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 November 29th-December 1st, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the RI International's 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, RI offers 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. This program receives block grant funds from the Regional Behavioral Health Authority (RBHA) to provide *PSH services*, and the agency chooses to use part of those monies toward subsidizing scattered site housing. 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 Lifewell-Windsor and Terros-Enclave clinics were included in the review, with a focus on co-served members.

The individuals served through the agency are referred to as "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:

- Interview with the Recovery Services Administrator and the Regional Director;
- Interview with two Recovery Coaches (RCs);
- Interviews with seven 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 ten randomly selected member records.

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:

- Tenants have full control over their choice of unit and their composition of household. The RI rental subsidy is not withheld if tenants desire to share their residence with another person; rather, the RI team makes arrangements for the new tenants to assume a portion of the rental costs.
- The RI team was able to provide evidence of all requested lease agreements and Housing Quality Standards (HQS) reports for tenant units, verifying that tenants reside in safe and affordable housing units.
- RI's tenants are given full, legal rights of tenancy; they are not subject to additional program rules aside from those laid out in a standard, rental market, lease agreement.

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

- Referring staff from local clinics remain clouded on the differences between housing options for tenants. Most staff interviewed seemed willing to explore all options with potential tenants, but were unsure of the differences between those options. Due to the current system structure, RI may have limited ability to affect the housing choices offered to tenants. Nonetheless, the agency, RBHA, and other system agencies should continue to proactively educate referring staff members on all the available options to tenants.
- At the clinic level, tenants are not the primary authors of their service plans. Though tenants are ultimately getting the type of housing they desire, their ISPs are clinical jargon, lacking specificity on the course of action needed to achieve their ISP goals. RI's program compensates for this lack by developing ISP addenda with program tenants. Though the RI agency assists tenants with achieving their goals, it is incumbent upon clinical teams to continually create and provide the PSH agency with sound, fully-developed ISPs.
- Many of the annual clinical ISPs were either outdated (more than a year old) or missing from the RI charts. RI staff and tenants reported their challenges in obtaining current documentation from the clinical teams. In the current system structure, RI may not be able to affect ISP creation and delivery; still, RI should continue to routinely reach out to clinical teams (by phone, email, or in-person) in an effort to ensure a fully updated tenant record.
- The RI team should work to keep staff caseloads at fifteen (15) tenants or less. In the PSH model, fifteen or less tenants per staff is considered optimal size for direct service provision.

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	Though tenants are free to choose among housing types once participating in the RI program, referring clinical teams still exercise significant control over tenants' access to housing programs. Clinical staff interviewed were often unable to distinguish the differences between the housing options available to RBHA members, often admitting their confusion regarding the functions of each type (e.g. Community Living Placement vs. Scattered Site). Moreover, clinical staff were unfamiliar with the RI Community Building program, often confusing it with a separate RI program- the Transitional Living Program (TLP). RI staff stated they do receive some direct referrals from clinical teams; however, the majority of their referrals come directly from the members themselves. Once admitted to the program, RI Community Building tenants are free to choose among various types of housing. The Housing Specialist (HS) sits with the tenant to discuss their housing needs and preferences. Once housing information is gathered, the Housing Specialist and the assigned Recovery Coaches work with the tenants to locate affordable housing opportunities that reflect the tenants' identified preferences. Staff and tenants interviewed reported that one-bedroom	• The RBHA and RI team should continue to expand efforts to train and familiarize clinical partners with not only the benefits of the RI program, but the necessity of a system-wide focus on philosophy and principles of the Evidence Based Practice (EBP) of Permanent Supportive Housing (PSH).

			apartments were the most common living arrangement in the RI program.	
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	Tenants in the RI Community Building program are free to choose among multiple units. Staff and tenants interviewed stated that each tenant was free to select any living situation 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; most people interviewed quoted the lease value standard at around $735 per month.	
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 program is not subject to the RBHA waitlist for Scattered Site or Community Living Placement programs, tenants need only to wait for their turn on the RI waitlist to be served. Once their turn arrives, tenants are free to participate in the search phase until appropriate housing is secured.	
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 in their composition of their household. According to RI staff, the RI program provides no arbitrary restrictions to a tenant's composition of household; rather, tenants and additional residents are only required to meet standard leasing requirements, as defined by the leasing community or property of interest. RI staff reported that tenants who want to add an additional resident must agree to have them pay 50% of the rental costs (minor children are excluded from this obligation). Some of the tenants interviewed were living in these types of arrangements; all reported they were satisfied	

