# **Transitional Services, Inc. Psychiatric Disabilities Community Programs**

## OUTCOMES MANAGEMENT REPORT 2017 - 2018

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### **MISSION**

TO HELP PEOPLE WITH MENTAL DISABILITIES DISCOVER AND ACHIEVE THEIR HOPES AND DREAMS FOR A MEANINGFUL LIFE IN THE COMMUNITY.

#### **VISION**

TRANSFORMING COMMUNITIES THROUGH THE CONTRIBUTIONS OF THE PEOPLE WE SERVE.

#### I. Executive Summary

In the 2017/18 fiscal year, TSI continued to follow its mission of working with those who have psychiatric and intellectual disabilities attain their hopes and dreams and work towards having a meaningful life in the community. The agency focused on building its Quality Improvement Initiatives and developing Key Performance Indicators by department. Between 2015 and 2017, the agency was without a CEO and utilized the Fiscal Director as Interim CEO. The new CEO came on board in September 2017.

#### **II.** Agency Overview

TSI provides an array of housing and support services designed to meet the needs and preferences of individuals who have psychiatric or intellectual disabilities. The housing options for persons with psychiatric disabilities include: Community Residential Rehabilitation (CRR full care supervised apartments and one Group Home); Supported Living (both community based and congregate); Permanent Supportive Housing, and Permanent Supportive Housing for Transition Age Youth. The options for individuals with intellectual disabilities include: licensed Community Homes (apartment and one group home) and unlicensed congregate supported living programs. Support services include: clinical consultation and education.

TSI tailors services and supports to help individuals achieve goals by using the principles of self-determination and the Psychiatric Rehabilitation Approach. We work in partnership with individuals and their support team to help them gain skills, and access to the support they need to keep or regain valued roles in their living, learning, working or socializing environments, to have a meaningful life in the community. TSI believes that this is what mental health recovery and attaining an "Everyday Life" is all about. Based on their Personal View, we help people to identify and define their strengths, abilities, preferences and needs, which are considered in the development of the individual's service or support plan. Staff and the individual, review and change the plan, if the individual's needs or personal view changes. Staff work with the individual to enhance self-awareness, environmental awareness, self-sufficiency and to obtain needed support in identified areas. These areas may include physical and mental wellness, medication management, living skills, managing stress, developing supports and friends in the community, through work and other meaningful activities, or other areas identified by the individual as important to having a meaningful or "Everyday Life".

#### III. Program Overview: Psychiatric Disabilities Division

#### COMMUNITY RESIDENTIAL REHABILITATION (CRR) FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES

TSI operates four (4) CRR facilities in Allegheny County for individuals who have psychiatric disabilities. Three are supervised apartments and one is a group home. The group home provides a family-like environment, with private bedrooms, shared living spaces and group meals. Through a caring and stable environment, individuals can learn daily living skills and receive support through 24-hour staffing. Supervised apartments provide settings that offer more independence and privacy combined with the support of 24-hour staff availability. There are five shared apartments with individual bedrooms at the Wendover site and one at the South Braddock site. All remaining apartments are single occupancy.

| NAME           | LOCATION                | ТҮРЕ                                  | #OF BEDS |
|----------------|-------------------------|---------------------------------------|----------|
| Greenfield     | 711 Hazelwood Ave       | Supervised Apartments                 | 12       |
|                | Pittsburgh, PA 15217    |                                       |          |
| McLenahan      | 362 S. Highland Ave.    | Group Home                            | 14       |
|                | Pittsburgh, PA 15232    |                                       |          |
| South Braddock | 215 South Braddock Ave. | Supervised Apartments                 | 6        |
|                | Pittsburgh, PA 15221    | r r r r r r r r r r r r r r r r r r r |          |
| Wendover       | 2021 Wendover Street    | Supervised Apartments                 | 10       |
|                | Pittsburgh, PA 15217    | r                                     |          |

#### SUPPORTIVE LIVING FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES

TSI offers both community and HUD Congregate Supportive Living Programs. Community Supportive Living provides services in the home and teaches skill building to assist person in maintaining their housing while fostering their recovery. Additionally, TSI provides supportive living services in three Congregate HUD buildings. Services include skill teaching and assisting individuals to integrate into the community.

