

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

Date: March 4, 2015

To: Ynez Cross, Administrator

From: T.J. Eggsware, BSW MA LAC  
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ADHS Fidelity Reviewers

**Method**

On February 4th, 5th and 9th, 2014, T.J. Eggsware and Jeni Serrano completed a review of Helping Hearts' housing program as part of the Permanent Supportive Housing evidence-based practice fidelity project. 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.

Helping Hearts is a provider of residential treatment. In 2012, at the request of the Regional Behavioral Health Authority (RBHA), the provider added a community living option designed to be "residential-lite." The community living program at Helping Hearts was developed for individuals who do not meet full criteria for residential treatment but are deemed higher acuity, some with co-morbid medical concerns. The program is comprised of three duplex houses, one for up to four female tenants, and two residences for up to four male tenants per residence. The Helping Hearts program assessed during the review is classified as community living.

The individuals served through the agency are referred to as "patients" or by their names, but for the purposes of this report, the term "tenant" or "member" is used.

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

- Orientation to the agency, with brief overview of the community living component.
- Interview with the program administrator.
- Interviews with clinic case managers at Choices Midtown and Townley.
- Interviews with four Helping Hearts direct service staff.
- Interviews with two members who are participating in the community living housing program.
- Review of agency documents including house rules, intake packet, and the program's service and treatment plan.
- Review of 10 randomly selected records, including charts of some members interviewed.

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:

- Helping Hearts developed the community living program to fill an identified service gap, under the prior RBHA, in order to offer an additional housing support option to members.
- Members of Helping Hearts community living residences pay 30% or less of their income toward rent.
- Helping Hearts maintains a high staff to member ratio, with four direct service staff, clinical liaison staff, and other administrative staff who support the community living housing and other treatment programs at the agency.
- Staff at Helping Hearts voices a desire to collaborate with the RBHA to review the services offered through the agency and across the system in order to best serve all members.
- In preparation for the review, leases were obtained from housing management.

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

- Overall, further PSH training at the system and program level is recommended. Specific topics might include:
  - There is some confusion at the clinics regarding housing across the system, such as program options, service providers, what specific programs offers, etc. due in part to variation in phrases, terminology, and how staff learn of available options. At times, clinic staff are informed formally through the RBHA. At other times they learn of new service or support options directly from providers, or by other word of mouth in less formal settings. This appears to limit the practical ability of direct service clinic staff to properly orient members on available supportive housing services.
  - Although Helping Hearts has a website, the information appears to be out-of-date or not functional. Helping Hearts can improve their website to describe all programs offered, with program descriptions (i.e., PSH versus residential), and information regarding accessing the service.
  - The RBHA should request brochures, marketing materials, or other program descriptions from housing support service agencies to ensure the information and processes align with the PSH model.
  - Helping Hearts desires a more collaborative relationship with the RBHA, including direction on what is expected from the agency, its role in comparison to the role of the clinics, and timely updates regarding changes in services. The staff suggest a workgroup for ongoing discussions rather than the RBHA focusing primarily on long term plans for the system.

