Evidence Exchange Network (EENet)

Ontario Housing First Regional Network Community of Interest (OHFRN-Col)

Manual for Pilot of Collaborative Fidelity Assessment of Housing First Programs

January 10, 2019



Tim Aubry, Ph.D.,
Co-chair, EENet Ontario Housing First Regional
Network Community of Interest
Professor, School of Psychology
University of Ottawa
Ottawa, ON K1N 6N5
Email: taubry@uottawa.ca

Geoffrey Nelson, Ph.D.
Co-chair, EENet Ontario Housing First Regional
Network Community of Interest
Emeritus Professor of Psychology
Department of Psychology
Wilfrid Laurier University
Waterloo, ON N2L 3C5
Email: gnelson@wlu.ca

The OHFRN-COI is intended to assist communities across Ontario to develop, evaluate, and improve Housing First (HF) programs based on the Pathways model tested, adapted, and shown to be effective in the At Home/Chez Soi Demonstration Project. This CoI is supported by EENet, part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health. For more information, visit http://eenet.ca/housing-first-community-of-interest/.

Contents

Context	3
What Is Housing First Fidelity Assessment and Why Is It Important?	3
Fidelity Assessment Procedures	4
Required Commitment for Participating Agencies	5
References	5
Protocols for interviewing staff and participants as well as examining chart review of participants	7
For Case Managers	7
Appendix A: Housing First ACT Fidelity Scale – Summary Scoring Sheet	113
Appendix B: Pathways Housing First ICM Fidelity Scale – Summary Scoring Sheet	125
Appendix C - The Pathways Housing First Fidelity Scale for Individuals With Psychiatric Disabilities	137

How to Cite This Document:

Aubry, T., & Nelson, G. (2019). Manual of Pilot for Fidelity Assessment of Housing First programs. Toronto: EENet, Ontario Housing First Regional Network Community of Interest.

Context

The piloting of a collaborative fidelity assessment of Housing First (HF) programs is being initiated by the EENet's Ontario Housing First Regional Network - Community of Interest (OHFRN-COI). With the objective of promoting high quality implementation of the HF model, the OHFRN-COI will be working with four community agencies delivering HF over the next eight months to train their personnel on how to conduct HF fidelity assessments and participate in an exchange in which two agencies cross over and conduct fidelity assessments for each other. The regions chosen for the collaborative fidelity assessment pilot are south-western Ontario and Ottawa. Geoff Nelson and Tim Aubry, Co-Chairs of the OHFRN-COI are seeking agencies from these two regions to participate in this pilot.

Fidelity assessments are typically conducted by external assessment team. In this pilot we want to determine the feasibility of a networking, collaborative approach to fidelity assessment. We believe that such an approach can build the capacity of HF programs to learn from and assist one another to promote high fidelity implementation of HF.

What Is Housing First Fidelity Assessment and Why Is It Important?

Program fidelity can be defined as the extent to which a program adheres to the basic principles and components of the program model. To ascertain the fidelity of HF programs, two different fidelity measures have been developed: an external fidelity measure (Stefancic et al., 2013) and a self-assessment measure (Gilmer et al., 2013). Both the external (Macnaughton et al., 2015) and self-report (Nelson et al., 2017) approaches have been used to evaluate the fidelity of Canadian HF programs. In this pilot project, we will use the external fidelity approach.

The Pathways HF Fidelity Scale is a 38-item measure that taps five domains of HF: (1) Housing Choice and Structure, (2) Separation of Housing and Services, (3) Service Philosophy, (4) Service Array, and (5) Program Structure. The first two domains focus on the housing component of HF, while the second two domains focus on the support component of HF, which can include either Assertive Community Treatment (ACT) or Intensive Case Management (ICM). The last domain focuses on a number of aspects of good programming more generally. Each of the 38 items is benchmarked and rated on a four-point scale from low (1) to high (4) fidelity.

It is important for fidelity measures to demonstrate good psychometric properties, including reliability and validity. Reliability is concerned with the extent to which the measure consistently provides the same results. One measure of reliability that is often used is coefficient alpha, which assesses the homogeneity of items that comprise the scale. Stefancic et al. (2013) reported good to excellent Cronbach's alpha coefficients for the first four domains: Housing Choice and Structure (.80), Separation of Housing and Services (.83), Service Philosophy (.92), and Service Array (.71). The last domain of Program Structure encompasses a number of different facets of good programming and was not intended to be homogenous.

Validity refers to whether the instrument measures what it intends to measure. To determine the validity of the fidelity measure, Gilmer et al. (2014) compared 20 California housing and support programs with 10 of the Canadian At Home/Chez Soi HF programs. They found that the Canadian HF programs scored significantly higher than the California programs on the domains of Housing Choice

and Structure, Separation of Housing and Services, and Service Philosophy.

HF program fidelity is important because fidelity is related to outcomes. The greater the fidelity of a HF program, the better the outcomes that are achieved for participants. In the At Home/Chez Soi research, Goering et al. (2016) found that HF fidelity was directly related to housing stability, quality of life, and community functioning. In the California study, Gilmer et al. (2014) also found that program fidelity was positively related to housing stability. In a study of persons with substance use problems, Davidson et al. (2014) found that HF program fidelity was positively related to housing stability and inversely related to use of stimulants and opiates.

Fidelity Assessment Procedures

Step 1

There will be an initial 90-minute phone meeting for the two programs to become oriented to the fidelity assessment process followed for HF programs. This will be preceded by reading this document and a small number of articles on fidelity assessment of HF programs.

Step 2

Dates and times will be set for the fidelity assessments, one for each program. HF program leads will circulate any relevant program documents and suggestions for staff persons to interview. The fidelity assessment will be completed in one day, beginning at 9 or 9:30 and ending by 4:30.

Step 3

A team made up of 4-5 individuals, including 2 from each agency working with either Geoff Nelson and Maritt Kirst of Wilfrid Laurier University (Southwestern Ontario) or Tim Aubry (Ottawa) and their students, will conduct the fidelity assessment for the other HF program participating in the pilot in their region. Ideally, data collected by the team for the fidelity assessment includes observation of a staff team meeting, key informant interviews, focus groups with program staff and participants, and a review of 10 participant charts (see the attached protocols).

Step 4

Based on the collected information, each member of the fidelity team will score the program on the standardized 38-item HF fidelity measure for HF with case management. This will occur around 3pm on the day of fidelity assessment. Once each team member has scored the individual items of the scale independently, a meeting of the fidelity evaluators will be scheduled shortly after the fidelity assessment where they will discuss their scores collectively and conciliate differences until they reach a consensus score on each item. As well, they will identify any strategies at this meeting that can assist the agency to improve on items scores that show low fidelity (i.e., less than 3.0 on a 4 point response scale).

Step 5

By 4pm, the fidelity assessment team will present their preliminary findings to the program staff.

Step 6

Subsequently, Geoff Nelson, Maritt Kirst, and Tim Aubry will write up a fidelity report with input from their respective fidelity assessment teams. The report will be circulated to program staff followed by a meeting to discuss and finalize it.

Required Commitment for Participating Agencies

The participation of an agency with a HF program in the pilot requires logistical planning for the fidelity assessment that includes working out an itinerary with the fidelity team that includes a team meeting, key informant interviews, focus groups with programme staff and HF consumers, and a chart review. The agency will also need to host the fidelity assessment team and ensure the planning for these activities has been done in advance of their visit. As well, the program will need to provide documents to fidelity assessors describing the program, its structure, staff roles, etc..

Participation in the pilot also requires two staff members associated with the program to commit to the following tasks: (1) an initial 90 minute meeting to become oriented to the fidelity assessment process followed for HF programs, (2) reading small number of articles on fidelity assessment of HF programs, (3) full-day participation in the fidelity assessment at the collaborating agency, and (4) a one hour meeting to review and discuss final report and conciliate findings with the fidelity assessment team.

