PERMANENT SUPPORTIVE HOUSING (PSH)
FIDELITY REPORT

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To: David Covington, CEO

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ADHS Fidelity Reviewers

Method

On February 3 - 4, 2015, Georgia Harris and Karen Voyer-Caravona (Fidelity Reviewers) completed a review of the Recovery Innovations (RI) 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. In order to effectively review the PSH services within the current behavioral health system, the review process includes evaluating the working collaboration between each PSH provider and the referring clinics with whom they work to provide services. For the purposes of this review, the referring clinics include Southwest Network Highland Clinic and People of Color Network Capitol Center. It should be noted that during the course of the review, the reviewers learned that the Regional Behavioral Health Authority (RBHA), does not contract with RI as a housing provider. The RBHA does provide the agency with a block grant for outpatient services, from which a portion of those monies have been carved out to provide a housing subsidy.

Originally founded in 1990 under the name Meta Services, Recovery Innovations (RI) provides wellness and recovery services to individuals diagnosed with serious mental illness and co-occurring disorders. RI's nontraditional approach focuses on recovery that respects the individual's capacity for and vision of full recovery, personal responsibility for treatment, and self-sufficiency. RI emphasis on self-sufficiency reflects its strongly-held belief in empowerment and choice, but, according to staff, also acknowledges the reality of changing policy priorities and the potential for funding cuts. The agency's stated mission is "to create opportunities and environments that empower people to recover, to succeed in accomplishing their goals and reconnect to themselves, others, and to meaning and purpose in their life." According to the agency's Chief Executive Officer, over 50% of employees are peers with the lived experience of recovery.

Rather than just being referred to housing, members usually are referred to RI by their clinical team for various recovery services at the Wellness City campus at 2701 North 16th Street in Phoenix. Wellness City, provides programming under *Nine Dimensions of Wellness*, from which members can select any combination of services, activities, health and learning opportunities that support their unique interests, preferences and goals, including assistance finding housing. RI offers help with meeting housing goals through their Community Building program, which staff state follows

the *Housing First* model of PSH. Rather than project based, the default option is scattered site, community integrated housing. Community Building, originally conceived as a time-limited housing assistance program of 6 -24 months, is transitioning to become aligned with the SAMSHA evidenced based practice of PSH, providing a permanent housing subsidy while continuing to encourage members' realization of self-sufficiency goals. To that end, members are provided Recovery Coaches and offered educational enrichment opportunities such as GED; employment services, including peer support training, computer training, and volunteering opportunities; and sobriety support from a harm reduction approach. In keeping with choice, all services are voluntary. In addition, Community Building's wellness and recover offering currently serves 52 individuals.

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:

- Orientation and tour of the agency;
- Interview with the Recovery Innovations Chief Executive Officer;
- Interviews with the Recovery Services Administrator and Recovery Services Team Leader;
- Interviews with three Recovery Coaches and the Housing Specialist;
- Interviews with case managers from two referring clinics;
- Interviews with six 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 20 randomly selected records, including charts of interviewed members/tenants.

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

The PSH Fidelity Scale was completed following the 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:

- **Choice of Housing:** Members choose fair market housing options based on their needs, preferences and income. Members can choose

among an array of available housing options and can decline units without worry of losing their subsidy or "place in line".

- **Functional Separation of Housing and Services:** Recovery Innovations staff do not have a role in property management issues, and property management staff do not have a role in the delivery of services.
- **Housing Integration:** RI engages members in true housing searches that are not different from housing searches conducted by individuals not receiving a housing subsidy. Members choose scattered-site housing that is available to anyone on the open market rather than units that are set aside for people with disabilities.
- **Tenants have legal rights to the housing unit:** Members sign standard leases without special rules applying only to people with disabilities.
- **Experienced Housing Specialist:** The program benefits from a housing specialist with professional experience in property management and low-income housing. She is knowledgeable about the housing market; landlord/tenant act; federal Department of Housing and Urban Development (HUD) policies, including Housing Quality Standards; and understands and can proactively respond to concerns of landlords who might otherwise be reluctant to rent to individuals with disabilities and/or criminal histories.