| NAME | LOCATION | ТҮРЕ | #OF BEDS |
|------|----------|------|----------|
|      |          |      |          |

| NAME         | LOCATION   | ТҮРЕ        | #OF BEDS |
|--------------|--|-------------|----------|
| Dohrman      | 908 and 916 Dohrman Street<br>McKees Rocks, PA 15136 | Congregate  | 11       |
| McKeesport   | 315 Ninth Ave.<br>McKeesport                         | Congregate  | 11       |
| Island       | 615 Island Ave. McKees Rocks, PA 15136               | Congregate  | 7        |
| Community SL | Apartments throughout Allegheny<br>County            | Independent | 79       |

#### PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES (PSH)

TSI administers the Permanent Supportive Housing (PSH) program. This program provides a set of comprehensive services designed to assist 150 individuals secure and successfully keep permanent housing. The program also provides support, education and referrals to individuals, providers and landlords on housing related matters, and connects individuals to needed financial, advocacy and legal resources. Individuals are not required to participate in psychiatric services to keep their housing, although they are encouraged to use services as an important part of their overall community tenure plan.

#### PERMANENT SUPPORTIVE HOUSING FOR TRANSITION AGE YOUTH (TAY)

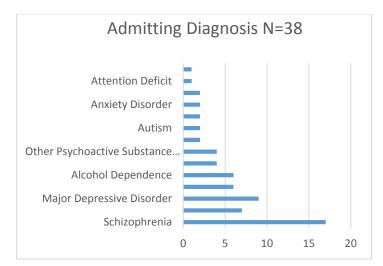
TSI administers the Permanent Supportive Housing for Transition Age Youth (PSH-TAY) program. This program provides a set of comprehensive services designed to assist 24 transition age youth secure and successfully keep permanent housing. The program also provides support, education and referrals to individuals, providers and landlords on housing related matters, and connects individuals to needed financial, advocacy and legal resources. Individuals are not required to participate in psychiatric services to keep their housing, although they are encouraged to use services as an important part of their overall community tenure plan.

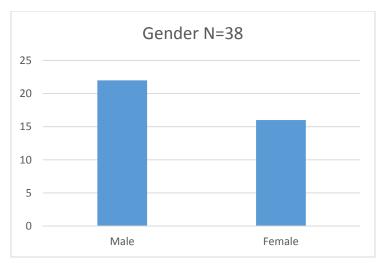
## IV. Community Residential Rehabilitation (CRR) for Individuals with Psychiatric Disabilities

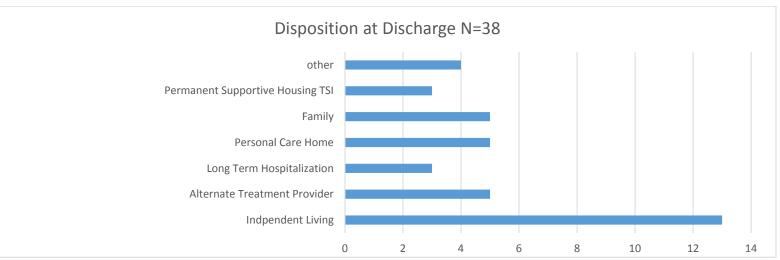
- a. Program Highlights
  - i. Passed PA State Inspection
  - ii. Increased focus on Community Integration with all persons served
  - iii. Wellness groups being provided at all locations
    - 1. Healthy cooking classes 2x/month
    - 2. Community integration outings 2x/month
  - iv. Peer Mentor Outreach being conducted at all sites
    - 1. Topics
      - a. Medication in Recovery
      - b. Recovery 101
      - c. Community Integration