Further information about participation is available by contacting Geoff Nelson gnelson@wlu.ca or Tim Aubry gnelson@wlu.ca or <a href="mai

References

Davidson, D., Neighbors, C., Hall, G., Hogue, A., Cho, R. Kutner, B., & Morgenstern, J. (2014). Association of Housing First implementation and key outcomes among homeless persons with problematic substance use. *Psychiatric Services*, *65*, 1318–1324. doi: 10.1176/appi.ps.201300195

Gilmer, T.P., Stefancic, A., Katz, M.L., Sklar, M., Tsemberis, S., & Palinkas, L.A. (2014). Fidelity to the Housing First model and effectiveness of supported housing in California. *Psychiatric Services*, *65*, 1311–1317. doi: 10.1176/appi.ps.201300447

Gilmer, T.P., Stefancic, A., & Sklar, M. (2013). Development and validation of a Housing First fidelity survey. *Psychiatric Services*, *64*, 911–914. doi: 10.1176/appi.ps.201200500

Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, C., Distasio, J., Aubry, T., Stergiopoulos, V., & Streiner, D. (2016). Further validation of the Pathways Housing First Scale. *Psychiatric Services*, *67*, 111-114. http://dx.doi.org/10.1176/appi.ps.201400359

Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T., McCullough, S., Patterson, M., Stergiopoulos, V., Vallée, C., Tsemberis, S., Fleury, M.-J., Piat, M., & Goering, P. (2015). Implementing Housing First across sites and over time: Later fidelity and implementation evaluation of a pan-Canadian multi-site Housing First program for homeless people with mental illness. *American Journal of Community Psychology*, 55, 279-291. doi: 10.1007/s10464-015-9709-z

Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T., Methot, C., Latimer, E., Plenert, E., Stergiopoulos, V., McCullough, S., Zell, S., Patterson, M., Piat, M., & Goering, P. (2017). What happens after the demonstration phase?: The sustainability of Canada's At Home/Chez Soi Housing First programs for homeless persons with mental illness. *American Journal of Community Psychology*, 59, 144-157. doi: 10.1002/ajcp.12119

Stefancic, A., Tsemberis, S., Messeri, P., & Drake, R.E. (2013). The Pathways Housing First Fidelity Scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16, 240–261.

Protocols for interviewing staff and participants as well as examining chart review of participants

Developed by Marie-Pier Vandette and Dr. Tim Aubry. (2018) University of Ottawa

For Case Managers

Thank you for agreeing to do this interview. It will take about 45 minutes and focus on different aspects of your Housing First program. Your responses will be kept confidential and used with the information gathered from other program staff, program participants, and program managers to assess the extent your program demonstrates fidelity to the Pathways Housing First standards. My understanding is that you have agreed voluntarily to do this interview. You do not have to answer any questions you don't want to and you can withdraw from the interview at any time. Before we begin, do you have any questions?

*See last page for item sources and references

Name	Name: Position:		Amount of time at agency:		
Item	Criterion	1	2	3	4
	HOUSING CHOICE & STRUCTUR available to program participan	•	ns focus on housing choice, t	he process of moving into ho	ousing, and type of housing
1.	Housing Choice. To what extent do program participants choose the location and other features of their housing?	Participants have no choice in the location, decorating, furnishing, or other features of their housing and are assigned a unit.	Participants have little choice in location, decorating, and furnishing, and other features of their housing.	Participants have some choice in location, decorating, furnishing, and other features of their housing.	Participants have much choice in location, decorating, furnishing, and other features of their housing.

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
2a.	Housing Availability (Intake to move-in). To what extent to which program helps participants move quickly into units of their choosing? How long does it take on average?	Less than 55% of program participants move into a unit of their choosing within 4 months of entering the program.	55-69% of program participants move into a unit of their choosing within 4 months of entering the program.	70-84% of program participants move into a unit of their choosing within 4 months of entering the program.	85% of program participants move into a unit of their choosing within 4 months of entering the program.

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
2b.	Housing Availability (Voucher/subsidy availability to move-in). To what extent to which program helps participants move quickly into units of their choosing? How long does it take on average?	Less than 55% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	55-69% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	70-84% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	85% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.
3.	Permanent Housing Tenure. To what extent to which housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a	There are rigid time limits on the length of stay in housing such that participants are expected to move by a certain date or the	There are standardized time limits on housing tenure, such that participants are expected to move when	There are individualized time limits on housing tenure, such that participants can stay as long as necessary, but are expected to move	There are no expected time limits on housing tenure, although the lease agreement may need to be renewed periodically.

Name: Position: Amount of time at agency:					
Item	Criterion	1	2	3	4
	standard lease or occupancy agreement?	housing is considered emergency, short-term, or transitional.	standardized criteria are met.	when certain criteria are met.	
4.	Affordable Housing. On average, what % of a	Participants pay 61% or more of their income for	Participants pay 46-60% or less of their income for	Participants pay 31-45% or less of their income for	Participants pay 30% or less of their income for
	participant's income is used to cover housing costs?	housing costs.	housing costs.	housing costs.	housing costs.

Name	: Positio	n:	Amoun	t of time at agency:	
Item	Criterion	1	2	3	4
					1
5a.	Integrated Housing (Urban programs). To what extent do program participants live in scatter-site private market housing which is otherwise available to people without psychiatric or other disabilities.	Participants do not live in private market housing, access is determined by disability and 100% of the units in a building are leased by the program.	Participants live in private market housing where access may or may not be determined by disability, and more than 40% of the units in a building are leased by the program.	Participants live in private market housing where access is not determined by disability and 21-40% of the units in a building are leased by the program.	Participants live in private market housing where access is not determined by disability and less than 20% of the units in a building are leased by the program.

Name	e: Positio	on:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
5b.	Integrated Housing (Rural Programs). To what extent do program participants live in scatter-site private market housing which is otherwise available to people without psychiatric or other disabilities.	<60% of participants live in bldgs. That satisfy the following criteria: 1-3 unit bldg=1 partcpt 4-6 unit bldg=2 partcpts 7-12 unit bldg=3partcpts	60-69% of participants live in bldgs. That satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpts	70-79% of participants live in bldgs. That satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpts	80% of participants live in bldgs. That satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpnts
6.	Privacy. To what extent are program participants expected to share living spaces, such as bathroom, kitchen, or dining room with other tenants?	Participants are expected to share all living areas with other tenants, including a bedroom.	Participants have their own bedroom, but are expected to share living areas such as bathroom, kitchen, dining room, and living room with other tenants.	Participants have their own bedroom and bathroom, but are expected to share living areas such as a kitchen, dining room, and living room with other tenants.	Participants are not expected to share any living areas with other tenants.

Name: Position:		n:	Amount of time at agency:		
Item	Criterion	1	2	3	4
proce	RATION OF HOUSING & SERVICE ss for assisting participants wher	n they lose their housing.			
7.	No Housing Readiness. To what extent are program participants "required" to demonstrate housing readiness to gain access to housing units? This could involve being abstinent from substance use or having some stability in terms of mental health symptoms.	Participants have access to housing only if they have successfully completed a period of time in transitional housing or outpatient/inpatient/res idential treatment.	Participants have access to housing only if they meet many readiness requirements such as sobriety, abstinence from drugs, medication compliance, symptom stability, or no history of violent behavior or involvement in the criminal justice system.	Participants have access to housing with minimal readiness requirements, such as willingness to comply with program rules or a treatment plan that addresses sobriety, abstinence, and medication compliance.	Participants have access to housing with no requirements to demonstrate readiness, other than agreeing to meet with staff face-to-face once a week.

Name	e: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
8.	No Program Contingencies of	Participants can keep	Participants can keep	Participants can keep	Participants can keep
0.	Tenancy. To what extent is continued tenancy linked to participating in clinical services or receiving treatment or social services?	housing only by meeting many requirements for continued tenancy, such as sobriety, abstinence from drugs, medication compliance, symptom stability, no violent behavior, or involvement in the criminal justice system.	housing with some requirements for continued tenancy, such as participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	housing with minimal requirements for continued tenancy such as compliance with their treatment plan and meeting individual clinical or behavioral standards.	their housing with no requirements for continued tenancy, other than adhering to a standard lease and seeing staff for a face-to-face visit once a week.