			with RI's approach to this matter.	
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	Housing management staff have no authority or role in providing social services to tenants. Staff and tenants reported that the tenants are not required by landlords to participate in clinical or social services to maintain their housing. Landlords are not invited or required to report tenants' progress with the RI team. RI may become involved with a landlord for eviction prevention, when requested by the tenant. RI staff must have a Release of Information (ROI) on file to interact with the landlord on any level.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	The RI team is excluded from all housing management functions. RI staff and tenants report that the RI team is not involved in any housing management actions including: rent collection, lease enforcement, and eviction proceedings. In fact, to further maintain this separation within the agency, each tenant's housing related forms, contracts, and agreements are intentionally kept separate from their housing/social services plans and documentation. Tenants are encouraged to advocate for themselves when concerns arise; however, the RI team will provide direction on how to engage appropriately with property managers.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	Social and clinical service providers are based in offsite locations. Though the RI staff offices are based at the main Wellness City location, RI staff are mobile, providing services to tenants at the Wellness City campuses, in the community, or in the tenants' homes. Clinical teams are also mobile; providing services in the community or at their	

			assigned behavioral health clinic.	
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 all of the requested lease agreements for the program's tenants. Based on the rental data provided, tenants paid approximately 15.96% of their incomes on rent. Staff and tenants interviewed stated that no one in the program pays above 30% of their income for housing. Staff often encourage tenants to find units that are leased with utilities included; however, if a member desires to move into a unit that does not include utilities (which may cause the rent to exceed HUD's fair market value), the tenant agrees to sign a document acknowledging their commitment to pay the utilities on their own. This statement was confirmed with a group of staff and members who currently have had this arrangement in the past.	
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 4	The RI team provided reviewers with all of the requested HQS inspections for tenants who have leased units. It was noted that each tenant received annual inspections; some tenants received additional inspection if their units had failed HQS previously. All of the HQS inspections reviewed were current and had a passing grade. All HQS inspections are conducted by a partnering agency, HOM Inc. Inspection results are sent to the RI Housing Specialist for follow up with tenants and/or landlords.	
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 tenants participating in the RI program are living in fully-integrated settings in the community. Members are free to accept housing that does not exceed the HUD fair market value.	
Dimension 5 Rights of Tenancy				
5.1 Tenant Rights				
5.1.a	Extent to which tenants have legal rights to the housing unit.	1 or 4 4	Tenants in the RI program are given full, legal rights of tenancy. Based on the leases provided to reviewers, all program tenants have lease agreements that are standard for all occupants, free from modification(s) that limit the freedoms of tenants identified with an SMI and/or any other disability. RI staff report they are required to attend all lease signings; they use the opportunity to obtain a copy of the lease for the tenant's RI file.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 4	RI's tenants live in settings that are free from addendum(s) and contingencies to tenancy, or based on compliance with rules not associated with standard leasing agreements. None of the leases and tenant files inspected showed any evidence of documentation that restricted rights of tenancy in this way.	
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	Based on staff interviews and the data presented to reviewers, it appears that tenants are not required to demonstrate readiness prior to gaining access to housing and housing programs. Clinical staff discussed their approach to housing with reviewers, often stating their commitment to helping tenants find the home of their choice. Most staff interviewed reported that the majority	

			of their tenants live independently in the community. Staff reported that all tenants who are homeless or in need of relocation assistance receive help from the clinical team. The majority of RI's tenants are self-referrals; per RI staff, none are required to have a certain "level of functioning" prior to enrolling in the program.	
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 are evaluated for a Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT). RI staff reports using the VI-SPDAT scores to prioritize candidates for housing placement on their waitlist. Referrals that come through the RBHA are required to be homeless with a VI-SPDAT score of an eight or higher to qualify for housing in the RI program.	• Based on the current system structure, RI and other system partners may have limited ability to fully align with this area. However, RI should continue to explore independent housing options for members according to their preferences, including those who do not qualify for RBHA affiliated vouchers.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 4	The RI staff do not have access to tenants' units in any housing scenario. The team reports that they do not have keys to access tenants' units. Advanced directives are not a program requirement; however, RI does provide tenants with the option to declare or deny any advanced directives one may have at any time. Some tenants found advanced directives to be useful; for example, one tenant stated that his fiancée has sole authority to conduct any wellness checks in emergency situations. Staff also reported that they would contact property managers and/or local authorities to conduct wellness checks on tenants who have been out of contact with the RI team.	
Dimension 7 Flexible, Voluntary Services				
7.1 Exploration of tenant preferences				
7.1.a	Extent to which	1 or 4	At the clinic level, tenants are not the primary	• Tenant service plans should not only