#### b. CRR Demographics & Outputs

| TSI Service Composition  | FY 2017/2018 |
|--------------------------|--------------|
| # Admissions             | 38           |
| # Discharges             | 38           |
| # Average length of stay | 270 days     |
| Average age              | 40           |







| TSI Outputs                                    | FY 2017/2018 |
|--|--------------|
| # of clinical consults                         | 9            |
| # total individuals served                     | 74           |
| # total hours of wellness programming provided | 264          |
| # d/c to community living N=38                 | 23           |

| TSI Individual Satisfaction CRR N=26                                      |  |                  |        |         |
|---|--|------------------|--------|---------|
| Outcomes  | Indicators                                     | Measure          | Target | Results |
| Q1.I receive the amount of help and support from the staff                | % of individuals who strongly agree/agree      | Hard copy survey | 100%   | 100%    |
| Q2. I am treated with respect by the staff                                | % of individuals who said strongly agree/agree | Hard copy survey | 100%   | 92%     |
| Q7. I am satisfied in my progress in terms of growth, change and recovery | % of individuals who said strongly agree/agree | Hard copy survey | 100%   | 88%     |

## c. CRR Program Outcomes

| McLenahan   | By June 30 <sup>th</sup> , resident attendance at Wellness groups will increase 100%, from 3 people per group to 6 people per group, by one staff attending the group and providing snacks after the group.                                      | 6/30/2018 | 6    | 4   | - | 33% | 3 |
|-------------|--|-----------|------|-----|---|-----|---|
|             | By July 1, 2018 the percentage of persons served by Wendover engaged in social activities in the community will increase with staff supports. Our baseline is 3 persons served and we would like to increase it to 4 people in 2 months, so that |           |      |     |   |     |   |
| Wendover    | persons served become more engaged in their services and recovery.   | 7/1/2018  | 4    | 4   |   | MET | 3 |
|             | By June 30, 2018, 100% of staff will increase their preparedness for Utilization Review Meetings (30 days, Bi-Annuals, and   |           |      |     |   |     |   |
| Greenfield  | Annuals) by completing and submitting all paperwork for reviews 3 days prior to the meeting.   | 6/30/2018 | 100% | 65% |   | 35% |   |
|             | By June 30, 2018, shift responsibilities checklist will be completed 100% on every shift by staff to promote communication   |           |      |     | Ţ |     |   |
| S. Braddock | and continuity of care.  | 6/30/2018 | 100% | 50% |   | 50% |   |

|          | Goal  | Target | Outcome FY 18 |
|----------|---|--------|---------------|
| AR       | AR forms will be sent to fiscal department within 24 hours of admission/exit from program | 100%   | 100%          |
| Med      | Medications are taken by individuals as prescribed  | 100%   | 94.56%        |
| Accuracy |   |        |               |

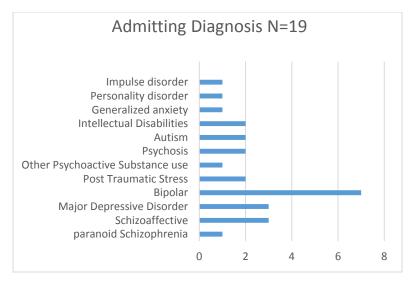
#### V. SUPPORTIVE LIVING FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES

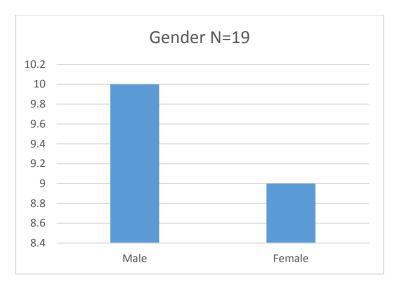
#### a. Program Highlights

- i. Consumers receive access to services within 7 days from date of referral or name on wait list
- ii. Services focus on living, learning, working and social domains
- 111. Supportive Living Program under restructuring Areas of improvement will include recruitment and marketing, discharge criteria, productivity, evaluation and metrics.