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
9.	Standard Tenant Agreement.	Participants have no	Participants have a	Participants have a	Participants have a
	To what extent do program	written agreement	written agreement (such	written agreement (such	written agreement (such
	participants have the same type of legal rights as other	specifying the rights and responsibilities of	as a lease or occupancy agreement) which	as a lease or occupancy agreement) which	as a lease or occupancy agreement) which
	tenants in Ontario? Are there	tenancy and have no	specifies the rights and	specifies the rights and	specifies the rights and
	any special provisions added	legal recourse if asked	responsibilities of	responsibilities of	responsibilities of typical
	to the lease or occupancy	to leave their housing.	tenancy, but contains	tenancy, but contains	tenants in the community
	agreement?		special provisions	special provisions	and contains no special
			regarding adherence to clinical provisions (e.g.,	regarding adherence to program rules (e.g.,	provisions other than agreeing to meet with
			medication compliance,	requirements for being in	staff face-to-face once a
			sobriety, treatment	housing at certain times,	week.
			plan).	no overnight visitors).	

Name	: Positio	n:	Amou	nt of time at agency:	
Item	Criterion	1	2	3	4
iteiii	Chterion	1	2	3	4
10.	Commitment to Re-House.	Program does not offer	Program does not offer	Program offers	Program offers
	To what e xtent do program	participants who have	participants who have	participants who have	participants who have lost
	participants need to	lost their housing a new	lost housing a new unit,	lost their housing a new	their housing a new unit.
	demonstrate housing	housing unit nor assist	but assists them to find	unit, but only if they	Decisions to re-house

Name	e: Positi	on:	Amo	ount of time at agency:	
Item	Criterion	1	2	3	4
	readiness before they can access new housing after having lost their original housing?	with finding housing outside the program.	housing outside the program.	meet readiness requirements, complete a period of time in more supervised housing, or the program has set limits on the number of relocations.	participants are 1) individualized, 2) consumer-driven, 3) minimize conditions that participants need to fulfill prior to receiving a new unit, 4) safeguard participant well-being, and 5) there are no universal limits on the number of possible relocations.

Name	e: Positio	n:	Amount of time at agency:			
				T	T .	
Item	Criterion	1	2	3	4	
11.	Services Continue Through Housing Loss. To what extent to do program participants continue receiving services from the program even if they lose their housing?	Participants are discharged from program services if they lose housing for any reason. (Services are contingent on staying in housing)	Participants are discharged from services if they lose housing, but there are explicit criteria specifying options for reenrollment, such as completing a period of time in inpatient treatment.	Participants continue to receive program services if they lose housing, but may be discharged if they do not meet "housing readiness" criteria.	Participants continue to receive program services even if they lose housing due to eviction, short-term inpatient treatment, although there may be a service hiatus during institutional stays.	

Name	: Positio	n:	Amou	nt of time at agency:	
		_	_	_	
Item	Criterion	1	2	3	4
12a.	Off-site Services. To what extent do case managers provide services in location at participants' choice?	Social and clinical service providers are based on-site 24/7.	Social and clinical service providers are based onsite during the day.	Social and clinical service providers are based offsite, but maintain an office on-site.	Social and clinical service providers are based offsite and do not maintain any offices on-site.
12b.	Mobile services.	The program has no	The program has limited	The program is generally	The program is extremely
1201	To what extent do case managers provide services in location at participants' choice?	mobility to deliver services at locations of participants' choosing.	mobility to deliver services at locations of participants' choosing.	capable of providing mobile services to locations of participants' choosing.	mobile and fully capable of providing services to locations of participants' choosing.
		I			

Name	e: Positio	on:	Amou	nt of time at agency:	
Item	Criterion	1	2	3	4
SERVI	CE PHILOSOPHY: The next set o	f questions will focus on the	e philosophy and values guid	ding the delivery of services i	n the program.
13.	Service choice. To what extent do program participants choose the type, sequence, and intensity of services they receive? How much does a case manager determine the services?	Services are chosen by the service provider with no input from the participant.	Participants have little say in choosing, modifying, or refusing services.	Participants have some say in choosing, modifying, or refusing services and supports.	Participants have the right to choose, modify, or refuse services and supports at any time, except one face-to-face visit with staff a week.

Name	e: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
14.	No requirements for participation in psychiatric treatment. To what extent does the program require participants with psychiatric disabilities to take medication or participate in psychiatric treatment?	All participants with psychiatric disabilities are required to take medication and participate in psychiatric treatment.	Participants with psychiatric disabilities are required to participate in mental health treatment such as attending groups or seeing a psychiatrist and are required to take medication but exceptions are made.	Participants with psychiatric disabilities who have not achieved a specified period of symptom stability are required to participate in mental health treatment, such as attending groups or seeing a psychiatrist.	Participants with psychiatric disabilities are not required to take medication or participate in formal treatment activities.
15	No manufacture for	All gardining and a wide	Doublein	Double in out out the	Doublisia auda wikh
15.	No requirements for participation in substance use treatment. To what extent are participants with substance use disorders required to participate in treatment?	All participants with substance use disorders, regardless of current use or abstinence, are required to participate in substance use treatment (e.g., inpatient treatment, attend groups or counseling with a	Participants who are using substances or who have not achieved a specified period of abstinence must participate in substance use treatment.	Participants with substance use disorders whose use has surpassed a threshold of severity must participate in substance use treatment.	Participants with substance use disorders are not required to participate in substance use treatment.

Name	: Positio	on:	Amou	nt of time at agency:	
Item	Criterion	1	2	3	4
		substance use specialist).			
16.	House Doduction Assurance	Darticipants are	Darticipants are required	Darticipants are not	Dartisinants are not
10.	Harm Reduction Approach. To what extent does the program utilize a harm	Participants are required to abstain from alcohol and/or drugs at	Participants are required to abstain from alcohol and/or drugs while they	Participants are not required to abstain from alcohol and/or drugs, but	Participants are not required to abstain from alcohol and/or drugs and
	reduction approach to	all times and lose rights,	are on-site in their	staff work with	staff work consistently
	substance use?	privileges, or services if abstinence is not	residence or participants lose rights, privileges, or	participants to achieve abstinence not	with participants to reduce the negative
		maintained.	other services if abstinence is not	recognizing other alternatives that reduce	consequences of use according to principles of
			maintained.	harm OR staff do not	harm reduction.
				consistently work to reduce the negative	
				consequences of use.	
			1	1	

Name: Position:		on:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
17.	Motivational Interviewing. To what extent do program staff use motivational interviewing in their interactions with program participants? Have program staff received training in motivational interviewing?	Program staff are not at all familiar with principles of motivational interviewing.	Program staff are somewhat familiar with principles of motivational interviewing.	Program staff are very familiar with principles of motivational interviewing, but it is not used consistently in daily practice.	Program staff are very familiar with principles of motivational interviewing and it is used consistently in daily practice.

Name	: Positio	on:	Amou	unt of time at agency:	
Item	Criterion	1	2	3	4
18.	Active Engagement. To what	Program does not use	Program uses very few	Program is less	Program systematically
18.	extent does the program uses techniques to engage difficult-to-treat consumers such as motivational interventions, therapeutic limit-setting, and assertive engagement? Motivational interventions to engage consumers? Therapeutic limit-setting as necessary? Assertive engagement if there is concerns about the well-being of the participant?	strategies of assertive engagement.	assertive engagement strategies.	systematic in its use of a variety of individualized assertive engagement strategies OR does not systematically identify and evaluate the need for various types of strategies.	uses a variety of individualized assertive engagement strategies and systematically identifies and evaluates the need for various types of strategies.

Name	Position:		Amount of time at agency:		
Item	Criterion	1	2	3	4
19	Absence of Coercion. To what extent does the program engage in coercive activities towards participants to promote adherence to clinical provisions or engage in excessive surveillance of participants?	Program routinely uses coercive activities with participants such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance of participants.	Program sometimes uses coercive activities with participants and there is no acknowledgement that these practices conflict with participant autonomy and principles of recovery.	Program sometimes uses coercive activities with participants, but staff acknowledge that these practices may conflict with participant autonomy and principles of recovery.	Program does not use coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive surveillance with participants.

Name	: Positio	tion: Amount of time at agency:				
Item	Criterion	1	2	3	4	
20	Person-Centered Planning. To what extent does the program engage in personcentered planning with participants that includes development of treatment plans based on participant's goals and preferences, 2) conducting regularly scheduled treatment planning meetings with participants, and engaging in	Program does not conduct person-centered planning.	Treatment/service planning FULLY meets 1 service or PARTIALLY meets 2.	Treatment/service planning FULLY meets 2 services or PARTIALLY meets all 3.	Treatment/service planning FULLY meets ALL 3 services (see under definition).	

