PET), crisis supports, and transitional housing. This review focuses on the *Community Building* Permanent Supportive Housing program at RI International. The housing subsidy provided to tenants through this program is funded by the Regional Behavioral Health Authority (RBHA) through a block grant. RI International manages the program waitlist separately from other subsidy or voucher programs managed by the RBHA. Due to the nature of the referrals, which originate at external clinics, information gathered at the Partners in Recovery – Metro Center and La Frontera EMPACT- Comunidad clinics were included in the review, with a focus on co-served members.

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

During the site visit, reviewers participated in the following activities:

- Orientation and tour of the agency on January 22, 2018;
- Interview with the Regional Director and the Recovery Services Administrator;
- Individual interviews with Housing Specialists (HSs) at both partner clinics;
- Group interview with RI's direct services staff: two Recovery Coaches (RCs) and one Housing Specialist (RI HS);
- Interviews with eight members who are participating in the PSH program;
- Review of agency documents including intake procedures, eligibility criteria, wait list and criteria, team coordination and program rules; and,
- Review of 10 randomly selected records, including charts of interviewed 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 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:

- Tenant choice and tenant privacy are hallmarks of the *Community Building* program. Tenants select units of their choice in the communities where they want to live; tenants can live with whom they chose, and service staff do not have keys for entry.
- Functional separation exists between housing management companies and the *Community Building* program. RI staff interacts with landlords in a limited capacity; often to facilitate tenant communication with housing management at the request of the tenant, or to enforce contractual safety requirements (i.e., Housing Assistance Payment- HAP contracts).
- RI staff provides services that are highly flexible, can adapt to type, location, intensity and frequency, based on tenants' changing needs and/or preferences. Tenants reported that RI staff are flexible and always willing to work on their immediate needs, short-term and long range goals.

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

- Though the *Community Building* program has employees that are self-disclosed as persons with a lived experience in mental illness, RI should consider re-instituting the housing advisory board or exploring other opportunities to give tenants the chance to implement changes to the program as a unified group.
- RI and its clinical partners should develop regular opportunities for the full clinical team and PSH service provider to meet for coordination of care. Regular meetings with the full clinical team could broaden RI's presence with the teams; therefore, lessening the impact of Case Manager turnover.
- At the clinic level, tenants are not the authors of their service plans. Tenant goals were often written in the tenant exact words; however, many of the service plans reviewed did not provide any action steps towards the expected outcome of living independently. Clinical teams should always prioritize the successful fulfilment of goals set by tenants and should adapt service plans to reflect the current aspirations of the tenant.

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	Tenants in the RI *Community Building* program are free to choose the type of housing they desire, both at the clinical and at the agency level. Housing Specialists (HSs) interviewed at both clinics described their approach to housing search with the reviewers. Though the assigned duties of an HS was defined differently at each clinic, it was clear that all HSs were responsible for reviewing available housing options for each member referred to them for housing assistance. Both HSs reported that their primary focus is to find community-based, permanent housing within a tenant's budget. In order to mitigate leasing costs, a HS may assist tenants with applications to the RBHA Scattered Site waitlist, affordable housing communities and/or HUD voucher programs (i.e., Section 8) in various counties. Tenants interviewed who were housed in the past year also report that they were given the option to search for housing based on the neighborhood and amenities that were within their budget.	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment programs,	1 or 4 4	RI tenants have choice among multiple units and in a variety of settings. Staff and tenants reported that each tenant was eligible to lease any unit they desired in the community, "as long as it will pass the Housing Quality Standards (HQS) inspection and falls within the HUD fair market value standards". Staff and tenants confirmed this commitment to choice through examples of individualized/unique housing searches. In one	

	tenants are offered a choice of units		example, the team partnered with a realty company to find one tenant a three-bedroom home that was suitable for her physically disabled spouse, her child and grandchild.	
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	RI tenants can wait for their unit of choice without restriction or risk of program discharge. Since the RI *Community Building* program is not directly affiliated with the RBHA housing programs, tenants are placed directly on the *Community Building* waitlist and not on the RBHA waitlist for Scattered Site or Community Living Placement (CLP) programs. Once selected, tenants work indefinitely with RI staff to find suitable 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 4	RI tenants have control of the composition of their households. According to RI staff, tenants are not subject to third-party approvals (i.e., RI staff or psychiatric clinical teams) in this matter. Rather, tenants and additional residents are only required to meet standard leasing requirements, as defined by the leasing community or property of interest. Tenants who want to add lessee (i.e. significant other/roommate/ adult child) must agree to have them pay 50% of the rental costs. There are no additional fees for minor children. Tenants interviewed confirmed the validity of these claims by providing examples of their own personal experiences with the program.	
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	1, 2.5, or 4 4	Staff and tenants reported that housing management providers do not have any authority or formal role in providing social services to tenants. Staff stated that communication with landlords and property management is restricted	