#### **b.** Supportive Living Demographics & Outputs

| TSI Service Composition | FY 2017/2018 |
|-------------------------|--------------|
| # Referrals             | 95           |
| Average age             | 43           |





| TSI Outputs  | FY 2017/2018 |
|--|--------------|
| % of person's served signed up for permanent subsidy within 60 | 94%          |
| days of admission to program                                   |              |
| # of new landlords participating in PSH program                | 19           |
| # of neighborhoods person's served moved into                  | 16           |

| TSI Individual Satisfaction<br>Supportive Living N=34                     |  |                  |        |         |
|---|--|------------------|--------|---------|
| Outcomes  | Indicators                                       | Measure          | Target | Results |
| Q1.I receive the amount of help and support from the staff                | % of individuals who <i>strongly</i> agree/agree | Hard copy survey | 100%   | 100%    |
| Q2. I am treated with respect by the staff                                | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 97%     |
| Q7. I am satisfied in my progress in terms of growth, change and recovery | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 94%     |

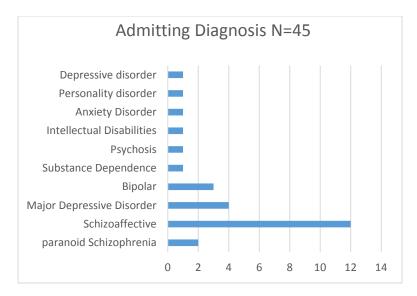
## c. Program Outcomes

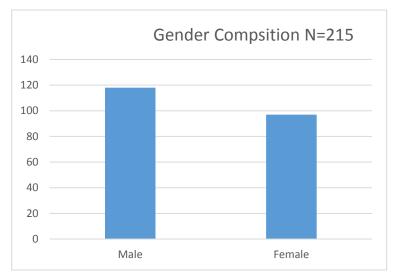
|            | By July 1, 2018, our goal is for resident attendance at House Meetings at Island will increase 100%, from 3 per group to 6 to |           |    |    |   |     |    |
|------------|---|-----------|----|----|---|-----|----|
| Island     | educate person served and enhance relationships with their peers.   | 7/1/2018  | 6  | 4  |   | 33% | 3  |
|            | By July 1, 2018, our goal is for resident attendance at House Meetings at Dohrman will increase 100%, from 5 per group to 10  |           |    |    |   |     |    |
| Dohrman    | to educate person served and enhance relationships with their peers.  | 7/1/2018  | 10 | 6  |   | 40% | 5  |
|            | By June 30, 2018, Persons served in the McKeesport SL program that are linked with at least 1 paid support e.g                |           |    |    |   | _   |    |
|            | (transportation services, clubhouses, peer supports), cleaning services, job coach, meals on wheels etc) will increase from   |           |    |    | 1 | 7   |    |
| McKeesport | 20 clients having at least 1 paid support to 30 clients having at least 1 paid support.                                       | 6/30/2018 | 30 | 27 | _ | 10% | 20 |

## VI. PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS WITH PSYCHIATRIC DISABILITIES (PSH)

## a. PSH Demographics and Outputs

| TSI PSH Service Composition                                     | FY 2017/2018 |
|---|--------------|
| # Admissions  | 45           |
| # Individuals served in Housing Support                         | 181          |
| # of Individuals served in Bridge Subsidy/Project Based Leasing | 34           |
| Average age   | 44           |





| TSI PSH Outputs                                     | FY 2017/2018 |
|---|--------------|
| # of individuals receiving Section 8 vouchers       | 12           |
| # of individuals moving into housing for first time | 32           |
| # of individuals who experienced eviction           | 1            |

| TSI Individual Satisfaction PSH/TAY N=34                                  |  |                  |        |         |
|---|--|------------------|--------|---------|
| Outcomes  | Indicators                                       | Measure          | Target | Results |
| Q1.I receive the amount of help and support from the staff                | % of individuals who <i>strongly</i> agree/agree | Hard copy survey | 100%   | 97%     |
| Q2. I am treated with respect by the staff                                | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 94%     |
| Q7. I am satisfied in my progress in terms of growth, change and recovery | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 79%     |

| TSI Landlord Satisfaction PSH/TAY N=14  |  |               |        |         |
|---|--|---------------|--------|---------|
| Outcomes  | Indicators   | Measure       | Target | Results |
| Q1. Are you satisfied with the level of professionalism of the PSH/TAY staff? | % of individuals who are extremely satisfied/satisfied | Survey Monkey | 100%   | 100%    |
| Q8. Are you satisfied overall with the PSH/TAY program?                       | % of individuals who are extremely satisfied/satisfied | Survey Monkey | 100%   | 100%    |
| Q9. Would you recommend the PSH/TAY program to other landlords?               | % of individuals who <i>strongly</i> agree/agree       | Survey Monkey | 100%   | 100%    |

