

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

Date: February 12, 2016

To: John Willard, Permanent Supportive Housing Supervisor

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

**Method**

On January 12-13, 2016, Fidelity Reviewers Jeni Serrano and T.J. Eggsware completed a review of the Community Bridges, Inc. (CBI) 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.

Community Bridges, Inc. (CBI) was incorporated as a private, non-profit, 501 (c) (3) organization in 1982 and has been providing comprehensive, medically-integrated behavioral health programs which include prevention, education and treatment services throughout Arizona. CBI is identified as a PSH service provider and, per the agency website and brochures, utilizes Housing First and "harm reduction" philosophies, and believes in helping individuals achieve desired goals around daily living activities and access to community-based support networks. CBI believes in celebrating client-driven success and employs Certified Peer Support Navigators that understand the challenges associated with maintaining housing while struggling with mental health/substance abuse/comorbidity issues. CBI Navigators envelop the peer values of instillation of hope, resiliency, universality, and resource building. CBI services are person-centered and focused on assisting the members to live independently and maintain housing. Members are referred to the CBI PSH program through two main routes: (1) "direct" which originate through the RBHA affiliated voucher program and (2) "open" directly through clinic based treatment teams, some of whom may already be housed when the referral for supported housing services is made. For direct referrals, clinic staff completes an application for scattered site housing and once the member receives a voucher a service provider is selected. If CBI is selected, a referral packet is requested from the clinic, and CBI staff attends the briefing to provide an overview of the program, discuss immediate goals and needs, and, if needed, obtain releases of information. Most tenants served by CBI are direct referrals through the RBHA and reside in scattered site housing with a housing voucher. Due to the nature of the referrals, which originate at external clinics, information gathered at the Chicanos Por La Causa Centro Esperanza and Lifewell Behavioral Wellness Arcadia clinics were included in the review, with a focus on co-served members.

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

- Group interviews with two clinic Case Managers (CM) at Centro Esperanza and three CMs at Arcadia;
- Orientation of the Permanent Supportive Housing services provided through Community Bridges, Inc.;
- Interview with the Permanent Supportive Housing Supervisor of Community Bridges, Inc.;
- Group interview with three Permanent Supportive Housing Navigators;
- Interviews with nine tenants who are participating in the Permanent Supportive Housing program;
- Review of agency documents including: program descriptions, brochure, and mission statement, documentation of organizational structure, policies, job descriptions of Navigators, new employee orientation tracking, program intake forms and intake interview forms, tenant discharge procedures, and CBI supportive housing team meeting agenda notes; and
- Review of ten randomly selected records at clinics and CBI for co-served members, as well as leases and Housing Quality Standards (HQS) inspections.

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:

- CBI PSH staff interviews and documentation provided for this review suggest staff is well-trained and knowledgeable about the evidence-based practice of PSH and the principles of Housing First. Additionally, staff is trained in Supplemental Security Income/Social Security Disability Insurance Outreach, Access and Recovery (SOAR), a national program with a focus on ending homelessness through increased access to the disability income benefit programs administered by the Social Security Administration (SSA).
- Functional separation exists between housing management companies and the PSH agency; when service staff interact with housing management (i.e., landlords) it is to advocate with or on behalf of tenants, or to facilitate tenant communication with housing management at the request of the tenant.
- CBI PSH housing program allows for tenant choice and tenant privacy; staff and tenants confirm that scattered site units are integrated in the community. Tenants select units of their choice in the communities they want to live in; tenants can live with whom they chose, and service staff do not have keys for entry.

- Tenancy is not contingent on compliance with program provisions. Tenants do not have to accept program services or treatment in order to remain housed in their units. Tenancy is only contingent on full payment of rent and compliance with the rules of the standard lease agreement.