Name	e: Positio	n:	Amour	nt of time at agency:	
				T	
Item	Criterion	1	2	3	4
	practices focusing on strengths and resources				
	identified in the treatment				
	plan?				

Name	e: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
21	Interventions Target a Broad Range of Life Goals. To what extent does the program systematically deliver or broker services that address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.)?	Interventions do not target a range of life areas.	Program is not systematic in delivering interventions that target a range of life areas.	Program delivers interventions that target a range of life areas but in a less systematic manner. (range exists across the program but less diversity of areas among participants).	Program systematically delivers interventions that target a range of life areas. (range exists across the program and among participants).

Name	: Positio	n:	Amount of time at agency:		
Item	Criterion	1	2	3	4
22	Participant Self- Determination and Independence. To what extent does the program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible?	Program directs participants decisions and manages day-to-day activities to a great extent that clearly undermines promoting participant self- determination and independence OR program does not actively work with participants to enhance	Program provides a high level of supervision and participants' day-to-day choices are constrained.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.

Name	Position:		Amount of time at agency:		
SERV	Criterion ICE ARRAY; The next set of ques	self-determination, nor do they provide monitoring or supervision.	2 services that are made avail	3 able to participants through	the program.
23.	Housing Support. To what extent does the program offer services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping?	Program does not offer any housing support services.	Program offers some housing support services during move-in, such as neighborhood orientation, shopping, but no follow-up or ongoing services are available.	Program offers some ongoing housing support services including assistance with neighborhood orientation, landlord relations, budgeting, and shopping but does not offer any property management services, assistance with rent payment, and co-signing of leases.	Program offers both assistance with move-in and ongoing housing support services including assistance with neighborhood orientation, landlord/neighbor relations, budgeting, shopping, property management services, assistance with rent payment/subsidy assistance, utility setup, and co-signing of leases.

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
24.	Psychiatric Services. What % of program participants who need psychiatric services are linked to a psychiatrist in the community?	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering psychiatric services (see under definition).

Name	e: Positio	on:	Amou	nt of time at agency:	
Item	Criterion	1	2	3	4
25.	Substance Use Treatment. What % of program participants who need substance use treatment are successfully linked to these services in the community?	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering substance use treatment services (see under definition).

Name	e: Positio	Position:		Amount of time at agency:		
Item	Criterion	1	2	3	4	
26.	Employment & Educational	Program FULLY meets	Program FULLY meets 2	Program FULLY meets 3	Program FULLY meets ALL	
	Services.	less than 2 criteria.	criteria or PARTIALLY meets 3.	criteria or PARTIALLY meets all 4.	4 criteria for brokering employment &	
	To what extent are supported employment services		meets 3.	meets un 4.	employment &	

Name	: Position	ղ։	Amoun	nt of time at agency:	
Item	Criterion	1	2	3	4
	available through or brokered by the program? Which services are made available to program participants? (1) engagement and vocational assessment; (2) rapid job search and placement based on participants' preferences (including going back to school, classes); & (3) job coaching & follow-along supports (including supports in academic settings).				educational services (see under definition).

Name	e: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
27.	Nursing/Medical Services. What % of program participants who need medical care get linked with a physician or clinic in the community? (documentation clearly evidences participant received services or program routinely attempted engagement within the last 6 months).	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering nursing/medical services (see under definition).

Name	: Positio	on:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
28.	Social Integration. What % of program participants receiving services from the program that focus on social integration? These services can include: 1) Facilitating access to and helping	Program does not provide any social integration services.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services, or PARTIALLY provides all 3.	Program FULLY provides all 3 services (see under definition)

Name	e: Position	ո։	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
	participants develop social networks within and outside the program, 2) helping participants develop social abilities to successfully negotiate social relationships, 3) facilitating participation in social and political venues?				

Name	e: Positio	on:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
29.	24-hour Coverage. To what extent does the program respond to psychiatric or other crises 24-hours a day? How does the program respond when a participant experiences a crisis after hours?	Program has no responsibility for handling crises after hours and offers no linkages to emergency services.	Program does not respond during off-hours by phone, but links participants to emergency services for coverage.	Program responds during off-hours by phone, but less than 24 hours a day, and links participants to emergency services as necessary.	Program responds 24- hours a day by phone directly and links participants to emergency services as necessary.

Name: Pos		ion: Amount of time at agency:				
Item	Criterion	1	2	3	4	
30.	Involved in In-Patient	Program FULLY provides	Program FULLY provides	Program FULLY provides	Program FULLY provides	
	Treatment.	2 or fewer services, or	3 services, or PARTIALLY	4 services, or PARTIALLY	ALL 5 listed services	
	To what extent is the program involved when a	PARTIALLY provides 3 or fewer.	provides 4.	provides 5.	(see under definition).	
	participant is hospitalized and works with inpatient staff to					
	ensure proper discharge?					
	What % of participants					
	experience this kind of					
	continued program					

Name	e: Position	n:	Amoun	t of time at agency:	
	0.00				
Item	Criterion	1	2	3	4
	involvement when they are hospitalized?				

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
PROG	RAM STRUCTURE: The last set of Priority Enrollment for	of questions focuses on the	structure and management Program has many	of the program. Program selects	Program selects
	Individuals with Obstacles to Housing Stability. To what extent does the program prioritizes enrollment for individuals who experience multiple obstacles to housing stability? What are the criteria for prioritization?	participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, and there are no exceptions made.	participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, but exceptions are possible.	participants with multiple disabling conditions, but has some minimal exclusion criteria.	participants who fulfill criteria of multiple disabling conditions including 1) homelessness, 2) severe mental illness and 3) substance use.

Name	e: Positio	Position:		Amount of time at agency:		
Item	Criterion	1	2	3	4	
32.	Contact with Participants.	Program meets with less	Program meets with 70-	Program meets with 80-	Program meets with 90%	
	What is the minimum amount of contact per month	than 70% of participants 3 times a month face-to-	79% of participants 3 times a month face-to-	89% of participants at least 3 times a month	of participants at least 3 times a month face-to-	
	for participants with case	face.	face.	face-to-face.	face.	
	managers? What % of					
	participants have this amount of contact?					

Name	: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
				1	1
33.	Low Participant/Staff Ratio.	50 or more participants	36-49 participants per 1	21-35 participants per 1	20 or fewer participants
	What is the participant/staff ratio for the program?	per 1 FTE staff.	FTE staff.	FTE staff.	per 1 FTE staff.
	L Program:				

Name	: Positio	on: Amount of time at agency:				
Item	Criterion	1	2	3	4	
34.	Contact with Participants. To what extent the program has a minimal threshold of non-treatment related contact with participants?	Program meets with less than 60% of participants 3 times a month face-to-face.	Program meets with less than 69-74% of participants 3 times a month face-to-face.	Program meets with less than 75-89% of participants 3 times a month face-to-face.	Program meets with less than 90% of participants 3 times a month face-to-face.	
35.	Froquent Montings	Program mosts loss than	Program moets once a	Program moots 2-2 times	Program mosts at least 4	
3 5.	What is the frequency that program staff meet to plan and review services for each program participant?	Program meets less than once a month or does not meet as a team to plan and review services	Program meets once a month.	Program meets 2-3 times a month.	Program meets at least 4 times a month (once a week).	

Name: Position: Amount of time at agency:		nt of time at agency:			
Item	Criterion	1	2	3	4
пеш	Criterion		2	3	4
		for program			
		participants.			
36.	Weekly Meeting/Case	Meeting serves 2 or	Meeting FULLY serves 2	Meeting FULLY serves 3	Weekly team meeting
30.	Review (Quality):	fewer of the functions.	of the functions, or	of the functions or	FULLY serves ALL 4
			PARTIALLY 3.	PARTIALLY all 4.	functions
	How frequent does the agency hold an organizational				(see under definition).
	program meeting? What is				
	the focus of these meetings?				

Name	: Position	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
	To what extent are the following the focus of these meetings: (1) Conduct a high level overview of each participant, where they are at and next steps (2) a detailed review of participants who are not doing well in meeting their goals (3) review of one success from the past week and (4) program updates and (5) discuss health and safety issues and strategies.				