## **b. Program Outcomes**

|   |     | By June 30, 2018, our goal is to increase from 12.5% to 30% of all new intakes signed up for a permanent subsidy within 60 |           |     |     | <b>A</b> |     |       |
|---|-----|--|-----------|-----|-----|----------|-----|-------|
|   |     | days of opening service. PSH paperwork guidelines will be revised to reflect housing expectations and all new applications |           |     |     |          |     |       |
| P | PSH | for permanent subsidy will be reported via email to the program supervisor and coordinator.                                | 6/30/2018 | 30% | 40% |          | 10% | 12.5% |

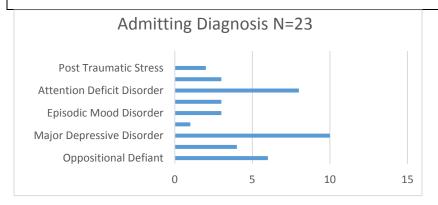
### VII. PERMANENT SUPPORTIVE HOUSING FOR TRANSITION AGE YOUTH (TAY)

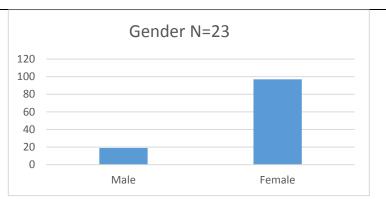
#### a. Program Highlights

- i. Successful implementation of TAY work group with 7 individuals successfully acquiring employment
- ii. Added an emergency apartment to the TAY program which has been utilized

### **b.** TAY Demographics and Outputs

| TSI TAY Service Composition | FY 2017/2018 |
|-----------------------------|--------------|
| # Admissions                | 9            |
| # Individuals served        | 31           |
| Average age                 | 21           |
|                             |              |





| TSI TAY Outputs                                     | FY 2017/2018 |
|---|--------------|
| # of individuals receiving Section 8 vouchers       | 2            |
| # of individuals moving into housing for first time | 7            |
| % of non-eviction                                   | 99%          |

| TSI Individual Satisfaction |  |  |
|-----------------------------|--|--|

| PSH/TAY N=34  |  |                  |        |         |
|---|--|------------------|--------|---------|
| Outcomes  | Indicators                                       | Measure          | Target | Results |
| Q1.I receive the amount of help and support from the staff                | % of individuals who <i>strongly</i> agree/agree | Hard copy survey | 100%   | 97%     |
| Q2. I am treated with respect by the staff                                | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 94%     |
| Q7. I am satisfied in my progress in terms of growth, change and recovery | % of individuals who said strongly agree/agree   | Hard copy survey | 100%   | 79%     |

| TSI Landlord Satisfaction PSH/TAY N=14  |  |               |        |         |
|---|--|---------------|--------|---------|
| Outcomes  | Indicators   | Measure       | Target | Results |
| Q1. Are you satisfied with the level of professionalism of the PSH/TAY staff? | % of individuals who are extremely satisfied/satisfied | Survey Monkey | 100%   | 100%    |
| Q8. Are you satisfied overall with the PSH/TAY program?                       | % of individuals who are extremely satisfied/satisfied | Survey Monkey | 100%   | 100%    |
| Q9. Would you recommend the PSH/TAY program to other landlords?               | % of individuals who <i>strongly</i> agree/agree       | Survey Monkey | 100%   | 100%    |

## c. Program Outcomes

| TAY | By 6/30/18, attendance will increase from 5 clients to 6 at each group, class, or activity. (currently scheduled 2x/mo.)  | 6/30/2018   | 6 | 6 | MET   | 5 |   |
|-----|---|-------------|---|---|-------|---|---|
| IVI | by 0/30/10, attenuance will increase from 3 chemis to 0 at each group, class, or activity. [currently scheduled 27/1110.] | 0/ 20/ 2010 | U | U | IVILI | J | 1 |