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

- CBI should explore opportunities to increase tenant voice into the design and provision of services. Platforms such as PSH tenant advisory councils and program improvement forums provide agencies opportunities to gain valuable insight into the tenants' view on the effectiveness of their services.
- The RHBA should work with providers such as CBI to explore ways to support the challenges of housing tenants with criminal histories to ensure integration and choice.
- The agency should continue to enhance program PSH materials and resources to distinguish those supports from other agency services. For example, the agency website was not working properly during this review; the site would not fully load and, if information did display, it was not clear what Permanent Supportive Housing supports were available. Additionally, it may be beneficial to designate specific sections in policies regarding PSH services. For example, CBI should clarify whether members are discharged after three or more scheduled sessions, which is cited in agency policy, despite staff report that members of PSH services are not closed due to temporary lapses in contact.
- System-wide training efforts surrounding effective implementation of the PSH model should continue; staff should be educated on available housing options, so they can adequately orient members in order to support member choice. The way members are introduced to housing support services, or other treatment services, is influenced by the clinical team recommendation and options discussed. It is not clear if all clinic staff receive detailed and ongoing training on housing options or services as changes occur in the system. Some staff report they learn through site based trainings with individual service providers, including CBI; some staff reported frequent trainings regarding housing, while others reported only brief trainings, and their familiarity with associated terms (e.g., Housing First approach) varied. Clinic staff seem open to additional training, guidance and clarification to expand their knowledge of housing options and support services.
- In PSH, all behavioral health services are provided through an integrated team. If this is not possible due to the current structure of the system with separate service providers, it is recommended that the full clinical team and PSH service provider hold regular planning sessions to coordinate care in order to work more fluidly as a team, and to prevent duplication of efforts or conflicting approaches. Ongoing coordination with clinic CMs, soliciting input into the service planning process and sharing of written documentation is encouraged if an integrated health record cannot be implemented. An integrated team may aid clinic staff in learning more about the PSH model through direct experience working with members living independently with supports.
- The program should continue efforts to obtain rental payment information, leases or residency agreements, HQS reports and other housing related documents for all members who receive supported housing services through the program, without constraining member choice for those who elect to not provide the information. Program staff reported that obtaining housing related information is more accessible for direct referrals due to agency staff participation in briefings, supporting the member in the housing search, support during

lease signing, and then ongoing support. For member's who are open referrals from the clinic, the program requests leasing and rental cost information from tenants, but some elect not to provide the information.

**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 (4)	According to clinic staff, agency staff and tenants interviewed, tenants determine the type of housing sought. Clinic staff report they do not screen members for independent living readiness, and do not limit the housing search based on availability. Options include scattered site housing funded primarily through vouchers available through the Regional Behavioral Health Authority (RBHA) and Arizona Behavioral Health Corporation's (ABC) Homeless Housing Program, as well as RBHA contracted Community Living Placements (CLP), or other subsidized and market rate housing unaffiliated with the RBHA. Once a member is notified that they were selected for voucher, then CBI Certified Peer Support Navigators offer their permanent supportive housing support services, assisting with choosing integrated and affordable housing.	
1.1.b	Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units	1 or 4 (4)	Tenants who receive the scattered site housing voucher through ABC Housing have a choice of any housing unit available on the open market that is within their budget. The voucher, if accepted by the landlord or property management, can be applied to the monthly rent.  CBI staff and tenants interviewed reported that CBI Certified Peer Support Navigators help tenants with apartment searches and move-in needs, and assist tenants with choosing among multiple units.	<ul style="list-style-type: none"> <li>The agency should collaborate with the RBHA to build a network of affordable housing options that can be explored with members; attempt to identify and address market factors leading to a reduction of landlords who accept housing vouchers.</li> </ul>