Name	e: Positio	Position:		Amount of time at agency:		
Item	Criterion	1	2	3	4	
37.	Peer Specialist on Staff. Does the program have one or more peer support workers on staff?	N/A	N/A	N/A	N/A	
38.	Participant Representation in Program. To what extent are participants are involved in program operations and have	Program does not offer any opportunities for participant input into the program (0 modalities).	Program offers few opportunities for participant input into the program (1 modality for input).	Program offers some opportunities for participant input into the program (2 modalities for input).	Program offers opportunities for participant input, including on committees, as peer advocates, and on	

Name	e: Positio	n:	Amour	nt of time at agency:	
Item	Criterion	1	2	3	4
	feedback mechanism for participants about the program? Are their opportunities for participant representation on any program committees?				governing bodies (3 modalities).

For Participants

Thank you for agreeing to do this interview. It will take about 45 minutes and focus on different aspects of your Housing First participation. Your responses will be kept confidential and used with the information gathered from other program staff and program managers to assess the extent your program demonstrates fidelity to the Pathways Housing First standards. My understanding is that you have agreed voluntarily to do this interview. You do not have to answer any questions you don't want to and you can withdraw from the interview at any time. Before we begin, do you have any questions?

Name: Em		Emplacement of housing: Amount of time in program:			1
Item	Criterion	1	2	3	4
	ING CHOICE & STRUCTURE: The ble to program participants.	e first set of questions focus	on housing choice, the proc	ess of moving into housing, a	and type of housing
1.	Housing Choice. To what extent do you choose the location and other features of their housing?	Participants have no choice in the location, decorating, furnishing, or other features of their housing and are assigned a unit.	Participants have little choice in location, decorating, and furnishing, and other features of their housing.	Participants have some choice in location, decorating, furnishing, and other features of their housing.	Participants have much choice in location, decorating, furnishing, and other features of their housing.

Name	e: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
3.	Permanent Housing Tenure. To what extent housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement?	There are rigid time limits on the length of stay in housing such that participants are expected to move by a certain date or the housing is considered emergency, short-term, or transitional.	There are standardized time limits on housing tenure, such that participants are expected to move when standardized criteria are met.	There are individualized time limits on housing tenure, such that participants can stay as long as necessary, but are expected to move when certain criteria are met.	There are no expected time limits on housing tenure, although the lease agreement may need to be renewed periodically.

Name	e: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
6.	Privacy. To what extent are you expected to share living spaces, such as bathroom, kitchen, or dining room with other tenants?	Participants are expected to share all living areas with other tenants, including a bedroom.	Participants have their own bedroom, but are expected to share living areas such as bathroom, kitchen, dining room, and living room with other tenants.	Participants have their own bedroom and bathroom, but are expected to share living areas such as a kitchen, dining room, and living room with other tenants.	Participants are not expected to share any living areas with other tenants.

Name:	Emplac	ement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	TION OF HOUSING & SERVICE for assisting participants when		s focus on conditions progra	m participants need to meet	to become housed and the

Name: Empla		cement of housing:	Amount of time in program:		
Item	Criterion	1	2	3	4
8.	No Program Contingencies of Tenancy. To what extent is continued tenancy linked to participating in clinical services or receiving treatment or social services?	Participants can keep housing only by meeting many requirements for continued tenancy, such as sobriety, abstinence from drugs, medication compliance, symptom stability, no violent behavior, or involvement in the criminal justice system.	Participants can keep housing with some requirements for continued tenancy, such as participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	Participants can keep housing with minimal requirements for continued tenancy such as compliance with their treatment plan and meeting individual clinical or behavioral standards.	Participants can keep their housing with no requirements for continued tenancy, other than adhering to a standard lease and seeing staff for a face-to-face visit once a week.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4

Name	e: Empla	cement of housing:		Amount of time in program	•
Item	Criterion	1	2	3	4
9.	Standard Tenant Agreement. To what extent do you have the same type of legal rights as other tenants in Ontario? Are there any special provisions added to the lease or occupancy agreement?	Participants have no written agreement specifying the rights and responsibilities of tenancy and have no legal recourse if asked to leave their housing.	Participants have a written agreement (such as a lease or occupancy agreement) which specifies the rights and responsibilities of tenancy, but contains special provisions regarding adherence to clinical provisions (e.g., medication compliance, sobriety, treatment plan).	Participants have a written agreement (such as a lease or occupancy agreement) which specifies the rights and responsibilities of tenancy, but contains special provisions regarding adherence to program rules (e.g., requirements for being in housing at certain times, no overnight visitors).	Participants have a written agreement (such as a lease or occupancy agreement) which specifies the rights and responsibilities of typical tenants in the community and contains no special provisions other than agreeing to meet with staff face-to-face once a week.

Name	: Empla	cement of housing:		Amount of time in program	1
	<u> </u>				
Item	Criterion	1	2	3	4
10.	Commitment to Re-House.	Program does not offer	Program does not offer	Program offers	Program offers
	To what extent do you need	participants who have	participants who have	participants who have	participants who have lost
	to demonstrate housing	lost their housing a new	lost housing a new unit,	lost their housing a new	their housing a new unit.
	readiness before you can	housing unit nor assist	but assists them to find	unit, but only if they	Decisions to re-house

Name	:: Empl	acement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	access new housing after having lost your original housing?	with finding housing outside the program.	housing outside the program.	meet readiness requirements, complete a period of time in more supervised housing, or the program has set limits on the number of relocations.	participants are 1) individualized, 2) consumer-driven, 3) minimize conditions that participants need to fulfill prior to receiving a new unit, 4) safeguard participant well-being, and 5) there are no universal limits on the number of possible relocations.

Item	Criterion	1	2	3	4
11. Ser	ervices Continue Through	Participants are	Participants are	Participants continue to	Participants continue to
Ho do ser eve	ousing Loss. To what extent by you continue receiving ervices from the program yen if you lose your busing?	discharged from program services if they lose housing for any reason. (Services are contingent on staying in housing)	discharged from services if they lose housing, but there are explicit criteria specifying options for reenrollment, such as completing a period of time in inpatient treatment.	receive program services if they lose housing, but may be discharged if they do not meet "housing readiness" criteria.	receive program services even if they lose housing due to eviction, short-term inpatient treatment, although there may be a service hiatus during institutional stays.

Name	: Empla	cement of housing:		Amount of time in program	1
Item	Criterion	1	2	3	4
				,	
12a.	Off-site Services. To what	Social and clinical	Social and clinical service	Social and clinical service	Social and clinical service
	extent do case managers	service providers are	providers are based on-	providers are based off-	providers are based off-
	provide services in location at your choice?	based on-site 24/7.	site during the day.	site, but maintain an office on-site.	site and do not maintain any offices on-site.
	your energe.			omee on site.	any omices on sice.
12b.	Mobile services.	The program has no	The program has limited	The program is generally	The program is extremely
		mobility to deliver services at locations of	mobility to deliver services at locations of	capable of providing mobile services to	mobile and fully capable of providing services to
		participants' choosing.	participants' choosing.		- p. 2
				1	

Name	: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	To what extent do case managers provide services in			locations of participants' choosing.	locations of participants' choosing.
	location at your choice?				
				•	
CED\/I	CE PHILOSOPHY: The next set o	f quartions will focus on the	a philosophy and values av	iding the delivery of convices i	n the program
SERVI	CE PHILOSOPHY: THE HEXT SET O	i questions will focus on the	: prinosopriy and values gu	iding the delivery of services i	ii tile program.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
13.	Service choice. To what extent do you choose the type, sequence, and intensity of services they receive? How much does a case manager determine the services?	Services are chosen by the service provider with no input from the participant.	Participants have little say in choosing, modifying, or refusing services.	Participants have some say in choosing, modifying, or refusing services and supports.	Participants have the right to choose, modify, or refuse services and supports at any time, except one face-to-face visit with staff a week.
14.	No requirements for	All participants with	Participants with	Participants with	Participants with
	participation in psychiatric treatment. To what extent	psychiatric disabilities are required to take	psychiatric disabilities are required to participate in	psychiatric disabilities who have not achieved a	psychiatric disabilities are not required to take
	does the program require	medication and	mental health treatment	specified period of	medication or participate
	you with psychiatric	carcacion and	such as attending groups	symptom stability are	carcation of participate
	disabilities to take medication		or seeing a psychiatrist	required to participate in	

Name	e: Emplad	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	or participate in psychiatric treatment?	participate in psychiatric treatment.	and are required to take medication but exceptions are made.	mental health treatment, such as attending groups or seeing a psychiatrist.	in formal treatment activities.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
15.	No requirements for participation in substance use treatment. To what extent are you with substance use disorders required to participate in treatment?	All participants with substance use disorders, regardless of current use or abstinence, are required to participate in substance use treatment (e.g., inpatient treatment, attend groups or counseling with a substance use specialist).	Participants who are using substances or who have not achieved a specified period of abstinence must participate in substance use treatment.	Participants with substance use disorders whose use has surpassed a threshold of severity must participate in substance use treatment.	Participants with substance use disorders are not required to participate in substance use treatment.