	authority or formal role in providing social services		to matters outlined in their HAP contract(s) with RI; these contracts are focused on keeping the landlord(s) accountable for maintaining rented units in good repair.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	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 RI does not collect rent, and does not enforce lease requirements, initiate evictions, or any other property management functions. Aside from the enforcement of HAP contracts with landlords, the *Community Building* program maintains tenant files which include move-in documents, copies of leases, current HQS inspections, and service plans for social services at RI's Wellness City.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	The *Community Building* program does not maintain offices at any apartment complexes or any housing sites. RCs provide community-based services that may include services conducted at the tenant's residence when appropriate to the stated needs. Records reviewed also indicated that RI's services are often provided in the community, with occasional planning meetings within the RI offices.	
Dimension 3 Decent, Safe and Affordable Housing				
3.1 Housing Affordability				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 4	The RI team provided reviewers with the lease agreements for 90% of the tenants. The data provided suggests that tenants spend approximately 16% of their income on rent. Staff and tenants interviewed stated that no tenant pays above 30% of their income for housing. Though tenants are encouraged to lease properties with utilities included, staff acknowledged that those types of units are	

			becoming increasingly hard to locate. As an accommodation, tenant subsidies are adjusted according to HUD guidelines to accommodate for additional utility bills.	
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 2.5	All units leased through the *Community Building* program receive HQS inspections by a partnering agency, HOM Inc. Inspection results are sent to the RI Housing Specialist for follow up with tenants and/or landlords. The RI team provided reviewers with 87% of the requested HQS inspections for tenants who are currently leasing. Reviewers were provided with the initial and (if applicable) the annual HQS inspections for these tenants. Though one tenant's unit had failed the inspection, documentation provided revealed that RI was in the process of enforcing their HAP contract, holding the landlord accountable for their lack of responsiveness to the tenant's request for unit repairs.	• The *Community Building* program should continue every effort to obtain and retain HQS inspection records on each unit that is leased through the program.
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 the data provided, virtually all of the RI tenants live in fully-integrated settings in the community. RI staff reported that members are free to accept housing that does not exceed the HUD fair market value; however, due to a general decline in affordable housing, the team performs a comparison analysis of area properties and provides an adjusted increase to their rental subsidy, as needed.	
Dimension 5 **Rights of Tenancy**				
5.1 Tenant Rights				
5.1.a	Extent to which	1 or 4	The RI tenants are given full, legal rights of	

	tenants have legal rights to the housing unit	4	tenancy. Of the tenants who were identified as housed at the time of review, approximately 90% of their leases were available for evaluation. All of the leases provided had standard rental agreements that appeared compliant with local landlord/tenant law. RI staff report attendance at all lease signings; using the opportunity to obtain a copy of the lease for the tenant(s)' file. Staff reported that most tenants prefer to provide RI with a copy of their lease; ensuring they will have access to this document in an emergency or if it is accidentally misplaced.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions	1, 2.5, or 4 4	The RI tenants are free from any addendum(s) and/or contingencies to tenancy beyond the requirements associated with standard lease agreements. None of the leases and/or tenant files inspected showed any evidence of documentation that restricts the members' rights of tenancy. Tenants also denied the presentation and/or enforcement of any rules (aside from those outlined in their leases) by their landlord(s) or the agency.	
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	Clinical staff and RI staff stated that tenants do not have to demonstrate housing readiness to gain access to housing units. The HSs interviewed discussed their approach to housing with reviewers, often stating their commitment to helping tenants find the home of their choice within their budget. Tenants reported that they were not required to demonstrate readiness prior to participating in the housing search and/or before applying to available housing programs through their clinical teams or with RI. The	

			majority of RI's tenants are self-referrals; many of them learn about the *Community Building* through other program tenants or when referred for other programs during their Wellness City orientation.	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 2.5	The RI program proactively seeks tenants who have obstacles to housing stability. RI staff report that all tenants applying to the program must be homeless. Each applicant is evaluated using the Vulnerability Index-Decision Assistance Tool (VI-SPDAT). Each applicant must receive a score of eight of higher to qualify for housing 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.	• Based on the current system structure, RI and other system partners may have limited ability to fully align with this item. However, RI should continue in all of its current efforts to explore and advocate for affordable, independent housing options for all tenants in need of housing assistance.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit	1 – 4 4	Per staff and tenant report, the RI staff does not enter units without specific permission from tenants, and RI does not hold keys to tenant units. Tenants said that property managers must give advance notice before entering their units. Some landlords may request that social service providers enter units without permission; documentation showed that one clinic CM declined to enter a unit without permission since it was a violation of the tenant's right to privacy.	
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 1	At the clinic level, tenants are not the full authors of their service plans. Tenant goals were often written in the tenant exact words; however, many of the service plans reviewed did not provide any action steps towards the expected outcome of living independently. Additionally, the tenants who had multiple clinical service plans did not display any revision to the housing-related goals; most	• Tenant service plans should not only reflect the tenant's housing goals, but also the necessary action steps for achieving those goals. Clinical teams should always prioritize the successful fulfilment of goals set by tenants and should adapt service plans to reflect the current aspirations of the tenant.