			Staff reported a recent decline in property managers willing to accept scattered site housing vouchers. Also, some property managers are not renewing leases associated with these vouchers.	
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)	<p>When tenants receive a scattered site housing voucher they are given 30 days to find a housing unit. Tenants who need more time to find a suitable unit can apply for 30-day extensions without losing their place on the eligibility list, or having to resubmit a new housing application.</p> <p>CBI staff interviewed report that they assist with coordination with the clinical team staff if an extension is needed; applications for extensions are submitted by clinical team case managers.</p>	
<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 (4)	<p>Staff and tenants interviewed reported that tenants decide whether or not to live alone or with other people such as roommates, children, partners or other family. Other people living in the unit must be on the lease and pay their portion of the rent. If tenants receive vouchers through ABC Housing, they may add their children and spouses as needed.</p> <p>One member interviewed reported he started his search with CBI Certified Peer Support Navigators for a one bedroom apartment after obtaining a voucher. He then added his two dependent sons to his voucher and has now changed his search to a three bedroom house to accommodate himself and his sons. The member stated that the CBI Certified Peer Support Navigator attended the voucher briefing and has since been engaged in services, assisting him with searching for his choice of a three bedroom house model in the area he has chosen.</p>	

<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 (4)	Housing management staff has no authority or role in providing social services; landlords are not generally invited to staffing's unless it was requested by tenant. Per report of the CBI staff and tenants, all CBI Certified Peer Support Navigator interactions with landlords are at the request of the tenants, and only when advocacy or support is needed.	
2.1.b	Extent to which service providers do not have any responsibility for housing management functions	1, 2.5, or 4 (4)	CBI staff and tenants both stated that CBI Certified Peer Support Navigators do not have any responsibility for housing management functions. CBI Certified Peer Support Navigators are not required to act on behalf of the housing management companies in any capacity. These actions include: reporting violations, requesting repairs, or delivering eviction notices to tenants.	
2.1.c	Extent to which social and clinical service providers are based off site (not at the housing units)	1 – 4 (4)	Social and clinical service providers are based off-site. Services are readily accessible, mobile and can be brought to tenants at their request. A minority of members reside in settings where social service staff may be on site, but no CBI staff maintains office space where tenants reside.	
<b>Dimension 3</b>				
<b>Decent, Safe and Affordable Housing</b>				
<b>3.1 Housing Affordability</b>				
3.1.a	Extent to which tenants pay a reasonable amount of their income for housing	1 – 4 (3)	Tenant housing costs range from 0-30% of their income for those who receive the scattered site housing voucher through ABC Housing. Tenants with no income pay zero rent. Data was incomplete for all members who receive supported housing services through CBI, so it was	<ul style="list-style-type: none"> <li>• The program should continue efforts to track tenant payment, and monthly income; preferably, tenants in PSH pay 30% or less for rental costs.</li> <li>• The agency should continue efforts to build a network of affordable housing options</li> </ul>

			not clear if all members pay a reasonable amount of their income for housing.	that can be explored with members.
<b>3.2 Safety and Quality</b>				
3.2.a	Whether housing meets HUD's Housing Quality Standards	1, 2.5, or 4 (2.5)	CBI staff stated that tenants who receive the scattered site housing voucher through ABC Housing cannot move into the selected unit until the unit is inspected and passes HUD's Housing Quality Standards. CBI Certified Peer Support Navigators stated that they can assist tenants with coordinating the inspection if needed. Documentation was provided indicating that 66% of units passed HQS inspections.	<ul style="list-style-type: none"> <li>Ensure housing service staff are informed about HQS and can advocate with tenants to ensure all units meet quality standards.</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 (4)	<p>CBI staff, clinical staff and tenants interviewed report housing units are integrated. Tenants who are selected for the scattered site program are able to choose a unit in their community within Maricopa County that accepts the housing voucher and meets HUD's Housing Quality Standards. The reviewers found no evidence during the review of clustering of people with disabilities.</p> <p>CBI staff and tenants reported there are challenges to integration for tenants who have criminal convictions and/or eviction histories, because many landlords will not rent to them, creating unintentional clustering. A minority of members, approximately 14%, reside in non-integrated settings. Additionally, some members remain homeless due to these issues.</p>	<ul style="list-style-type: none"> <li>The agency should continue efforts to build a network of integrated housing options that can be explored with members. For those members in non-integrated settings, explore more integrated housing options.</li> <li>The RBHA and program should collaborate to engage community partners in educating landlords about PSH so that a larger number of housing options are available to members.</li> </ul>
<b>Dimension 5</b>				
<b>Rights of Tenancy</b>				
<b>5.1 Tenant Rights</b>				
5.1.a	Extent to which	1 or 4	Though the majority of tenants (71%) have a	<ul style="list-style-type: none"> <li>The agency should attempt to obtain</li> </ul>



