



Pascua Yaqui TRBHA  
CENTERED SPIRIT PROGRAM  
Provider Manual - 2023



**Section 3.25** Housing for Individuals Determined to Have a Serious Mental Illness (SMI)

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**I. STATEMENT OF PURPOSE:**

The Arizona Health Care Cost Containment System (AHCCCS) and Tribal Regional Behavioral Health Authorities (TRBHAs) have worked collaboratively to ensure a variety of housing options and support services are available to assist persons determined to have a Serious Mental Illness (SMI) live as independently as possible. Recovery often starts with safe, decent, and affordable housing so that individuals can live, work, learn and participate fully in their communities. Safe, stable, and familiar living arrangements are critical to a person's ability to benefit from treatment and support services.

For persons determined to have SMI who can live independently, the Pascua Yaqui (PY) Centered Spirit Program (CSP) TRBHA has a number of programs to support independent living, such as rent subsidy programs, supported housing programs, bridge subsidy housing assistance while obtaining federal funding, and provider-owned or leased homes and apartment complexes that combine housing services with other covered behavioral health services. Similarly, TRBHA housing programs include rent subsidy programs, owner-occupied home repairs, move-in assistance and eviction prevention programs coupled with needed supported housing services to maintain independent living.

**II. REFERENCES:**

The following PY CSP Provider Manual sections can serve as additional resources for this content area:

*Section 5.3, Grievance and Requests for Investigations for Persons Determined to have a Serious Mental Illness*

*Section 5.5, Notice and Appeal Requirements (SMI and General)*

The following citations, Federal and AHCCCS documents can also serve as resources for this content area:

24 CFR Part 582

24 CFR Part 582.1

24 CFR Part 583

9 A.A.C. 20



9 A.A.C. 21

AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021

SAMHSA Permanent Supportive Housing Toolkit

**III. DEFINITIONS:**

**Arizona Department of Housing (ADOH):** A department established for state government in Arizona to assist in addressing needs for homes for working families. In an effort to allow for greater coordination and innovation of housing related services at the state level, the Legislature passed and Governor Jane Dee Hull signed HB2615 during the 2001 legislative session, establishing the Arizona Department of Housing (ADOH). The functions of this department were previously performed by the Arizona Department of Commerce.

**Homeless:** As defined in 42 U.S.C. § 11302, the term "homeless" or "homeless individual or homeless person" includes:

1. An individual who lacks a fixed, regular, and adequate nighttime residence; and
2. An individual who has a primary nighttime residence that is:
  - a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - b. An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Housing:** AHCCCS- and TRBHA-funded or partially funded independent housing; Supported Housing (H0043); and/or federally funded or mixed federal/state funded housing.

**Housing administrator:** Non-profit organization contracted by the TRBHA or a non-profit TRBHA that administers housing grants and programs.

**Housing referral:** A written referral from the TRBHA for the provision of covered services to an eligible member. The Housing Referral will constitute the agreement of the provider to provide services identified in the tenant's Individual Service Plan (ISP). Housing Referrals will be in such form and format determined by the TRBHA.

**HB 2003 permanent housing programs:** The HB2003 permanent housing program is a legislative appropriation for housing and housing related services. AHCCCS used these funds to purchase homes and apartments through non-profit organizations who serve as contracted housing administrators. Each tenant pays a percentage of his/her



adjusted income towards rent and sign and abide by the Arizona Residential Landlord Tenants Act and property lease agreements.

**Independent community housing:** A setting where a person can live either alone or with a roommate in a home or apartment without on-going daily supervision from behavioral health providers. Options include: HUD Section 8 programs through local Public Housing Authorities; Low-income subsidized housing through local non-profit organizations; Shelter Plus Care and Supportive Housing Programs funded with federal grants and administered by TRBHA contracted housing providers; State subsidized rental units; and permanent houses and apartments purchased with HB2003 funding.

**Permanent housing:** Community-based housing available to low-income individuals with disabilities and provides long-term housing and supportive services for not more than:

1. Eight (8) such persons in a single structure or contiguous structures;
2. Sixteen (16) such persons, but only if not more than 20 percent of the units in a structure are designated for such persons; or
3. More than 16 persons if the applicant demonstrates that local market conditions dictate the development of a large project and such development will achieve the neighborhood integration objectives of the program within the context of the affected community.

**Public Housing Authority (PHA):** The Department of Housing and Urban Development (HUD) funded unit of local government that provides independent housing for low-income individuals and families. Program includes Section 8 Housing Choice Vouchers and low rent units.