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

- **Challenges to housing options for individuals with felony convictions:** Although not affecting the agency's fidelity score, it should be noted that both members and staff repeatedly referred to the challenges of finding decent, safe, affordable, and stable housing for individuals with felony convictions.
- **Compliance with Program Participation:** Until recently, members participating in the Community Building housing assistance program agreed to participate in at least 12 hours of agency programming designed to promote self-sufficiency per week. However, in order to more closely align with SAMSHA's PSH protocols, the agency, as of January 23, 2015, withdrew this rule. The staff and records confirm that this change had not been communicated to existing program participants.
- **Tenants with Greatest Obstacles to Housing Stability**: It is not clear to what extent the agency actively recruits individuals, as program entry is generally through a referral from one of the PNOs. The PNOs typically use a "level of care" structure, which may direct those with the most significant housing obstacles to a higher level of care. In terms of fidelity, this practice compromises choice and limits access to less restrictive settings.
    - The RBHA and clinical teams appear to have little current information about the agency's PSH/housing first model. It is recommended that RI share information with the RBHA and clinical teams on how the program is implemented. RI's process of providing housing that is scattered and integrated throughout the community, unencumbered by pre-existing agreements that set aside housing units, could greatly expand member choice and benefit the larger system.

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	As "citizens" of Wellness City, members are free to choose among all of RI's programs and service offerings, including the *housing first* program, Community Building. RI's Housing Specialist assists the individual in locating independent, integrated housing of their choice in the open market. However, due to the way the RBHA system is structured, members receive a level of care designation from their clinical team. Members receiving help with housing at RI must be enrolled in the RBHA system and their Annual Assessment Part E must indicate that they are "ready for an independent living environment". This requirement could place constraints upon RI's ability to work with members whose stated goal is to live in his or her own apartment or house. Treatment teams have the ability to overrule the member's goal. This practice means that choice is constrained.	• System level changes are needed in this area. For example, seeking member input regarding type of housing desired, including members in the final decision making process, and honoring member choice in type of housing will require change to current processes of intake, assessment, level of care determination, clinical staffing events, etc. Unless otherwise specifically stated by the member, scattered site, integrated housing should be the default option for PSH.

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	Housing options are entirely dictated by members' needs, preferences, income and what is available on the open market. Members can decide their housing priorities based on such factors as: proximity to family and services, accessibility to public transportation, or a preference for a family-oriented environment. Members can choose any available unit that they can afford using their subsidy. Specific units or blocks of housing are not set aside for people with disabilities. Units must meet Housing Quality Standards, as defined by the United States Department of Housing and Urban Development (HUD). Though members choose among available, open-market housing, it should be noted that members and staff spoke repeatedly of the lack of true housing options and choice for individuals with felony convictions. One member said that the lack of stable housing placed him at risk for not attaining educational and employment goals that he has been working toward.	• The agency and the system should consider identifying key community stakeholders who can create solutions that support community integration and recovery goals of members following incarceration, followed by steps toward implementation.
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	Members can wait until they find the housing options of their choice without fear of losing their housing subsidy or "place in line". Members can look at an unlimited number of units in their search.	

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	Tenants can decide who lives in their apartment or house. They can choose to live by themselves or with others of their choosing. Members are educated by the Housing Specialist to understand that property management companies expect renters to list all unit occupants on the lease or be subject to eviction or other action. In accepting the RI housing subsidy, members separately agree that they will notify RI to changes in living arrangements. If an individual chooses to have a roommate (an additional adult resident), the roommate is expected to pay for 50% of the rent of the unit. The member (the legal lease holder) will continue to receive a housing subsidy so that he or she pays no more than 30% of income toward rent. For example, if total rent is $750 per month and the member's roommate pays half at $375, the member would be responsible for $216.29 (30% of income) and the RI housing subsidy would be $158.71 paid to the property management company.	
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	Property managers work for the private housing company and are not affiliated with the mental health system, nor are they agents of RI. Property Management that agree to accept the housing subsidy sign a Housing	• Continue to ensure functional separation between housing management and service providers through explicit documentation of communications that identify concern,