	tenants have legal rights to the housing unit.	(1)	current lease, the extent to which tenants have legal rights to the housing unit could not be verified for all members. Some tenants were already housed when referred to CBI support services, and others are in settings where it is not clear if they have legal rights to the housing unit (e.g., those who live with family, those in half way houses). As a result, it is not clear if all tenants have full legal rights of tenancy.	tenancy documentation, including leases, addenda to leases, or residency agreements for all members. Staff should attend all lease signings to obtain copies of leases so staff is aware of tenant obligations. <ul style="list-style-type: none"> <li>The program and RBHA should consider seeking consultation regarding how the agency can confirm whether tenants have legal rights to housing units for tenants in in non-subsidized settings, or housing not affiliated with the RBHA (e.g., living with family).</li> </ul>
5.1b	Extent to which tenancy is contingent on compliance with program provisions.	1, 2.5, or 4 (4)	Tenancy is not contingent on compliance with program provisions or participation in treatment. Tenants are not required to participate in services through CBI in order to maintain tenancy. Supportive housing services are completely voluntary; tenants can start, stop or restart services at any time they choose. Tenants who disenroll from the RBHA system become ineligible for the scattered site voucher but can maintain tenancy as long as they adhere to the lease and standard community rules, and pay their rent. Though some members are in settings where there may be requirements to maintain housing, most tenants are in independent settings through RBHA affiliated scattered site housing, other scattered site housing not affiliated to the RBHA or other voucher programs, and some live with family.	
<b>Dimension 6</b>				
<b>Access to Housing</b>				
<b>6.1 Access</b>				
6.1.a	Extent to which tenants are required to	1 – 4 (4)	Per clinical staff interviews, staff reported that if a member requests housing, the team will submit a housing application to the RBHA housing program	

	demonstrate housing readiness to gain access to housing units.		<p>or scattered site housing. Staff is familiar with a Housing First approach, noting that it may be easier for other issues to be addressed once tenants are in stable housing. Staff reported that they now complete the applications for scattered site, homeless housing (if the member is homeless), and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT); there are no other required documents or assessments needed. Clinical staff stated that with the permanent supports from providers such as CBI, the team refers anyone who wants to live independently.</p> <p>CBI staff and tenants interviewed reported that there is no required readiness to enter the program. Once members receive the scattered site housing voucher through ABC Housing and then selects CBI as the PSH service provider, CBI begins services as identified and requested.</p>	
6.1.b	Extent to which tenants with obstacles to housing stability have priority	1, 2.5, or 4 (2.5)	<p>Clinical staff interviewed stated that they have recently been instructed to complete the VI-SPDAT with all members referred for housing support services. Staff stated they believe members are prioritized if hospitalized and/or homeless, but it is not clear if members with housing challenges in other situations are prioritized. Staff reported that additional training, clarification regarding prioritization, and guidance on the VI-SPDAT process may be helpful.</p>	<ul style="list-style-type: none"> <li>• The RBHA and provider agencies should work towards making tenants with the most significant housing barriers a priority. Though tenants who are hospitalized or homeless may have significant barriers, priority extends beyond those measures. Other factors may include: lack of income, lack of proper identification, substance use challenges, poor rental histories, difficulties maintaining housing, frequent crisis intervention, legal issues, difficulties with addressing basic needs, and limited social supports.</li> <li>• The RHBA and agency should continue efforts to educate referral sources on how waitlists are prioritized so they can orient members who seek housing support</li> </ul>