**Section 8:** Section 8 is the more common name for the Housing Choice Voucher Program which is sponsored by HUD. Qualified applicants receive vouchers which are used to subsidize the cost of housing. These vouchers are awarded to individuals who meet certain income and earned income requirements. The goal of these programs is to provide affordable low-cost housing to low-income occupants.

**Serious Mental Illness (SMI):** A condition of persons who are eighteen years of age or older and who, because of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.

**Shelter Plus Care:** The Shelter Plus Care program (S+C) is authorized by Title IV (F), of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C.



11403– 11407b). S+C is designed to link rental assistance to supportive services for hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome (AIDS) and related diseases) and their families. The program provides grants to be used for rental assistance for permanent housing for homeless persons with disabilities. Rental assistance grants must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance and appropriate to the needs of the population to be served.

**Sponsor-based rental assistance:** Sponsor-based rental assistance provides a subsidy for rental assistance through contracts between the grantee and contracted sponsor organization. A sponsor may be a private nonprofit organization or a community mental health agency established as a public nonprofit organization. Participants reside in housing owned or leased by the sponsor.

**Supported housing services:** Services provided to assist individuals or families to obtain and maintain housing in an independent community setting, including the person's own home or apartments and homes that are owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing.

**Supportive housing:** Housing, as defined in 42 CFR Part 583, in conjunction with which supportive services are provided for tenants if the housing is safe and sanitary and meets any applicable State and local housing codes and licensing requirements in the jurisdiction in which the housing is located and the requirements of this part; and the housing is transitional housing; safe haven; permanent housing for homeless persons with disabilities; or is a part of, a particularly innovative project for, or alternative method of, meeting the immediate and long-term needs of homeless persons and families.

**Tenant-based housing:** A scattered-site program in which the tenant holds the lease and is directly responsible to the owner of the property. This program is comparable to the HUD Section 8 Housing Choice Voucher Program, but with modifications to meet the needs of adults determined to have a Serious Mental Illness.

**Transitional housing:** Housing services that facilitate the movement of homeless individuals and families to permanent housing. A homeless individual may stay in transitional housing for a period not to exceed 24 months.

**U.S. Department of Housing and Urban Development (HUD):** The department of the federal government that provides funding for housing and support programs.

#### IV. **STANDARDS:**

The CSP TRBHA communicates its expectations for housing services and assistance provided for persons determined to have SMI who are receiving services within Arizona's public behavioral health system.



## V. PROCEDURES:

### A. AHCCCS housing requirements:

TRBHAs must comply with the following requirements to effectively manage limited housing funds in providing supported housing services to eligible individuals:

1. TRBHAs must use supported housing allocations for individuals with a SMI and according to any restrictions pertaining to the funding source. For example, a particular allocation may require it be used for TXIX/XXI persons, while another allocation may require it be used for Non-TXIX persons.
2. Housing must be safe, stable, and consistent with the member's recovery goals and be the least restrictive environment necessary to support the member. Shelters, hotels, and similar temporary living arrangements do not meet this expectation.
3. TRBHAs and TRBHA providers must not actively refer or place individuals determined to have SMI in a homeless shelter, licensed Supervisory Care Homes, unlicensed board and care homes, or other similar facilities<sup>1</sup>.
4. TRBHAs may charge up to, but not greater than, 30% of a tenant's income towards rent. If a rent payment is increased in state funded housing programs, the TRBHA must provide the tenant with a 30-day notice at the time of the tenant's annual recertification.
5. TRBHAs must not use supported housing allocations for room and board charges in residential treatment settings (Level II and Level III facilities). However, TRBHAs may allow residential treatment settings to establish policies which require that persons earning income contribute to the cost of room and board.
6. TRBHAs may provide move-in assistance and eviction prevention services to those members in permanent housing. When move-in

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<sup>1</sup>When a behavioral health recipient chooses to reside in an unlicensed board and care home, TRBHAs and/or behavioral health providers must report any observations of unsafe conditions or provision of services that require licensure to the local housing authority and the Bureau of Medical Facility Licensing (BMFL) at (602) 364-2595.



assistance is provided, TRBHAs must prioritize assistance with deposits and payment for utilities over other methods of assistance, such as move-in kits or furnishings, consisting of pots and pans, dishes, sheets, etc. TRBHAs are encouraged to seek donations for necessary move-in/home furnishing items whenever possible. TRBHAs must not use supported housing allocations or other funding received from AHCCCS (including block grant funds) to purchase furniture.