			were re-written verbatim from year-to-year.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Tenants initiate and are offered routine opportunities to modify their service selections both at the clinic and at the agency level. Tenants, clinical and RI Staff confirmed that tenants are able to modify their clinical service plans annually or upon request. The clinical service plans evaluated by reviewers were updated annually.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Once entered into the *Community Building* program, tenants are able to modify service selection at any time they feel, with a minimum frequency of 90 days. Evidence was found in tenant charts supporting this claim; charts that were reviewed showed that outcomes were documented thoroughly, and modifications to the support plan were established swiftly. Tenants are able to choose from the array of services that the RI Wellness City has to offer, without restriction. Both the staff and tenant groups agree that tenants have complete freedom to choose the services they want while enrolled in the program. Housing-specific services are performed by RCs; these sessions are individualized and occur with the tenants in community settings. There is no minimum frequency for services; rather, frequency is established by the tenant. Clinical staff, tenants, and RI staff all stated that tenants are free to decline any and all services offered; however, disenrollment from their AHCCCS and/or RBHA benefits will terminate their housing services, but not the subsidy.	• The agency and the RBHA system should continue to explore all opportunities to develop each tenant's ability to become self-sufficient, capable of maintaining their home, should they leave the RBHA system for any reason.
7.2.b	Extent to which services can be	1 – 4 4	Services provided by RI staff are highly flexible, can adapt to type, location, intensity and frequency,	

	changed to meet tenants' changing needs and preferences		based on tenants' changing needs and/or preferences. Tenants reported that RI staff are flexible and always willing to work on their immediate needs, short-term and long range goals. Multiple instances were found in the records of the RCs attending a scheduled appointment to work on a goal outlined in their RI service plan, only to change the activity based on the tenant's expressed need that day. In one instance, the RC arrived at the home to transport the tenant to an appointment at a government office. Upon arrival, the tenant was having personal issues that required a trip to counseling services instead. The RC helped to coordinate the appointment and then transported the tenant to the session.	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 3	Most of the services offered by the RI program are member-driven. The *Community Building* program employs staff who are self-identified as persons having lived experience with mental illness. Program tenants are able to provide feedback through the direct conversations with staff, feedback on their 90-day post surveys, or the use of the suggestion box in the RI office. The program is in the process of rebuilding their tenant advisory board, as participation among the members has dwindled over the past year.	• Consider re-instituting the housing advisory board or exploring other opportunities to give tenants the chance to implement changes to the program as a unified group.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	The direct services staff of the *Community Building* program serves 48 tenants. The program staff consists of one Housing Specialist (RI HS) and two Recovery Coaches (RCs). The RI HS provides housing search, relocation, and leasing assistance to all of the program's tenants. The two RCs provide the supportive services, as outlined in	• The RI program should continue all efforts to obtain an additional RC and maintain the current RCs on the team to keep tenant to staff ratios within 15:1.

			their RI service plans. The RCs are assigned 24 tenants each. RI administrators reported that they are in the process of recruiting for an additional RC.	
7.4.b	Behavioral health services are team based	1 – 4 2	RI provides some on-demand clinical services to program tenants. RI tenants have access to Master's level counselors for Dialectic Behavioral Therapy (DBT) and other counseling services; however, the majority of all psychiatric clinical services are provided through the RBHA clinical teams. The RCs and the Wellness City staff have a shared clinical record and are able to share information on tenants' progress in their other activities at RI. The 90-day planning meetings are often used as opportunities to receive updates on tenants' progress. RI staff report that their point of contact on the clinical teams is the Case Managers (CMs); though there are some that are very involved with the RI team, constant turnover with CM staff has made it increasingly difficult to find a point of contact for each program tenant. This is often the main concern when trying to obtain updated treatment plans and assessments from the clinic for the members' records.	• Preferably, all behavioral health services are provided through an integrated team. If this is not possible due to the current structure of the system with separate service providers, it is recommended that clinical team(s) and the PSH service provider continue to hold regular planning sessions to coordinate care in order to work more fluidly as a team, even if full integration cannot be achieved. Ongoing coordination with the clinic CM, soliciting input into the service planning process, and sharing of written documentation is encouraged.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	RI tenants have access to RI staff 24 hours a day, seven days a week. Tenants are free to call the RI staff or the referral line at any time between 8am and 5pm. In the case of an after-hours crisis, tenants are transferred to the Recovery Response Centers (RRC) for assistance. The RI administrative staff also have on-call phones and are available to respond to overnight emergencies that may arise with tenants. The *Community Building* staff are accessible to tenants beyond regular business hours; staff are able to adjust their schedules to accommodate the services provided to tenants.	

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	2.5
Average Score for Dimension		3.25
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	4
Average Score for Dimension		4
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the	1,4	4

housing unit		
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	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
Average Score for Dimension		3.5
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	1
7.1.b: Extent to which tenants have the opportunity to modify services selection	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: 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	3
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	4
Average Score for Dimension		3
Total Score		25.75
Highest Possible Score		28