Name	e: Emplac	cement of housing:		Amount of time in program:	:
Item	Criterion	1	2	3	4
iteiii	Criterion	1	2	3	4

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
18.	Active Engagement. To what extent does the program uses techniques to engage difficult-to-treat consumers such as motivational interventions, therapeutic limit-setting, and assertive engagement? Motivational interventions to engage consumers? Therapeutic limit-setting as necessary? Assertive engagement if there is concerns about the well-being of any participant?	Program does not use strategies of assertive engagement.	Program uses very few assertive engagement strategies.	Program is less systematic in its use of a variety of individualized assertive engagement strategies OR does not systematically identify and evaluate the need for various types of strategies.	Program systematically uses a variety of individualized assertive engagement strategies and systematically identifies and evaluates the need for various types of strategies.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
19	Absence of Coercion. To what extent does the program engage in coercive activities towards any participants to promote adherence to clinical provisions or engage in excessive surveillance of you?	Program routinely uses coercive activities with participants such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive	Program sometimes uses coercive activities with participants and there is no acknowledgement that these practices conflict with participant autonomy and principles of recovery.	Program sometimes uses coercive activities with participants, but staff acknowledge that these practices may conflict with participant autonomy and principles of recovery.	Program does not use coercive activities such as leveraging housing or services to promote adherence to clinical provisions or having excessive intrusive

Name	e: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	surveillance of participants.	2	3	surveillance with participants.

	: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
20	Person-Centered Planning. To what extent does the program engage in personcentered planning with you that includes development of treatment plans based on your goals and preferences, 2) conducting regularly scheduled treatment planning meetings with you, and engaging in practices focusing on strengths and resources identified in the treatment plan?	Program does not conduct person-centered planning.	Treatment/service planning FULLY meets 1 service or PARTIALLY meets 2.	Treatment/service planning FULLY meets 2 services or PARTIALLY meets all 3.	Treatment/service planning FULLY meets ALL 3 services (see under definition).

Name	e: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
21	Interventions Target a Broad	Interventions do not	Program is not	Program delivers	Program systematically
	Range of Life Goals. To what	target a range of life	systematic in delivering	interventions that target	delivers interventions that
	extent does the program	areas.	interventions that target	a range of life areas but	target a range of life
	systematically deliver or		a range of life areas.	in a less systematic	areas. (range exists across
	broker services that address a			manner. (range exists	the program and among
	range of life areas (e.g., physical health, employment,			across the program but	participants).
	physical fleatin, employment,				

Name	: Emplac	ement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4
	education, housing satisfaction, social support, spirituality, recreation & leisure, etc.)?			less diversity of areas among participants).	

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
SERVI	CE ARRAY; The next set of ques	tions focus on the types of s	services that are made availa	able to participants through 1	the program.
23.	Housing Support. To what extent does the program offer services to help you maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping?	Program does not offer any housing support services.	Program offers some housing support services during move-in, such as neighborhood orientation, shopping, but no follow-up or ongoing services are available.	Program offers some ongoing housing support services including assistance with neighborhood orientation, landlord relations, budgeting, and shopping but does not offer any property management services, assistance with rent payment, and co-signing of leases.	Program offers both assistance with move-in and ongoing housing support services including assistance with neighborhood orientation, landlord/neighbor relations, budgeting, shopping, property management services, assistance with rent payment/subsidy assistance, utility setup, and co-signing of leases.

Name	: Emplac	cement of housing:		Amount of time in program	:
	0 11 1				
Item	Criterion	1	2	3	4
		l		l	l
24.	Psychiatric Services.	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY	Program FULLY meets 3 criteria or PARTIALLY	Program FULLY meets ALL
	What % of program	less than 2 thteria.	meets 3.	meets all 4.	4 criteria for brokering psychiatric services (see
	participants who need				under definition).
	psychiatric services are linked				

Name	e: Emplad	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	to a psychiatrist in the community?				
25.	Substance Use Treatment. What % of program participants who need substance use treatment are successfully linked to these services in the community?	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering substance use treatment services (see under definition).

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
26.	Employment & Educational Services. To what extent are supported employment services available through or brokered by the program? Which services are made available to you? (1) engagement and vocational assessment; (2) rapid job search and placement based on your	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering employment & educational services (see under definition).

Name	e: Emplac	ement of housing:		Amount of time in program	:
Item	Criterion preferences (including going back to school, classes); & (3) job coaching & follow-along supports (including supports in academic settings).	1	2	3	4

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
27.	Nursing/Medical Services. What % of program participants who need medical care get linked with a physician or clinic in the community? (documentation clearly evidences participant received services or program routinely attempted engagement within the last 6 months).	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering nursing/medical services (see under definition).

Name	: Emplac	cement of housing:		Amount of time in program	
Item	Criterion	1	2	3	4
28.	Social Integration. What % of program participants receiving services from the program that focus on social integration? These services can include: 1) Facilitating access to and helping you	Program does not provide any social integration services.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services, or PARTIALLY provides all 3.	Program FULLY provides all 3 services (see under definition)

Name	: Empla	cement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4
	develop social networks within and outside the program, 2) helping you develop social abilities to successfully negotiate social relationships, 3) facilitating participation in social and political venues?				

Name	: Empla	cement of housing:		Amount of time in program:	!
Item	Criterion	1	2	3	4
29.	24-hour Coverage. To what extent does the program respond to psychiatric or other crises 24-hours a day? How does the program respond when a participant experiences a crisis after hours?	Program has no responsibility for handling crises after hours and offers no linkages to emergency services.	Program does not respond during off-hours by phone, but links participants to emergency services for coverage.	Program responds during off-hours by phone, but less than 24 hours a day, and links participants to emergency services as necessary.	Program responds 24- hours a day by phone directly and links participants to emergency services as necessary.
30.	Involved in In-Patient Treatment. To what extent is the program involved when a	Program FULLY provides 2 or fewer services, or PARTIALLY provides 3 or fewer.	Program FULLY provides 3 services, or PARTIALLY provides 4.	Program FULLY provides 4 services, or PARTIALLY provides 5.	Program FULLY provides ALL 5 listed services (see under definition).

Name	: Emplac	cement of housing:		Amount of time in program:	:
Item	Criterion	1	2	3	4
	participant is hospitalized and works with inpatient staff to ensure proper discharge? What % of participants experience this kind of continued program involvement when they are hospitalized?				
PROG	RAM STRUCTURE: The last set of	of questions focuses on the	structure and management	of the program.	
32.	Contact with Participants. What is the minimum amount of contact per month for participants with case managers? What % of	Program meets with less than 70% of participants 3 times a month face-to-face.	Program meets with 70-79% of participants 3 times a month face-to-face.	Program meets with 80-89% of participants at least 3 times a month face-to-face.	Program meets with 90% of participants at least 3 times a month face-to-face.

	e: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	participants have this amount of contact?				
38.	Participant Representation in Program.	Program does not offer any opportunities for participant input into	Program offers few opportunities for participant input into the	Program offers some opportunities for participant input into the	Program offers opportunities for participant input,

Name: Ei		Emplacement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4

For Chart Review

Name	: Emplac	cement of housing:		Amount of time in program	
Item	Criterion	1	2	3	4
	RATION OF HOUSING & SERVICE ss for assisting participants wher	·	s focus on conditions progra	m participants need to meet	to become housed and the
8.	No Program Contingencies of Tenancy. To what extent is continued tenancy linked to participating in clinical services or receiving treatment or social services?	Participants can keep housing only by meeting many requirements for continued tenancy, such as sobriety, abstinence from drugs, medication compliance, symptom stability, no violent behavior, or involvement in the criminal justice system.	Participants can keep housing with some requirements for continued tenancy, such as participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	Participants can keep housing with minimal requirements for continued tenancy such as compliance with their treatment plan and meeting individual clinical or behavioral standards.	Participants can keep their housing with no requirements for continued tenancy, other than adhering to a standard lease and seeing staff for a face-to-face visit once a week.