7. For appeals related to supported housing services, TRBHAs and providers must follow requirements in *Section 5.5, Notice and Appeal Requirements (SMI and General)*.
8. Housing related grievances and requests for investigation for persons determined to have SMI must be addressed in accordance with *Section 5.3, Grievance and Requests for Investigations for Persons Determined to have a Serious Mental Illness*.

Other AHCCCS housing requirements:

TRBHAs must additionally submit plans describing the TRBHA housing programs and submit periodic reports on housing programs, as outlined in the AHCCCS/TRBHA Intergovernmental Agreement.

**B. TRBHA housing programs and requirements:**

TRBHA housing programs include specialized housing units to meet the needs of persons determined to have SMI who are difficult to place in the community partly due to crime free/drug free ordinances and specific behavioral health related service needs. Current specialized housing includes housing that is specifically designed to provide and accommodate the following services or conditions for persons determined to have SMI:

1. Housing for females with co-occurring disorders who are homeless;
2. Apartment complexes for persons determined to have SMI with criminal backgrounds released from jail with a major biological disorder;
3. Housing for persons determined to have SMI who are hearing impaired or deaf;
4. Housing for persons determined to have SMI who have sexualized behaviors and are in need of on-site support;
5. Gender-based house model living for older females determined to have SMI;



6. Apartment complex housing and services to 18- to 25-year old adults transitioning from the children's behavioral health system to the adult behavioral health system;
7. Respite homes for persons with developmental disabilities who are determined to have SMI (joint AHCCCS, DES/DD program);
8. Specialized homes for polydipsia;
9. Homes that specialize in dialectical behavioral therapy;
10. Housing for persons determined to have SMI with limited English proficiency; and
11. Housing suited to meet medical needs of persons determined to have SMI with diabetes and other chronic diseases.

C. Federal programs and assistance:

HUD provides funding for adults who are homeless and disabled.

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance Programs. The bill, known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, made numerous changes to HUD's homeless assistance programs:

1. Significantly increases resources to prevent homelessness;
2. New incentives will place more emphasis on rapid re-housing, especially for homeless families;
3. The existing emphasis on creating permanent supportive housing for people experiencing chronic homelessness will continue, and families have been added to the definition of chronically homeless; and
4. Rural communities will have the option of applying under a different set of guidelines that may offer more flexibility and more assistance with capacity building.

HUD published the HEARTH Continuum of Care (CoC) Program interim rule on July 31, 2012 and it became effective August 31, 2012. Changes made include codifying the Continuum of Care process, expanding the definition of homelessness, and focusing selection criteria more on performance. The purpose of the CoC Homeless Assistance Program is to reduce the incidence of homelessness in CoC communities, by assisting homeless individuals and families in quickly transitioning to self-sufficiency and permanent housing, as authorized under Title IV of the McKinney-Vento Homeless Assistance Act.

The HEARTH Act consolidates the programs formerly known as the Supportive Housing Program (SHP), the Shelter Plus Care (S+C) Program, and the Section



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8 Moderate Rehabilitation for Single Room Occupancy (SRO) Program into one grant program: the Continuum of Care program.

TRBHAs are required to work in collaboration with the Arizona Department of Housing (ADOH) and AHCCCS and the three Continuums of Care to ensure the revised requirements of the HEARTH Act are met, allowing Arizona to maximize the HUD Continuum of Care Homeless Assistance Programs awarded throughout the State.

TRBHAs and providers awarded HUD funding are required to participate in the Homeless Management Information System (HMIS), a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. The HMIS is used to coordinate care, manage program operations, and better serve clients.

### AHCCCS:

#### Federal HUD Housing Choice Voucher Program:

1. Tenants pay 30% of their adjusted income towards rent;
2. Vouchers are portable throughout the entire country after one year;
3. Permanent housing is obtainable for individuals following program rules;
4. The program is accessed through local Public Housing Authorities through a waiting list;
  - a. Initial screening is conducted by the Public Housing Authority; however, the final decision is the responsibility of the landlord; and
5. A Crime Free/Drug Free Lease Addendum is required.

### CSP TRBHA standards:

The PY CSP TRBHA ensures that the services under the Supportive Housing Program operate in full compliance with the guidelines established by HUD and all Fair Housing Acts (42 U.S.C. 3601-19) in addition to the guidelines set by AHCCCS regarding the use of Housing Funds for the Seriously Mentally Ill.