	tenants choose the type of services they want at program entry.	1	authors of their service plans. Though tenant goals to live independently in the community were fulfilled, many of the service plans were written in clinical jargon, and not the tenant's own words. Many of the service plans reviewed did not provide any action steps towards the expected outcome of living independently. In fact, reviewers were told that the RI team creates addendums to clinic ISPs (and other service selection forms) to create more specific, tangible routes to ISP goal fulfilment.	reflect the tenant's basic housing goals, but also the necessary, individual action steps for achieving those goals.
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 1	Though RI staff offer opportunities to modify tenants' services every 90 days, many of the tenant's clinical ISPs were more than a year old or missing from tenants' charts. RI staff shared their concerns with reviewers, often explaining their challenges in obtaining updated documentation from clinical teams. Tenants also stated their concerns regarding their ISPs; some tenants attributed the backlog in updated documents to a lack of consistent staffing on clinical teams. Clinical staff interviewed did not mention any concerns or issues regarding ISP updates or difficulties with completion.	• In the current system structure, RI may not be able to affect ISP creation and delivery; still, RI should continue to routinely reach out to clinical teams (by phone, email, or in-person) in an effort to ensure a fully updated tenant record.
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 3	Both the staff and tenant groups agree that tenants have complete freedom to choose the services they want while enrolled in the program. Staff conduct individualized sessions with tenants, and provide their services at whatever frequency is desired by the tenant. Tenants, RI and clinical staff also said that tenants are free to decline offered services, but disenrollment of AHCCCS/RBHA benefits will terminate housing services and subsidy.	• System partners should collaborate to develop mechanisms for tenants to choose from an array of services, including the option of not having services (e.g., to ask for case management or refuse case management).
7.2.b	Extent to which	1 – 4	The service mix offered is highly flexible,	

	services can be changed to meet tenants' changing needs and preferences	4	adaptable, and based on tenants' changing needs and preferences. Both staff and tenant groups report that tenants can change their services at any time. In tenants' charts, reviewers found copies of the ISP addendum sheets; these sheets are used to provide detailed input and specificity to the tenants' goals, as laid out in the ISP. These sheets have no apparent frequency; they are completed when changes are requested by the tenant.	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 4	Virtually all of the services offered by the RI program are member-driven. At the time of review, all of Community Building staff were self-disclosed persons, having lived experience with mental illness. Also, the program had recently started a housing advisory board. The advisory board consists entirely of program tenants. Some of the tenants who participate in the board were interviewed. They felt the advisory board gives them a direct voice with RI; they run their meetings on Robert's Rule of Order and providing their feedback to the program manager (who is also self-disclosed as a peer).	
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	The Community Building program serves approximately 52 people. At the time of review, RI International had three Recovery Coaches (Staff). The Housing Specialist (HS) recently left the position. Staff reported having about fifteen to twenty (15-20) tenants each. Staff reported that having such high caseloads creates some difficulty when maintaining their progress notes/tenant charts.	• Keep staff caseloads at fifteen tenants or less.
7.4.b	Behavioral health services	1 – 4 2	In the current system structure, the individual case managers from the provider network clinics are	• Ideally, all behavioral health services are provided through an integrated

	are team based		responsible for all behavioral health coordination for tenants. Agency documentation, tenant records and staff interviews indicated that RI International staff will attempt to coordinate with clinical staff when there are concerns or needs that are outside of RI's scope of services (e.g. medication monitoring). RI staff reported they often experience coordination challenges with the clinical teams; however, reviewers found evidence in tenant charts of RI staff making contact with clinical staff in tenant emergency situations.	team. This may not be possible due to the current structure of the system; however, it is recommended that the clinical team and RI International continue to coordinate care, even if full integration cannot be achieved. Ongoing coordination with the clinic staff, making contribution(s) to service planning, and sharing any documented progress, should be continually encouraged.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	Beyond the regular office hours, RI International provides an extended level of coverage to tenants 24 hours a day, seven days a week. Staff reports having the referral line open for tenants to call at anytime. Those who are experiencing a crisis after hours are also free to go to the Recovery Response Centers (RRC) for assistance. The RI administrative staff also have on-call phones for overnight emergencies that may arise with 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	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	4
Average Score for Dimension		3.63
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2.5,4	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2.5,4	4
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	4
Average Score for Dimension		4
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	4
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2.5,4	4
Average Score for Dimension		4
4. Housing Integration		
4.1.a: Extent to which housing units are integrated	1-4	4
Average Score for Dimension		4
5. Rights of Tenancy		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	4

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2.5,4	4
Average Score for Dimension		4
6. Access to Housing		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	4
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	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	1
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	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	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		2.75
Total Score		25.88
Highest Possible Score		28