Name	e: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
10	Committee Po House	Dungung do an mat affine	Due que y de se y et effer	Dua gua va affava	Due and the second
10.	Commitment to Re-House. To what extent do program participants need to demonstrate housing readiness before they can access new housing after having lost their original housing?	Program does not offer participants who have lost their housing a new housing unit nor assist with finding housing outside the program.	Program does not offer participants who have lost housing a new unit, but assists them to find housing outside the program.	Program offers participants who have lost their housing a new unit, but only if they meet readiness requirements, complete a period of time in more supervised housing, or the program has set	Program offers participants who have lost their housing a new unit. Decisions to re-house participants are 1) individualized, 2) consumer-driven, 3) minimize conditions that participants need to fulfill

Name	: Emplac	ement of housing:		Amount of time in program	:
Itam	Criterion	1	2	3	1
Item	Criterion	1	2	limits on the number of relocations.	prior to receiving a new unit, 4) safeguard participant well-being, and 5) there are no universal limits on the number of possible relocations.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
11.	Services Continue Through Housing Loss. To what extent do program participants continue receiving services from the program even if they lose their housing?	Participants are discharged from program services if they lose housing for any reason. (Services are contingent on staying in housing)	Participants are discharged from services if they lose housing, but there are explicit criteria specifying options for reenrollment, such as completing a period of time in inpatient treatment.	Participants continue to receive program services if they lose housing, but may be discharged if they do not meet "housing readiness" criteria.	Participants continue to receive program services even if they lose housing due to eviction, short-term inpatient treatment, although there may be a service hiatus during institutional stays.

Name	e: Empla	cement of housing:		Amount of time in program:		
Item	Criterion	1	2	3	4	
12a.	Off-site Services. To what extent do case managers provide services in location at participants' choice?	Social and clinical service providers are based on-site 24/7.	Social and clinical service providers are based onsite during the day.	Social and clinical service providers are based offsite, but maintain an office on-site.	Social and clinical service providers are based offsite and do not maintain any offices on-site.	
12b.	Mobile services.	The program has no	The program has limited	The program is generally	The program is extremely	
	To what extent do case managers provide services in location at participants' choice?	mobility to deliver services at locations of participants' choosing.	mobility to deliver services at locations of participants' choosing.	capable of providing mobile services to locations of participants' choosing.	mobile and fully capable of providing services to locations of participants' choosing.	
			1	1		

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
SERVI	CE PHILOSOPHY: The next set o	f questions will focus on th	e philosophy and values gui	ding the delivery of services i	n the program
13.	Service choice. To what extent do program participants choose the type, sequence, and intensity of services they receive? How much does a case manager determine the services?	Services are chosen by the service provider with no input from the participant.	Participants have little say in choosing, modifying, or refusing services.	Participants have some say in choosing, modifying, or refusing services and supports.	Participants have the right to choose, modify, or refuse services and supports at any time, except one face-to-face visit with staff a week.

Name	: Empla	Emplacement of housing:		Amount of time in program:		
Item	Criterion	1	2	3	4	
16.	Harm Reduction Approach. To what extent does the program utilize a harm reduction approach to substance use?	Participants are required to abstain from alcohol and/or drugs at all times and lose rights, privileges, or services if abstinence is not maintained.	Participants are required to abstain from alcohol and/or drugs while they are on-site in their residence or participants lose rights, privileges, or other services if abstinence is not maintained.	Participants are not required to abstain from alcohol and/or drugs, but staff work with participants to achieve abstinence not recognizing other alternatives that reduce harm OR staff do not consistently work to reduce the negative consequences of use.	Participants are not required to abstain from alcohol and/or drugs and staff work consistently with participants to reduce the negative consequences of use according to principles of harm reduction.	

Name	: Empla	cement of housing:		Amount of time in program	;
Item	Criterion	1	2	3	4
			l		
17.	Motivational Interviewing.	Program staff are not at	Program staff are	Program staff are very	Program staff are very
	To what extent do program	all familiar with	somewhat familiar with	familiar with principles of	familiar with principles of
	staff use motivational	principles of	principles of motivational	motivational	motivational interviewing
	interviewing in their	motivational	interviewing.	interviewing, but it is not	and it is used consistently
	interactions with program	interviewing.			in daily practice.
	participants? Have program				

Name	: Emplac	cement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4
	staff received training in			used consistently in daily	
	motivational interviewing?			practice.	

Name	e: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
18.	Active Engagement. To what	Program does not use	Program uses very few	Program is less	Program systematically
10.	extent does the program uses	strategies of assertive	assertive engagement	systematic in its use of a	uses a variety of
	techniques to engage	engagement.	strategies.	variety of individualized	individualized assertive
	difficult-to-treat consumers such as motivational interventions, therapeutic limit-setting, and assertive engagement? Motivational interventions to engage consumers? Therapeutic limit-setting as necessary? Assertive engagement if there is concerns about the well-being of the participant?			assertive engagement strategies OR does not systematically identify and evaluate the need for various types of strategies.	engagement strategies and systematically identifies and evaluates the need for various types of strategies.

Name	e: Emplac	cement of housing:	Amount of time in program:		
Item	Criterion	1	2	3	4
19	Absence of Coercion. To what extent does the program engage in coercive activities towards	Program routinely uses coercive activities with participants such as leveraging housing or	Program sometimes uses coercive activities with participants and there is no acknowledgement	Program sometimes uses coercive activities with participants, but staff acknowledge that these	Program does not use coercive activities such as leveraging housing or services to promote

Name	: Empl	acement of housing:	Amount of time in program:		
Item	Criterion	1	2	3	4
	participants to promote adherence to clinical provisions or engage in excessive surveillance of participants?	services to promote adherence to clinical provisions or having excessive intrusive surveillance of participants.	that these practices conflict with participant autonomy and principles of recovery.	practices may conflict with participant autonomy and principles of recovery.	adherence to clinical provisions or having excessive intrusive surveillance with participants.

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
20	Person-Centered Planning. To what extent does the program engage in personcentered planning with participants that includes development of treatment plans based on participant's goals and preferences, 2) conducting regularly scheduled treatment planning meetings with participants, and engaging in	Program does not conduct person-centered planning.	Treatment/service planning FULLY meets 1 service or PARTIALLY meets 2.	Treatment/service planning FULLY meets 2 services or PARTIALLY meets all 3.	Treatment/service planning FULLY meets ALL 3 services (see under definition).

Name	: Empla	cement of housing:		Amount of time in program:	:
Item	Criterion	1	2	3	4
	strengths and resources identified in the treatment				
	plan?				

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
21	Interventions Target a Broad Range of Life Goals. To what extent does the program systematically deliver or broker services that address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.)?	Interventions do not target a range of life areas.	Program is not systematic in delivering interventions that target a range of life areas.	Program delivers interventions that target a range of life areas but in a less systematic manner. (range exists across the program but less diversity of areas among participants).	Program systematically delivers interventions that target a range of life areas. (range exists across the program and among participants).

Name	:: Empla	cement of housing:		Amount of time in programs	:
Item	Criterion	1	2	3	4
22	Participant Self- Determination and Independence. To what extent does the program increases participants' independence and self-determination by giving them choices and	Program directs participants decisions and manages day-to-day activities to a great extent that clearly undermines promoting participant self- determination and independence	Program provides a high level of supervision and participants' day-to-day choices are constrained.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.

Name	: Empla	cement of housing:		Amount of time in programs	
Item	Criterion	1	2	3	4
	honoring day-to-day choices as much as possible?	OR program does not actively work with participants to enhance self-determination, nor do they provide monitoring or supervision.			