- Member choice of housing and services is constricted at the system and program level.
  - It appears clinical team assessment significantly influences the option for support services or housing offered to members prior to referral to Helping Hearts.
  - Service plans at Helping Hearts should be individualized, with members as the primary authors of their plans, and services provided to support member goals.
  - Helping Hearts staff should solicit member input on program structure and activities.
- Helping Hearts staff describe the community living placement they offer as “residential lite.” Although it was developed in 2012 to meet an identified system gap at the request of the prior RBHA, the current program structure does not align with the PSH model. Through collaboration and direction from the RBHA, the community living program should be restructured with all terminology, forms, processes, policies, protocols or other guiding documents to align with the PSH model. Some areas of concern include:
  - Helping Hearts staff report efforts to differentiate the community living program from residential, including assignment of direct service staff to the community living program only. However, there is evidence the community living program is run more as a residential setting. The program staff do daily notes, hourly checks on members, cook meals at specific times during the day, and plan activities with no member input. Additionally, service and treatment plans reference core services such as engagement to participate in activities, taking medications as prescribed, addressing hygiene, cleaning, socialization, and following physician directives.
  - New Patient Orientation Form indicates a schedule of patient’s activities (or house activity schedule). The form also notes identification of restrictions, discussion of house rules, dress codes and events leading to loss of rights and privileges, how to regain privileges, and information on discharge criteria and procedures.
  - Staff has free entry to the common areas of the residences, check on members when they are asleep, and maintain office space in one of the residences which limits member privacy.
  - The program terminology such as referring to the members as patients, and references to compliance with treatment should be eliminated.
- The program maintains a high level of control over members, which impacts their rights as tenants, as well as how housing support services are provided. A document with house rules is provided to members at admission and prompts for patient/guardian signature. These house rules cover a variety of personal issues such as limiting visiting hours, regulating personal decoration of property, and regulating meal preparation and consumption. Not only do these rules significantly limit a tenant’s independence, but they also imply certain behaviors and actions are required for tenants to access and maintain housing. It is recommended these rules be eliminated completely from the community living program, and that members are informed of the change in writing.
- Helping Hearts reports violations of leases, as well as other issues such as alcohol use on grounds, to housing management. The program should work with the RBHA to clarify and revise any requirement of the service provider to report lease violations to the house management agency. The PSH model calls for full separation of service and housing roles.

**PSH FIDELITY SCALE**

<b>Item #</b>	<b>Item</b>	<b>Rating</b>	<b>Rating Rationale</b>	<b>Recommendations</b>
<b>Dimension 1</b>				
<b>Choice of Housing</b>				
<b>1.1 Housing Options</b>				
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 <b>(1)</b>	<p>Although member input may be sought, clinic team assessment influences the recommended option offered. Clinic staff makes a recommendation and referral is based on team assessment of members, and what is perceived to be available. If a member is identified to be a substance user with no housing, it is likely residential treatment is offered.</p> <p>Some clinic staff report that they make effort to refer members to numerous types of housing wait lists but not always with member input, due to a long wait list and few options. Clinic staff do not appear to be aware of all housing options available in order to inform members who request assistance with housing.</p>	<ul style="list-style-type: none"> <li>• Solicit and support member choice of housing. Explore all available options based on member preferences.</li> <li>• System level guidance and education is recommended. Clinic staff should be educated on available housing options, structure, and referral processes so they can adequately orient members in order to support member choice. Aligning applicable terminology with the PSH model will be beneficial.</li> <li>• Helping Hearts can take steps to make information available to the community regarding the services provided, either through program descriptions or electronic resources. Helping Hearts can improve the information on their website with more accurate and functional links to the various programs at the agency.</li> </ul>
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment	1 or 4 <b>(1)</b>	Members do not have choice of housing unit. If a member is determined by clinic staff as appropriate for referral to community housing, and assigned by the RBHA to Helping Hearts as the service provider, they are then assigned to a specific unit with the provider. The member has the choice to accept or decline the option.	<ul style="list-style-type: none"> <li>• The RBHA needs to educate clinic staff and members who receive services about scattered site options available.</li> </ul>

	programs, tenants are offered a choice of units			
1.1.c	Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	1 – 4 <b>(3)</b>	If a member is referred to Helping Hearts, and declines the unit, they are put back on the waitlist maintained by the RBHA. Due to limited availability, members may be encouraged to accept the option offered, even if it is not their expressed choice. However, RBHA staff confirms if the member declines, they are not moved to bottom of the list. The RBHA scattered site housing application indicates if a person previously applied for community housing, they are removed from the waitlist for that housing support when they apply for scattered site housing.	<ul style="list-style-type: none"> <li>• Ensure members applying to scattered site housing are informed that prior applications to community housing will be terminated.</li> </ul>
<b>1.2 Choice of Living Arrangements</b>				
1.2.a	Extent to which tenants control the composition of their household	1, 2.5, or 4 <b>(2.5)</b>	Members do not get to select the composition of their household. Members are only offered current available unit. Current tenants of the household do not have a voice in selecting a new resident for the vacant unit in their home. Tenants must accept a predetermined household of their choosing but have a private bedroom.	<ul style="list-style-type: none"> <li>• At the system level, in addition to increasing scattered site options, seek opportunities to empower member voice in controlling the composition of their household. If members elect to live with others, attempt to arrange for meetings with potential roommates.</li> </ul>
<b>Dimension 2</b>				
<b>Functional Separation of Housing and Services</b>				
<b>2.1 Functional Separation</b>				
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 <b>(4)</b>	Housing management staff has no authority or role in providing social services. Housing management maintains leases, completes inspections, addresses reported leasing violations, and conducts evictions as deemed necessary.	