## **TAY Quality Improvement Plan 11/2017**

| Goal  | Outcome   | Target Objective   | Performance Measures/Data Source(s)/Frequency/Responsible  |
|---|---|--|--|
| Goal  | Outcome   | raiget Objective   | Person   |
| TAY Clients will receive one on one interventions on a consistent basis.  | TAY Clients will have<br>an increase in the<br>number of needs that<br>are being met.   | TSI staff will meet with TAY clients up to 3 times/week for 24 weeks and then on a revised schedule based on reassessment.   | Performance Measures: # of meetings per week per person, Average Median for the Program  Data Sources: contact notes  Frequency: monthly  Responsible Person: Staff                    |
| TAY clients will perform living skills independently.                     | TAY Clients will increase their knowledge and usage of living skills.   | TSI staff will teach, instruct, and or model living skills 1/weekly for each TAY/Client for 24 weeks and then on a revised schedule based on assessment                | Performance Measures: # of sessions where living skills are practiced  Data Sources: contact notes, supporting documentation  Frequency: monthly  Responsible Person: Staff            |
| TAY clients will address landlord/apartment issues with staff assistance. | TAY clients will negotiate skills that create win-win solutions for themselves and Landlords regarding maintenance repairs and being a good tenant. | 85% of maintenance repairs are fixed on a monthly basis with TAY client's joint effort with TSI.  Win-Win Solutions are negotiated 85% of the time on a monthly basis. | Performance Measures: # of landlord/apartment issues solved Data Sources: contact notes, checklist, landlord incident reports Frequency: weekly Responsible Person: Program Supervisor |
|   |   |  |  |
| TAY clients will have their emergency housing needs                       | An On-Call rotation system is implemented to address emergency  | On-Call Supervisor/Coordinator provides assistance, guidance, and support to   | Performance Measures: completion of on-call rotation implementation  Data Sources: on-call meeting minutes, On-call logs   |

| addressed after- hours and on weekends.  Individuals served by the TAY program are free from homelessness. | housing issues of the individuals served by the TAY Program.  Individuals maintain stable housing. | TAY clients 100 % of the time.  Three emergency apartments will be utilized in a situation where a person is about to become homeless and they are waiting to be housed.  T.S.I will assess on a monthly basis if more emergency apartments are needed and discuss with funders.  See attached for the emergency apartment proposal and the cost for emergency apartments | Frequency: twice per month Responsible Person: Program Coordinator  Performance Measures: % of individuals needing emergency housing utilization of emergency apartments  Data Sources: contact notes Frequency: quarterly Responsible Person: Program Director |
|--|--|---|---|
| Focus Area: Engagem<br>Goal  | Outcome  | Target Objective  | Performance Measures/Data Source(s)/Frequency/Responsible Person  |

| by the TAY incre<br>program will be parti<br>actively engaged in class | TAY Clients will increase their participation in groups, classes; social activities. | TSI staff will conduct 2 work groups a month.  OMNI Health and Wellness will conduct 2 Community and Healthy Living Groups per month (Proposal and Budget attached). | Performance Measures: % of groups completed as scheduled  Data Sources: contact notes and group logs  Frequency: twice a month  Responsible Person: Program Director, Program Coordinator, Supervisor, Staff  Performance Measures: % of people attending groups  Data Sources: group roosters |
|--|--|--|--|
|  |  |  | Frequency: twice per month   |
|  |  |  | Responsible Person: Omni Health and Wellness staff and TSI staff   |
|  |  | TSI accompanies the TAY Clients to Youth social outings at least once a quarter.   | Performance Measures: % of people attending social/outing Data Sources: contact notes and social/outing log Frequency: Quarterly Responsible Person: Program Coordinator   |