				services.
<b>6.2 Privacy</b>				
6.2.a	Extent to which tenants control staff entry into the unit.	1 – 4 (4)	Most tenants reside in the community, in independent settings through RBHA affiliated scattered site housing, other scattered site voucher or subsidy housing programs not affiliated to the RBHA, or with family. CBI staff and tenants interviewed confirmed that the PSH staff does not enter their units without permission. CBI staff do not have keys to units or ask housing management for entry. CBI staff reported that if they are concerned about a tenant then they notify the tenant’s clinical team for follow up. A small number of members (about 8%) reside in settings where social service staff or others may enter the unit; the member does not control entry.	<ul style="list-style-type: none"> <li>• CBI should continue to work with members who reside in settings where social service staff control entry to the unit to explore alternative living arrangements where the tenant, not program or service staff, control entry into the unit.</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 (1)	All staff interviewed said that tenants choose the types of services they want. However, during interviews with clinical staff and tenants, it was stated that clinical staff do not review other PSH service providers with members, but rather due to success of other referrals or relation with CBI staff, they select CBI as the PSH provider for the member. Though satisfied with services, tenants interviewed confirmed that they were assigned to CBI, and were not provided with a choice of other providers. Clinic plans appear to generally reflect member goals, but in some cases, objectives or needs identified appeared to be written from the clinical team perspective, using clinical jargon, and it was not always clear if member input was solicited.	<ul style="list-style-type: none"> <li>• All service plans established should be individualized and directly reflect the expressed goals and needs of tenants.</li> <li>• Clinical staff needs to provide tenants with a list of PSH providers to choose from, and then ISPs, goals and objectives need to have listed services rather than general statements.</li> </ul>
7.1.b	Extent to which	1 or 4	CBI staff interviewed report that once enrolled in	

	tenants have the opportunity to modify service selection	(4)	CBI PSH program, tenants are provided with frequent opportunities to modify their service selections. Tenant records reviewed indicate that the tenant goals are often written in their own words and that service plan goals can be established and closed at any time.	
<b>7.2 Service Options</b>				
7.2.a	Extent to which tenants are able to choose the services they receive	1 – 4 (3)	Per CBI staff report, once enrolled, tenants are able to change their service frequency, or decline participation in PSH services at any time and remain housed. Though this program allows tenants to decline services, they must maintain services through the RBHA in order to maintain housing supports. Those tenants who receive a voucher through the RBHA system are unable to choose no services and receive the subsidy. Some tenants interviewed reported they must remain open with CBI in order to maintain tenancy, and confirm they must receive services from a clinic.	<ul style="list-style-type: none"> <li>Continue efforts to educate referral sources that participation in services is not mandated in order to maintain tenancy.</li> <li>The RBHA should continue efforts to expand voucher programs to include a provision extending the subsidy for a period of time if members elect to close from RBHA services.</li> </ul>
7.2.b	Extent to which services can be changed to meet tenants' changing needs and preferences	1 – 4 (4)	Housing services are provided by Certified Peer Support Navigators, and tenants can access other services through the agency; the service mix is highly flexible and can adapt type, location, intensity and frequency based on tenants' changing needs or preferences.	
<b>7.3 Consumer- Driven Services</b>				
7.3.a	Extent to which services are consumer driven	1 – 4 (3)	CBI believes in client-driven success and employs Certified Peer Support Navigators that understand the challenges associated with maintaining housing while struggling with mental health/substance abuse/comorbid issues by sharing their individual lived experiences. Certified Peer Support Navigators provide housing support services to tenants in the PSH program. Tenant's satisfaction is measured primarily through individual feedback, check-ins with staff as services	<ul style="list-style-type: none"> <li>CBI should explore opportunities to develop committees or other opportunities for tenants to drive services. During tenant group interview, tenants had several recommendations for the PSH program and offered each other support and resources, stating that they are sometimes the ones that provide their Certified Peer Support Navigators with community resources.</li> </ul>