2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 <b>(2.5)</b>	<p>Service staff have overlapping roles with housing management, but do not collect rent, directly enforce lease requirements or conduct evictions. Helping Hearts staff inform housing management of lease violations, such as hoarding behaviors, smoking in the unit, and use of substances. During file review, eight out of ten files include a signed form with additional house rules. In the other two records, it is noted the house rules will be provided. The house rules outline various expectations of tenants. The house rules are not fully consistent with elements of a standard lease, or in the purview of the service provider to administer.</p> <p>Helping Hearts provides residential services in addition to the designated community living program. Staff at Helping Hearts stress that the community living housing they offer is not treatment based, but it appears the agency blends forms and processes, making it difficult to distinguish community living from residential treatment at the agency.</p>	<ul style="list-style-type: none"> <li>• Cease the use of house rules at the three community living residences; support tenants with learning their lease agreements to maintain housing.</li> <li>• Discontinue reports to housing management if tenants engage in activities perceived by service staff to be a violation of lease agreements. If tenants are in violation of their lease, provide education to tenants regarding the potential consequences, offer services or supports to address the issue, and coordinate with other clinical supports.</li> <li>• Support tenants as they interact with housing management agencies, rather than doing it for them.</li> </ul>
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 <b>(1)</b>	There was some discrepancy in reporting, but evidence supports staff maintain office space in at least one of the three houses. Staff office space is not present in the other two residences, but service staff are frequently in the homes (i.e., every 15 minutes to one hour).	<ul style="list-style-type: none"> <li>• If office space for staff exists in any residence, remove the desk or file cabinets. Designate staff office space in a location outside of tenant residences. Tenants need to be allowed to decorate and furnish their residences.</li> </ul>

**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 <b>(4)</b>	Tenants pay 30% or less of their income for housing costs per leases reviewed.	
<b>3.2 Safety and Quality</b>				
3.2.a	Whether housing meets HUD’s Housing Quality Standards	1, 2.5, or 4 <b>(4)</b>	Helping Hearts did have leases in files, and per leases reviewed, units meet Housing Quality Standards (HQS). Current documentation was accepted for this review but in order to maintain fidelity in the future, actual inspection documentation must be maintained. Actual inspections are not in files nor are copies held by Helping Hearts.	<ul style="list-style-type: none"> <li>• Work with housing providers to obtain copies of HQS inspections or have staff trained to conduct these inspections and document the results.</li> </ul>
<b>Dimension 4</b>				
<b>4.1 Housing Integration</b>				
<b>4.1 Community Integration</b>				
4.1.a	Extent to which housing units are integrated	1 – 4 <b>(1)</b>	Housing units are not integrated. The house model is not integrated; Helping Hearts is comprised of three duplex houses, one for up to four female tenants, and two residences for up to four male tenants per residence. The tenants live in settings where 76-100% of the tenants meet disability-related eligibility criteria.	<ul style="list-style-type: none"> <li>• Increase availability of affordable, scattered site options. Ensure referral sources are informed of all housing options and referral processes.</li> </ul>
<b>Dimension 5</b>				
<b>Rights of Tenancy</b>				
<b>5.1 Tenant Rights</b>				
5.1.a	Extent to which tenants have legal rights to the housing unit.	1 or 4 <b>(1)</b>	Helping Hearts staff were able to obtain copies of tenant leases, which were present in member files at time of review. However, Helping Hearts maintains additional house rules that limit tenant rights. During interviews with staff there was discrepancy if the rules exist, but signed house rules are present in most records. In some records, signed house rules are not present, but a new	<ul style="list-style-type: none"> <li>• Helping Hearts staff should attend lease signings with new tenants and obtain copies of leases during those interactions. Holding copies of leases can assist staff when educating and supporting members regarding adhering to the terms of their lease, and advocating with members to</li> </ul>