#### D. Supportive services and responsibilities:

1. CSP assures that adequate supportive services are available to participants in the program. Services are designed to help individuals in the program maintain housing and mental health stability within the Pascua Yaqui Community. Supportive services are provided to enhance the person's ability to remain in an independent home setting, effectively





reducing or eliminating the need for crisis care or more structured and costly placements. Supportive services are both financial and therapeutic and include those services listed below:

- a. Transportation;
  - b. Case management;
  - c. Community resources;
  - d. Budgeting skills;
  - e. Community living skills (socialization, cooking, shopping); and
  - f. Counseling.
2. At least yearly, the CSP Behavioral Health Clinician (BHC) conducts an assessment of each participant's strengths and needs and ensures development of a recovery support plan and crisis management plan (Safety and Wellness Plan).
  3. The CSP BHC and/or Behavioral Health Technician (BHT) provide participants with assistance with daily living skills, community living skills, symptom and medication education, social skills and vocational skills/rehabilitation.
  4. To the maximum extent possible, CSP involves homeless individuals and families, and individuals with SMI to provide feedback and participate in advisory boards in providing supportive services for SHP participants and in developing program policies and procedures.
  5. To ensure ongoing assessment of housing and supportive service needs, each CSP BHC or BHT conducts monthly visits to document and assess the participant's need for additional housing assistance and supportive services and make adjustments as appropriate.
  6. If it is determined that the participant no longer meets the eligibility for the Supportive Housing Program (i.e. no longer meets SMI Determination criteria, or is disenrolled from the TRHBA), the individual is provided a 30-day notification of the termination of his or her housing assistance. CSP assists participants in securing other housing resources.

Rental payment assistance:

1. In accordance with Section 3 (a) (1) of the U.S. Housing Act of 1937, rent assistance is based on one of the following:



- a. Thirty percent of the family's gross monthly income minus adjustments (adjustment factors include the number of people in the family, age of family members, medical expenses, and child care expenses); or
  - b. Ten percent of the family's gross monthly income; or
  - c. If the family is receiving payments for TANF assistance from a public agency and a part of the payments, rent assistance is adjusted in accordance with the family's actual housing costs, and is specifically designated by the agency to meet the family's housing costs.
2. CSP obtains verification of income, assets, and allowances. Acceptable forms of verification include:
    - a. Public assistance verification document(s); and
    - b. Letter(s) from family member indicating amount of monthly financial support given to participant. All income verification must be current (within 90 days of application date).
  3. Rental assistance is provided as follows: first month's rent, last month's rent, security deposit, and application fee (if applicable). Further rental assistance is dependent on availability of funds.
- E. Housing quality standards:
- Housing selected for rental assistance for the CSP Supportive Housing Program must meet the applicable Housing Quality Standards before any rental assistance will be provided or the participant can sign the lease and move into the residence.
- F. Identifying and selecting units:
- CSP BHTs provide assistance to the participant in locating and securing a housing unit of his/her choice that accepts Supportive Housing Program Rental Assistance, is rent reasonable and meets the Housing Quality Standards.
- G. Rent reasonableness and fair market rents:
- The CSP Supportive Housing Program provides rental assistance only for a unit for which the rent is deemed affordable. Factors that determine rent reasonableness include the location, size, type, quality, amenities, facilities and management/maintenance of the unit. The unit rent, including utilities, must not be in excess of current charges for comparable unassisted units. Fair Market Rent refers to the market value of a unit as determined by HUD guidelines.



H. Process to obtain housing:

CSP maintains a list of persons interested in supportive housing and uses a first come first served procedure to review applicants when funding is available:

1. Supportive housing staff will maintain applications in a central file and develop of list of applicants desiring to be screened.
2. The list will be updated on a weekly basis and CSP staff will attempt to contact applicants to determine their continued interest in and eligibility for the SHP program.
3. Referrals are accepted as funding is available and providers may refer a potential participant by faxing the initial application.
4. Applicants will be removed from the list if, after three attempts, CSP has failed to contact the applicant, if the applicant indicates he or she is no longer interested in the program, or if the applicant indicates he or she now has permanent housing or is otherwise ineligible for the program.