			are provided. At the time of review, there are no formal advisory councils, boards or other settings where tenants' input is directly solicited in the PSH program. A survey form was provided, but it is not clear if it was utilized.	
<b>7.4 Quality and Adequacy of Services</b>				
7.4.a	Extent to which services are provided with optimum caseload sizes	1 – 4 (4)	CBI has 10 Certified Peer Support Navigators; at time of review caseloads average less than 15 tenants to each staff.	
7.4.b	Behavioral health services are team based	1 – 4 (2)	Members receive services through clinics to access case management, appointments with Psychiatrists and Nurses, and may be referred to multiple external providers, including CBI; multiple providers are involved in providing services. CBI staff report that they primarily coordinate with the CM, with regular updates via phone calls, emails and occasional staffings. Clinic staff report most collaboration with CBI PSH staff occurs when the member first enters the PSH program, but once housed, contact varies depending on the member and on the assigned Certified Peer Support Navigators. It appears the frequency of formal coordination can vary by clinic, CM assignment, or CBI staff. During interviews with clinical staff and CBI staff, when asked if they seek input from each other when developing service plans with members, the answer was no.	<ul style="list-style-type: none"> <li>• Preferably, all behavioral health services are provided through an integrated team. If this is not possible due to the current structure of the system with separate service providers, it is recommended the full clinical team and PSH service provider hold regular planning sessions to coordinate care in order to work more fluidly as a team, even if full integration cannot be achieved. Ongoing coordination with the clinic CM, soliciting input into the service planning process, and sharing of written documentation is encouraged if an integrated health record cannot be implemented.</li> </ul>
7.4.c	Extent to which services are provided 24 hours, 7 days a week	1 – 4 (3)	CBI staff report that services are provided daily from 7:00 am to 5:00 pm, including weekends, and may occasionally occur in the evenings, but are not provided 24 hours a day. The team provides a list of after hour numbers and, if there is a crisis overnight, PSH supervisor is on-call and available to offer support via phone and coordinate with	<ul style="list-style-type: none"> <li>• Optimally, PSH services should be available 24 hours a day, seven days a week.</li> </ul>

			crisis and/or clinical team. However, the supervisor will not go to the residence.	
--	--	--	--	--

**PSH FIDELITY SCALE SCORE SHEET**

1. Choice of Housing	Range	Score
1.1.a: Tenants have choice of type of housing	1,2,5,4	4
1.1.b: Real choice of housing unit	1,4	4
1.1.c: Tenant can wait without losing their place in line	1-4	4
1.2.a: Tenants have control over composition of household	1,2,5,4	4
Average Score for Dimension		4
2. Functional Separation of Housing and Services		
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services	1,2,5,4	4
2.1.b: Extent to which service providers do not have any responsibility for housing management functions	1,2,5,4	4
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units)	1-4	4
Average Score for Dimension		4
3. Decent, Safe and Affordable Housing		
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing	1-4	3
3.2.a: Whether housing meets HUD's Housing Quality Standards	1,2,5,4	2.5
Average Score for Dimension		2.75
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	1

5.1.b: Extent to which tenancy is contingent on compliance with program provisions	1,2,5,4	4
<b>Average Score for Dimension</b>		<b>2.5</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	4
6.1.b: Extent to which tenants with obstacles to housing stability have priority	1,2,5,4	2.5
6.2.a: Extent to which tenants control staff entry into the unit	1-4	4
<b>Average Score for Dimension</b>		<b>3.5</b>
<b>7. Flexible, Voluntary Services</b>		
7.1.a: Extent to which tenants choose the type of services they want at program entry	1,4	1
7.1.b: Extent to which tenants have the opportunity to modify services selection.	1,4	4
7.2.a: Extent to which tenants are able to choose the services they receive	1-4	3
7.2.b: Extent 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	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	3
<b>Average Score for Dimension</b>		<b>3</b>
<b>Total Score</b>		<b>23.75</b>
<b>Highest Possible Score</b>		<b>28</b>