	authority or formal role in providing social services		Assistance Payment (HAP) Program contract that outlines roles and responsibilities of all parties, including adherence to HQS. Tenants can sign an ROI allowing communication (in some cases this may be in the context of a staffing) between property management and RI staff to discuss any issues that might threaten tenancy; however, property management would not be involved in interventions, services, or treatment.	action to be taken (if any) and responsible parties.
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 4	Recovery Coaches and other RI staff are not involved in property management functions. They do not get involved in efforts to collect rent but do educate tenants on their obligations as renters as a function of informed choice.	• See recommendation for Item 2.1.a.
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 4	RI does not maintain office space or staff at housing sites, nor do they keep keys to tenant apartments or houses. Most RI programs and services are delivered at Wellness City. Recovery Coaches conduct one home visit a month or at the members' preference. Staff may provide other services in the home or out in the community based on member needs and preferences.	
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	Of the 54 member roster, five members were excluded from the reviewers' calculations: two members were in temporary housing arrangements and just beginning their housing search, and three were identified as self-sufficient, no longer receiving a subsidy, and being closed from the housing program. All of the remaining 49 members paid no more than 30% of their income toward rent. Of the member records reviewed, only one tenant was also responsible for utilities. RI staff described this as an example of informed choice as the member prioritized location over paid utilities due to the unit's proximity to his work. The chart included an addendum to the HAP contract acknowledging that the tenant would be responsible for utilities. Documentation in the chart indicated the member's choice to pay the utilities himself. One member interviewed said that staff encourage them to look for apartments that include utilities in the rent, but that when she becomes "self-sufficient", she will budget for paying her own utilities because apartment complexes that include utilities in the rent are not as well maintained and have more problems than those that do not.	
3.2 Safety and Quality				
3.2.a	Whether housing meets HUD's Housing Quality	1, 2.5, or 4 1	The revised HAP contract between RI and property management companies specifically outlines expectations regarding HQS and remediation of units that do not pass	• The agency, property management, and tenants should continue efforts to ensure that HOM, Inc. inspectors gain access to apartments to complete 100%

	Standards		inspection. At the time of the review, RI had recently contracted with HOM, Inc. to conduct HQS inspections. The agency sent letters to tenants notifying them of inspection dates. Some records reviewed showed evidence of multiple attempts to inspect for HQS. Documentation indicated that only 49% of units had been inspected. Staff report some units have not been inspected because inspectors have not yet gained entry. Of the 24 units inspected, 10, or 58%, passed inspections. The HAP contract stipulates that neither property managers nor RI are responsible for failed inspections due to tenant neglect or behavior, but RI staff will work with members to develop solutions to correct damage and make repair.	inspections. • The agency, tenants and property management should develop timely plans to correct current deficiencies in the HQS as per the HAP contract.
Dimension 4 **4.1 Housing Integration**				
4.1 Community Integration				
4.1.a	Extent to which housing units are integrated	1 – 4 4	Members can seek housing anywhere in Maricopa County using the subsidy as long as the rent does not exceed the fair market value according to HUD. The housing units are not set aside for people with disabilities and can be leased by anyone in the community. The Housing Specialist helps members with housing searches in the same manner she would any other person searching for a home: using apartment guides and web-based listing	

			focused on the member's needs and preferences. A review of the member roster and investigation of addresses indicated no clustering and that housing is well-integrated and diverse.	
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	Staff stated and evidence in charts confirmed that members sign standard leases that do not contain special rules or addendums not required of people without a disability. These leases were available for team review.	
5.1.b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 2.5	As of January 23, 2015, RI eliminated a rule that required members to participate in 12 hours weekly of agency self-sufficiency programming. The rule was in place to encourage members to work toward self-sufficiency goals because the housing subsidy was considered temporary assistance, between 6 – 24 months. One staff member interviewed expressed support of this decision, stating that early in his own recovery he resisted coercion and mandates. Because the subsidy is now considered permanent, the rule has been removed from Community Building Welcome Agreement. This change however has not been fully communicated to all members, as acknowledged by staff. Potentially adding to the gap in communication, the revised Welcome Agreement continues to state that the	• It is recommended that RI take steps to ensure all members participating in the Community Building Housing Assistance Program are notified that the 12-hour weekly programming rule has been removed, and that an acknowledgment of notification be documented in the member record. • Staff should review the Welcome Agreement and other agency documentation to ensure the removal of any language that suggests coercion or punitive rules or conditions to maintain tenancy or the subsidy.