			<p>patient orientation form indicates that a copy of house rules shall be provided.</p> <p>Tenants do not have full legal rights of tenancy according to local landlord/tenant laws.</p>	<p>address potential violations to their rights as tenants.</p> <ul style="list-style-type: none"> <li>• Helping Hearts, the service provider, should not maintain or enforce rules.</li> </ul>
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 <b>(1)</b>	<p>Helping Hearts house rules outline specific expectations of tenants (e.g., regarding use of the house phone, having lighter or tobacco in tenant rooms, use of alcohol). House rules also stipulate that residents must comply with the medication prescribed by their physicians. Some house rules overlap with issues reported to housing management and can result in lease violations (e.g., regarding substance use, smoking in the house). Additionally, in some cases Helping Hearts staff advocate for higher level of care for tenants, such as residential placement. For some tenants this means a transition to a Helping Hearts residential placement. As a result, it is determined tenancy is revoked based on noncompliance with program or failure to participate in treatment (e.g., not maintaining sobriety or keeping to a required medical regime). Although staff report they do not discharge tenants without another placement ready, the tenants who comply with various rules or standards of behavior remain in the program.</p>	<ul style="list-style-type: none"> <li>• Clearly differentiate community living rules from other programs (i.e., residential). Do not use the same documents for all programs. Align community living practices more closely with PSH.</li> <li>• Eliminate house rules from the community living settings. If a tenant begins services with the agency at a residential program, and moves to PSH, ensure tenants are informed that the house rules do not apply.</li> <li>• Ensure staff are trained regarding the model of PSH and how it differs from residential placement.</li> </ul>
<b>Dimension 6</b>				
<b>Access to Housing</b>				
<b>6.1 Access</b>				
6.1.a	Extent to which tenants are required to demonstration housing readiness to gain access to	1 – 4 <b>(1)</b>	<p>Screenings by clinical teams occur prior to referral to Helping Hearts. Of ten member records, eight include member signed house rules, and two have a reference to the provision of house rules during program orientation at intake. Helping Hearts house rules stipulate certain items not allowed on the property (e.g., alcohol, illicit substances, limits</p>	<ul style="list-style-type: none"> <li>• Helping hearts should eliminate house rules and ensure current tenants are informed the only requirements that apply are those outlined in their leases.</li> <li>• The RBHA can provide training and support to staff as they learn to</li> </ul>



	housing units.		on caffeine use and time of consumption). This suggests that tenants must meet requirements such as sobriety, medication compliance, or willingness to comply with program rules to qualify for housing.	<p>support choice, expand options for people, and focus on housing retention. A clear distinction between residential treatment and PSH should be drawn.</p> <ul style="list-style-type: none"> <li>At the clinics, all options should be explored with members who request assistance with housing, including supportive housing and independent living.</li> </ul>
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 <b>(2.5)</b>	Tenants who meet program eligibility have equal access to housing, but those tenants who are inpatient or those identified by staff to require a high intensity of contact are prioritized. Additionally, based on house rules, no illicit drugs or alcohol of any form is allowed, which indicates sobriety is required.	<ul style="list-style-type: none"> <li>System partners should engage in discussions regarding screening prospective applicants for tenancy-related criteria (e.g., ability to pay rent, ability to care for apartment, respect rights of other tenants in the integrated setting, to follow crime free and drug free ordinances), which would generally be allowable, versus screening members based on functional or readiness criteria.</li> </ul>
<b>6.2 Privacy</b>				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 <b>(1)</b>	House model programs can be entered by staff without tenant permission. Service staff enters the units regularly, generally at least hourly, including checking in on people when they are asleep. Tenants are not able to lock the doors to their private bedrooms. Sometimes staff knock before entering the common area, knock before checking in on tenants while they sleep, but if there is no answer they will look into the tenants' rooms. Per house rules, visitors are allowed in the community area, during specified hours (requiring tenants to make arrangements with the agency if outside the hours).	<ul style="list-style-type: none"> <li>Discontinue the agency approach of 15 minute to hourly contact with tenants. Establish agency policy that prohibit staff entry into house model programs without explicit tenant permission.</li> </ul>