| Group Attendance<br>will increase the<br>frequency of<br>meetings per<br>month with the<br>TAY Client. | Increased frequency with TAY Clients from month to month. Once 3 times a week is met then staff will maintain that frequency. | 5 to 10 TAY Clients will attend each group, class or activity.   | Performance Measures: % of people with increased frequency  Data Sources: contact notes and social/outing log  Frequency: Monthly  Responsible Person: Program Supervisor  |
|--|---|--|--|
| Focus Area: Agency   | Collaboration   |  |  |
| Goal   | Outcome   | Target Objective   | Performance Measures/Data Source(s)/Frequency/Responsible<br>Person  |
| Stronger relationships between T.S.I. and Presley Ridge.   | Increased collaboration and learning opportunities between TSI and Presley Ridge  | Joint Visits with TSI Housing Support Team and Presley Ridge's Psychiatric Rehabilitation Staff at least monthly.  T.S.I. and Presley Ridge will co-facilitate a Skill Development group jointly for TAY clients monthly  T.S.I. and Presley Ridge will hold Quarterly Meetings for Future Planning. | Performance Measures: % of joint meetings for joint TAY Clients  Data Sources: contact notes Frequency: Monthly Responsible Person: Staff  Performance Measures: % of joint groups run Data Sources: Group logs Frequency: Monthly Responsible Person: Staff and Program Supervisor  Performance Measures: % of Meetings that occur Data Sources: Appointment Calendar/Meeting Minutes Frequency: Quarterly Responsible Person: MH Program Director, CEO |

| Focus Area: Training  | g/Supervision   |  |  |
|---|---|--|--|
| Goal  | Outcome   | Target Objective   | Performance Measures/Data<br>Source(s)/Frequency/Responsible Person  |
| TAY Staff will be fully equipped, knowledgeable, and effective in meeting the needs of the TAY Clients. | New staff will be fully trained within 3 months of hire.  TSI Staff will attend monthly trainings on Training Bulletin  Updated training curriculum will be | Quarterly Training Reports<br>reflect that TSI Staff<br>attended mandatory<br>trainings. 100 %<br>compliance is required | Performance Measures: # of required trainings attended by staff monthly  Data Sources: Training Reports  Frequency: Quarterly  Responsible Person: Staff   |
|   | submitted to HR and<br>funders (See<br>Attached)  |  |  |
| TAY staff will receive supervision, support and guidance on a consistent basis.                         | TAY staff will have increased knowledge of the program, community resources and how to provide youth friendly services.                                     | Weekly Supervision for all<br>Housing Support Staff  Weekly Group Supervision<br>for the TAY team                        | Performance Measures: # of sessions where Individual, group and field supervision occurs  Data Sources: anecdotal notes, Group supervision minutes, outcomes by Quality for monthly visits  Frequency: weekly, weekly, monthly |
|   | SCI VICES.  | Program Supervisor will accompany each staff at least 3 times or more in the community to provide coaching/supervision   | Responsible Person: Supervisor, Program Coordinator and MH Program Director  |

| TAY Leadership will provide feedback to staff on their  | Monthly (Ongoing).  |  |
|---|---|--|
| engagement, clinical, teaching, documentation and negotiation skills through one on one, group and field supervision. (Supervision Form attached) | feedback to staff on their engagement, clinical, teaching, documentation and negotiation skills through one on one, group and field supervision.  (Supervision Form |  |

## VIII. Psychiatric Disabilities Family Satisfaction

| TSI Family Satisfaction All Psychiatric Programs N=9                                  |  |              |        |         |
|---|--|--------------|--------|---------|
| Outcomes  | Indicators                                       | Measure      | Target | Results |
| Q2. TSI staff members demonstrate respect and concern for my family member or friend? | % of individuals who <i>strongly</i> agree/agree | Paper Survey | 100%   | 86%     |
| Q5. TSI staff members respond to my concerns in a timely and respectful manner.       | % of individuals who <i>strongly</i> agree/agree | Paper Survey | 100%   | 100%    |

| Q6. I have seen my family member or friend experience positive benefits from TSI's services | % of individuals who <i>strongly</i> agree/agree | Paper Survey | 100% | 100% |
|---|--|--------------|------|------|
| Q7. Given my experience, I would recommend TSI to someone in need of this type of service   | % of individuals who <i>strongly</i> agree/agree | Paper Survey | 100% | 88%  |