			member "will make every effort" to become self-sufficient within one year of his or her start date (p. 3, #11).	
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.	2	It is the recovery philosophy of RI that stable housing in the community is a key ingredient to recovery for people living with an SMI and/or co-occurring disorder. The current system requires that members must be attached to the RBHA contracted mental health system in order to be referred for services, or meet eligibility requirements to be enrolled with Mercy Maricopa Integrated Care (MMIC)/Arizona Health Care Cost Containment System (AHCCCS). Agency documents indicate that screening and readiness for independent living occurs at the PNO level. Independent living must be specifically identified as a goal on the member's ISP. RI staff will assist any member who identifies independent housing on his or her RI recovery plan in requesting that the clinical team update the member's ISP to reflect this goal, but clinical teams have the power to reject the request via the level of care designation. RI otherwise does not do any screening or readiness assessment, and integrated, scattered site housing is always the default option.	• Within the current system structure, RI may have a limited ability to act independently to address screening and readiness requirements (stability, sobriety, etc.) that create barriers to access to integrated, community based housing. Options for all system partners are as follows: ○ On the agency level, staff should develop strategies for educating clinic treatment teams on the Community Building program and the services they provide that support recovery and independent living. Clinical teams would benefit from information on programmatic changes within RI that now provide for a permanent housing subsidy and how the new program is differentiated from the former RI program, Another Chance. ○ At both the PNO and RBHA level, consideration should be made as to how the "level of care" determination used in housing referrals may undermine the recovery efforts of members who

				verbalized wanting to live independently in an apartment or house of their own. In terms of fidelity, this practice constrains choice and blocks access to PSH regardless of assessment of "readiness".
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 1	While RI's overarching goals are to support the full recovery of individuals challenged by an SMI, homelessness and substance abuse, the Community Building program requires an eligibility verification of AHCCCS benefits. The Recovery Innovations Connection Line (RLC) must verify that the PNO treatment team has deemed the member "ready for an independent living environment" in the Annual Assessment Part E. The implied readiness criteria may exclude individuals with the most significant housing obstacles.	• See recommendations for Item-6.1.a.
6.2 Privacy				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 3	Members sign an Advance Directive that allows RI staff to enter residences under certain conditions, specified by the member, suggesting an emergency. The document prompts members to identify who they would like contacted (family, Case Manager, employer) for additional information if a concern arises. RI does not maintain keys to housing units; if it is deemed prudent to enter units for wellness checks, property management and police facilitate entry. Tenants and property management have a copy of the Advance Directive.	• RI prioritizes safety and has determined that establishing Advanced Directives ensures that members who may be at risk for behavioral or physical health emergencies will receive timely support. It is recommended that staff continue to support the member's true voice on the form and carefully document how the process was facilitated in order to avoid any perception of coercion or lack of choice.

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 4	RI Recovery and Wellness Services are made up of *Nine Dimensions of Wellness* and under each dimension members can choose, in any combination, among an array of activities and services that best meet their needs and preferences. Besides those activities and services listed among the *Nine Dimensions of Wellness*, members can identify activities and services not listed that meet their own unique needs, interests and goals. Said one staff member, "If the citizen says he wants to learn how to sky dive, we will help him identify the steps for achieving that goal . . . it is all about choice." One member is near completion of certification in mortuary science.	
7.1.b	Extent to which tenants have the opportunity to modify service selection	1 or 4 4	Service Planning Sessions are scheduled every 90 days and include CMs, the Recovery Coach and the Team Lead. Members are encouraged but not required to attend. Members can modify their service plans at that time or upon request.	
7.2 Service Options				
7.2.a	Extent to which tenants are able to choose the services they	1 – 4 3	As of January 23, 2015, the agency eliminated its program requirement that members participate in 12 hours weekly of agency self-sufficiency programming. While the rule was removed from the protocol manual inspected	• See Recommendation for Item - 5.1.b.