<b>Dimension 7</b>				
<b>Flexible, Voluntary Services</b>				
<b>7.1 Exploration of tenant preferences</b>				
7.1.a	Extent to which tenants choose the type of services they want at program entry.	1 or 4 <b>(1)</b>	Placement at Helping Hearts is determined following clinical team assessment and RBHA referral. Plans written by the program at admission include similar basic elements (e.g., medication adherence, complete activities of daily living, follow directives from physicians), which correspond to house rules (e.g., residents must comply with the medication prescribed by their physicians, housekeeping requirements; residents must keep their rooms clean and odor free).	<ul style="list-style-type: none"> <li>• Ensure tenants are the primary authors of their service plans. System level training with referring clinics through the RBHA and at the provider level is recommended.</li> </ul>
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 <b>(1)</b>	Helping Hearts service plans are generally updated annually. The content of the plans includes similar information with minimal changes or variation from year to year or member to member. Basic elements include following physician orders, completing activities of daily living, participate in offered activities and outings, and medication adherence.	<ul style="list-style-type: none"> <li>• Review and consider revising the program approach of maintaining at least hourly contact with tenants in the residences. Base contact on individual needs rather than brief interactions at a high frequency. Adjusting this approach may allow direct service staff at the program to provide more individualized service for each tenant.</li> <li>• Due to the standardization of plan content across members, training with Helping Hearts staff regarding individualized service planning should occur.</li> </ul>
<b>7.2 Service Options</b>				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 <b>(1)</b>	Tenants must participate in services that staff identify. For example, the program offers a meal plan, allowing tenants to choose between two or three meals per day for a fee. However, house rules restrict meal times, snacks, and ability for tenants to cook meals without staff supervision. Staff prepare meals in one of the residences, and the	<ul style="list-style-type: none"> <li>• The program should expand tenant selection of services. See recommendations for 7.1.a and 7.1.b for additional information.</li> </ul>

			<p>tenants of the other homes go to that residence to get their food.</p> <p>Community activities are offered, generally in groups, but tenant input into those activities does not occur. Although staff do attempt to align activities with assessed areas of need (going to beauty school for assistance with hygiene, or opportunities for socialization during group bowling, or at the state fair), these activities tend to align with standard treatment goal information on member plans. Some of the services, such as complying with medications, do not appear to be optional.</p>	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 <b>(2)</b>	<p>At Helping Hearts, the service mix can be adapted in minor ways. The service and treatment plans at Helping Hearts include standard content across tenants. Modest differences exist, with some listing attending church and one to seek employment. Most staff contact with tenant appears to occur in brief in-home interactions throughout the day. There is some community interaction for tenants who elect to participate in staff planned activities outside of the home with another staff member, who reports back to house staff to document the activity. The daily notes have a standard format, with limited space for tenant specific information. If a person experiences an increase in symptoms or behaviors of concern, Helping Hearts staff may recommend a higher level of care, or work to transition tenants out of the program.</p>	<ul style="list-style-type: none"> <li>The program should expand tenant choice of services and increase individualized contact. Service and treatment plans should be individualized.</li> </ul>
<b>7.3 Consumer- Driven Services</b>				
7.3.a	Extent to which services are consumer driven	1 – 4 <b>(1)</b>	<p>There is no tenant input into community activities which are planned by staff. As noted earlier in this report, a meal plan is offered to tenants. However, program restrictions surrounding food and meal preparation exist that limit the practicality of</p>	<ul style="list-style-type: none"> <li>Solicit tenant input on program structure and activities, preferably with the individual tenants and not as a group.</li> </ul>