Intake/Screening:

1. For each person eligible for rent assistance, a Supportive Housing Application packet is completed with the member present. Below is a list of the forms included in the packet.
  - a. Housing Referral Form;
  - b. Living Skills Assessment Housing Checklist;
  - c. Certification of No Income;
  - d. No Income Questionnaire; and
  - e. Authorization for Release of Information.
2. Application packets must be completed and dated within 15 days prior to submittal to the CSP Supportive Housing Committee for approval. Cases for referral to the Supportive Housing Program will be staffed at the Tribal Multi-Disciplinary Review Committee (TMDR).

Authorization for Placement:

Upon completion of the application packet, the primary CSP therapist brings the packet to TMDR for consideration. All application documentation must be complete and signed by the case manager representative as well as the tenant.



The TMDR committee will respond to the application with either an approval or denial letter within seven (7) working days of receipt of the packet.

Determination of rent and utilities:

The rent plus utilities must not exceed the Fair Market Rent (FMR) without prior approval from CSP. If the landlord does not include the cost of some or all utilities in the monthly rent, the Supportive Housing Program will allow the participant a utility allowance. The allowance is calculated using the following example table. If the landlord pays for any services (i.e.; trash/water/ sewer) those amounts should not be included in the calculation of the utility allowance. To determine the maximum amount that can be paid for a unit that does not include some or all utilities, simply subtract the utility allowance from the FMR. Participants are assisted with utilities when first moving into a unit on an as needed basis at the discretion of the committee when funding is available.

Example:

Fair Market Rent for one bedroom unit	\$579.00
Calculated utility allowance	<u>( -76.00)</u>
Maximum rent that can be paid	\$503.00

Assistance and request limits per annum:

1. Requests for rental assistance may not exceed three requests per year.
2. The total amount of rental assistance paid per client cannot exceed \$3000/year. Any exceptions to this policy must be pre-approved by the Health Services Division (HSD) Executive Director.

Tenant-based units:

Tenant-based units are scattered sites in the community, chosen by the tenant. The tenant holds the lease with the landlord for these units. When the member's participation in SHP is approved, the Centered Spirit Program provides the member with a Notice of Acceptance.

Monitoring of delivery support services:

CSP provides ongoing wrap-around services and case management services for all Supportive Housing Program participants that is documented as case management in the client's electronic health record.



Recertification and annual recertification:

A recertification package with the tenant will be completed by CSP annually. Most members will receive notification of continuation of the program in December of each year. Recertification is also required if:

1. The tenant has a change in household composition; or
2. The tenant moves to another SHP unit, even if it is in the same complex.

Maintenance of records:

CSP will maintain a separate housing log identifying each SHP tenant, both active and non-active. The SHP application packet, all required documentation, correspondence, and approvals will be placed in these files. All services to SHP consumers will also be documented in the electronic health record.

Assistance to members in securing income:

Each SHP participant is encouraged to secure a regular monthly income within 90 days of entry into the program. CSP provides assistance to participants to secure a regular income through entitlements, employment, linking with outside employment resources, etc.

Request for payment and billing procedures:

The billing for the SHP program participant is to be submitted to the CSP business office by the primary therapist 14 days prior to the due date of the rent by invoice. All payments need prior approval of the Director of CSP. The BHC will provide needed assistance to ensure that a W-9, and lease or invoice for fees is provided in the request for payment

Unit inspections:

1. On occasion, a special inspection may be required if it is believed that the basic safety measures of a unit are no longer in compliance with SHP, or sometimes when there is a rent increase requested or during an audit period.
2. A special inspection will take place in the event of a perceived emergency. The landlord or the tenant will have ten (10) calendar days to correct the deficiency(ies). For less serious deficiencies, the landlord or the tenant must correct them within thirty (30) calendar days.
3. If the unit fails the inspections twice consecutively, the unit will no longer be utilized for the rental assistance program.



Exiting process:

A program participant or family member may exit the program voluntarily or involuntarily (based on no longer meeting income eligibility). When any family member leaves the program an exit form is completed by CSP for each household member who exits, not just the TRHBA qualifying member. Participants leaving their housing, effectively stopping the rental assistance, are to be exited from SHP.

Appeals process:

If 30% of a member's adjusted monthly income exceeds the tenant's rent and utility allowance, the tenant should be exited from the program. A member will have 90-day grace period in which he or she can be reinstated in SHP.

Conflict of interest:

If a person applying for the program is an immediate family member up to the first cousin of a CSP staff member, then another Program Manager, or Director of CSP or the HSD Executive Director will review the housing referral form for appropriate approval of funds.