	receive		by the reviewers, staff acknowledge that the change has not been fully communicated to members. It indeed appears some members interviewed were not aware that the old rule is no longer in place. One member interviewed said that he had been allowed to extend his housing subsidy beyond the 12-month limit because he "had good program participation." Under the current system, members must remain connected with their PNO Case Manager as evidenced by the requirement of a current ISP documented in the agency record.	
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 4	Members officially review service plans with staff every six months to assess progress toward goals, and can make any changes they desire. Members can also make changes to their service plan at any time they request.	
7.3 Consumer- Driven Services				
7.3.a	Extent to which services are consumer driven	1 – 4 3	RI views personal responsibility for service and treatment plans as an essential aspect of recovery. Evidence in member records indicates that members are actively involved in the creation of their RI service plans. Members appear to have the opportunity to put the interests, needs and goals directly in their service plan using their own words. Agency service plan documents appear to follow a strengths-based, solution-focused	• Staff should review policies and procedures such as member letters for language that could be experienced as coercive or driven by traditional treatment values. • Consider developing creative new assertive engagement and relationship building strategies that support member choice and the long-term

			treatment model and include space for members to rate services and their progress, and to provide handwritten comments. Progress and achievement are defined by the member. Member records also showed evidence of letters reminding members of their agreement to participate in agency programming.	benefits of participating in the self-sufficiency program.
7.4 Quality and Adequacy of Services				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 3	At the time of the review, Recovery Coaches report that they have caseloads of 17 members each. Staff report, however, that the agency will be adding a fourth Recovery Coach because agency capacity is increasing to 60 members, and that this addition will bring caseloads down to 15 members each.	• As agency capacity grows, ensure that staff caseloads are maintained at 15 members or less.
7.4.b	Behavioral health services are team based	1 – 4 2	RI makes efforts to work in partnership with CMs to coordinate services that meet the needs of members, but the current system structure does not allow for RI staff to function as part of the behavioral health team. Case Managers attend intake sessions with members and may also be present at lease signings. RI schedules staffings to address member issues, and sometimes attend treatment team meetings in order to provide input. RI staff also make referrals to specialized providers upon member request and in consultation with the CM. Recovery Coaches report mixed experiences with involvement with Case Managers and	• Based on the structure of the current behavioral health system, which separates entities providing case management and psychiatric care from those providing housing services, it may not be possible for RI to provide services through a team. RI should continue their efforts to coordinate with assigned SMI treatment teams. • As it seeks to realign itself more closely to the SAMSHA evidenced based model of PSH, the Community Building housing program is in transition. New rules, policies and procedures do not appear to have been thoroughly

			treatment teams. Staff report that they sometimes have difficulty receiving timely updated ISPs, which are necessary for members to receive their housing subsidy. Staff are also quick to note that some individual CMs are very responsive and provide excellent communication and support. Case Managers interviewed do not appear to have a clear or consistent picture of RI's Community Building housing program and often made reference to Restart, RI's short-term peer supported temporary housing, and Another Chance, the agency's former transitional living placement program, now operated by ABC Housing.	communicated to its community partners, especially the PNOs and the RBHA. In an effort to fill those gaps in communication, RI should share information about the new Community Building program with its *housing first* recovery vision directly to those partners.
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 4	RI does provide crisis care 24-hours a day, seven days a week. Recovery Coaches rotate carrying the crisis line after hours and the Recovery Services Administrator provides back up and supervisory response as needed. Additionally, RI owns and operates that Recovery Crisis Center, which also has a mobile unit that can meet members at the site of an emergency. CMs are also involved as soon as possible to arrange for other services.	

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		3.62
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	1
Average Score for Dimension		2.5
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	2.5
Average Score for Dimension		3.25
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	2
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2.5,4	1
6.2.a: Extent to which tenants control staff entry into the unit	1-4	3
Average Score for Dimension		2
7. Flexible, Voluntary Services		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	4
7.1.b: Extent to which tenants have the opportunity to modify services selection.	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extend to which services can be changed to meet the tenants' changing needs and preferences.	1-4	4

7.3.a: Extent to which services are consumer driven	1-4	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		3.37
Total Score		20.74
Highest Possible Score		28