			tenants not participating in the meal plan. The program has a policy of maintaining frequent contact with tenants in the homes, including during hours of sleep. Although group activities do not occur in the homes, staff are frequently in the homes monitoring tenant status, limiting tenant privacy.	<ul style="list-style-type: none"> <li>• Eliminate program rules regarding meal preparation, hours, and snacks. Engage tenants and support them to choose healthy eating rather than mandating it through rules and staff control over the menu.</li> <li>• Eliminate standard program monitoring of tenants through hourly checks; maintain contact with each tenant based on individual need.</li> </ul>
<b>7.4 Quality and Adequacy of Services</b>				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 <b>(4)</b>	Caseloads at Helping Hearts are well below threshold with four direct service staff who work with up to twelve tenants at the program.	
7.4.b	Behavioral health service are team based	1 – 4 <b>(2)</b>	Multiple entities are involved in providing member care, with fractures in the team approach. For example, a case manager provides services through clinic based team. Helping Hearts provides housing support services. There are no monthly meetings between the clinical team and Helping hearts, nor does the program send status summaries to the clinical teams. When coordination occurs, it is usually due to a specific concern or challenge about which Helping Hearts informs the clinical team, rather than regular coordinated treatment. Contact between Helping Hearts staff and clinic staff may occur when members are brought to clinics for appointments. There is some indication of overlapping responsibilities, with some members at Helping Hearts also working with Assertive Community Treatment (ACT) teams.	<ul style="list-style-type: none"> <li>• The program should seek opportunities to coordinate with other treatment providers in an effort to integrate services.</li> </ul>
7.4.c	Extent to which	1 – 4	At Helping Hearts, services are available and occur	<ul style="list-style-type: none"> <li>• Although the area receives the highest</li> </ul>

	<p>services are provided 24 hours, 7 days a week</p>	<p><b>(4)</b></p>	<p>in the residences 24 hours a day, seven days a week. One staff is on shift at a time and is required to go from house to house to maintain contact with tenants. This includes checking in on tenants even when they are asleep.</p>	<p>score, the program should revise the approach of checking in on all tenants throughout the day, as addressed earlier in this report. Although it is preferable services be available 24 hours a day, seven days a week, mandating staff contact with tenants at nearly hourly frequency is not recommended, for it appears to limit the ability of direct staff to interact in meaningful ways with each tenant.</p>
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**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	1
1.1.b: Real choice of housing unit	1,4	1
1.1.c: Tenant can wait without losing their place in line	1-4	3
1.2.a: Tenants have control over composition of household	1,2,5,4	2.5
<b>Average Score for Dimension</b>		<b>1.88</b>
<b>2. Functional Separation of Housing and Services</b>		
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	2.5
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	1
<b>Average Score for Dimension</b>		<b>2.5</b>
<b>3. Decent, Safe and Affordable Housing</b>		
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
<b>Average Score for Dimension</b>		<b>4</b>
<b>4. Housing Integration</b>		
4.1.a: Extent to which housing units are integrated	1-4	1
<b>Average Score for Dimension</b>		<b>1</b>
<b>5. Rights of Tenancy</b>		
5.1.a: Extent to which tenants have legal rights to the housing unit	1,4	1
5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	1
<b>Average Score for Dimension</b>		<b>1</b>
<b>6. Access to Housing</b>		
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to housing units	1-4	1
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	1
<b>Average Score for Dimension</b>		<b>1.5</b>
<b>7. Flexible, Voluntary Services</b>		
7.1.a: Extent to which tenants choose the type of services they want at program	1,4	1

entry		
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	1
7.2.b: Extent to which services can be changed to meet the tenants' changing needs and preferences	1-4	2
7.3.a: Extent to which services are consumer driven	1-4	1
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	4
Average Score for Dimension		2
<b>Total Score</b>		13.88
<b>Highest Possible Score</b>		28