Name	: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
SERVI	CE ARRAY; The next set of ques	tions focus on the types of	services that are made availa	able to participants through t	the program.
23.	Housing Support. To what extent does the program offer services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping?	Program does not offer any housing support services.	Program offers some housing support services during move-in, such as neighborhood orientation, shopping, but no follow-up or ongoing services are available.	Program offers some ongoing housing support services including assistance with neighborhood orientation, landlord relations, budgeting, and shopping but does not offer any property management services, assistance with rent payment, and co-signing of leases.	Program offers both assistance with move-in and ongoing housing support services including assistance with neighborhood orientation, landlord/neighbor relations, budgeting, shopping, property management services, assistance with rent payment/subsidy assistance, utility setup, and co-signing of leases.

Name	e: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
24.	Psychiatric Services. What % of program participants who need psychiatric services are linked to a psychiatrist in the community?	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering psychiatric services (see under definition).

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
25.	Substance Use Treatment. What % of program participants who need substance use treatment are successfully linked to these services in the community?	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering substance use treatment services (see under definition).

Name	e: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
26.	Employment & Educational Services.	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY	Program FULLY meets 3 criteria or PARTIALLY	Program FULLY meets ALL 4 criteria for brokering
26.		_		-	_
	To what extent are supported		meets 3.	meets all 4.	employment &
	employment services				educational services (see under definition).
	available through or brokered				under deminition).
	by the program? Which				
	services are made available				
	to program participants? (1) engagement and vocational				
	assessment; (2) rapid job				
	search and placement based				
	on participants' preferences				
	(including going back to				
	school, classes); & (3) job				
	coaching & follow-along				

Name: Emplac		acement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4
	supports (including supports in academic settings).				
27.	Nursing/Medical Services.	Program FULLY meets	Program FULLY meets 2	Program FULLY meets 3	Program FULLY meets ALL
	What % of p rogram	less than 2 criteria.	criteria or PARTIALLY meets 3.	criteria or PARTIALLY meets all 4.	4 criteria for brokering nursing/medical services
	participants who need		1110003.	meets all 4.	(see under definition).
	medical care get linked with a				(222 220. 23
	physician or clinic in the				
	community? (documentation				

	Amount of time in program:	
2	2	4
	3	-
	2	2 3

Name	: Emplac	cement of housing:		Amount of time in program	1
Item	Criterion	1	2	3	4
28.	Social Integration. What % of program participants receiving services from the program that focus on social integration? These services can include: 1) Facilitating access to and helping participants develop social networks within and outside the program, 2) helping participants develop social abilities to successfully negotiate social relationships,	Program does not provide any social integration services.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services, or PARTIALLY provides all 3.	Program FULLY provides all 3 services (see under definition)

Name	e: Emplac	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
	3) facilitating participation in social and political venues?				
30.	Involved in In-Patient Treatment.	Program FULLY provides 2 or fewer services, or	Program FULLY provides 3 services, or PARTIALLY	Program FULLY provides 4 services, or PARTIALLY	Program FULLY provides ALL 5 listed services
	ricament.	2 of fewer services, of	provides 4.	provides 5.	(see under definition).

Name: Emplac		cement of housing:		Amount of time in program:	
Item	Criterion	1	2	3	4
item	To what extent is the program involved when a participant is hospitalized and works with inpatient staff to ensure proper discharge? What % of participants experience this kind of continued program involvement when they are hospitalized?	PARTIALLY provides 3 or fewer.	2	3	4

Name	e: Emplac	ement of housing:		Amount of time in program:			
Item	Criterion	1	2	3	4		
PROG	RAM STRUCTURE: The last set of	of questions focuses on the	structure and management	of the program.			
31.	Priority Enrollment for Individuals with Obstacles to Housing Stability. To what extent does the program prioritizes enrollment for individuals who experience multiple obstacles to housing	Program has many rigid participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, and there are no exceptions made.	Program has many participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, but exceptions are possible.	Program selects participants with multiple disabling conditions, but has some minimal exclusion criteria.	Program selects participants who fulfill criteria of multiple disabling conditions including 1) homelessness, 2) severe mental illness and 3) substance use.		

Name	e: Emplac	cement of housing:		Amount of time in program:		
		<u></u>				
Item	Criterion	1	2	3	4	
	stability? What are the					
	criteria for prioritization?					

Name	: Empla	cement of housing:		Amount of time in program	:
Item	Criterion	1	2	3	4
32.	Contact with Participants. What is the minimum amount of contact per month for participants with case managers? What % of participants have this amount of contact?	Program meets with less than 70% of participants 3 times a month face-to-face.	Program meets with 70-79% of participants 3 times a month face-to-face.	Program meets with 80-89% of participants at least 3 times a month face-to-face.	Program meets with 90% of participants at least 3 times a month face-to-face.

*Several items were taken directly or modified from other sources as follows:

Items 4, 5, 7, 8, 9, 12, 31: Permanent Supportive Housing KIT, fidelity scale.

Citation: Substance Abuse and Mental Health Services Administration (SAMHSA, 2010). *Permanent Supportive Housing: Evaluating Your Program.* DHHS Pub No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, SAMHSA, U.S. Department of Health and Human Services.

Items 29, 30, 32, 34, 35: Assertive Community Treatment Fidelity Scale.

Citation: Substance Abuse and Mental Health Services Administration (SAMHSA, 2008). *Assertive Community Treatment*. DHHS Pub No. SMA-08 4345, Rockville, MD: Center for Mental Health Services, SAMHSA, U.S. Department of Health and Human Services.

Items 18, 20, 21, 22, 24, 25, 26, 27, 36, 37: Tool for Measurement of Assertive Community Treatment.

Citation: DeVita, M. M., Teague, G. B., & Moser, L. L. (2011). The TMACT: A new tool for measuring fidelity to Assertive Community Treatment. *Journal of the American Psychiatric Nurses Association*, 17 (1), 17-29.

Items 3, 13, 14, 15, 23: Program Characteristics Measure

Citation: Williams, V. F., Banks, S. M., Robbins, P. C., Oakley, D., & Dean, J. (2001). Final Report on the Cross-Site Evaluation of the Collaborative Program to Prevent Homelessness. PRA: Delmar, NY.

Appendix A: Housing First ACT Fidelity Scale – Summary Scoring Sheet

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	HOUSING CHOICE & STRUCTURE								
1.	Housing Choice. Program participants choose the location and other features of their housing.								
2.	Housing Availability. Extent to which program helps participants move quickly into units of their choosing.								
3.	Permanent Housing Tenure. Extent to which housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.								
4.	Affordable Housing. Extent to which participants pay a reasonable amount of their income for housing costs.								
5.	Integrated Housing. Extent to which program participants live in scatter-site private market housing which is								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	otherwise available to people without psychiatric or other disabilities.								
6.	Privacy. Extent to which program participants are expected to share living spaces, such as bathroom, kitchen, or dining room with other tenants.								
	SEPARATION OF HOUSING & SERVICES								
7.	No Housing Readiness. Extent to which program participants are not required to demonstrate housing readiness to gain access to housing units.								
8.	No Program Contingencies of Tenancy. Extent to which continued tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
9.	Standard Tenant Agreement. Extent to which program participants have legal rights to the unit with no special provisions added to the lease or occupancy agreement.								
10.	Commitment to Re-House. Extent to which the program offers participants who have lost their housing access to a new housing unit.								
11.	Services Continue Through Housing Loss. Extent to which program participants continue receiving services even if they lose housing.								
12.	Off-site, Mobile Services. Extent to which social and clinical service providers are not located at participant's residences and are mobile.								
13.	Service choice. Extent to which program participants choose the type, sequence, and intensity of services on an ongoing basis.								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
14.	No requirements for participation in psychiatric treatment. Extent to which program participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment.								
15.	No requirements for participation in substance use treatment. Extent to which participants with substance use disorders are not required to participate in treatment.								
16.	Harm Reduction Approach. Extent to which program utilizes a harm reduction approach to substance use.								
17.	Motivational Interviewing. Extent to which program staff use motivational interviewing in all aspects of interaction with program participants.								
18.	Assertive Engagement. Program uses an array of techniques to engage consumers who are difficult to engage, including (1) motivational interventions to								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	engage consumers in a more collaborative manner, and (2) therapeutic limit-setting interventions where necessary, with a focus on instilling autonomy as quickly as possible. In addition to applying this range of interventions, (3) the program has a thoughtful process for identifying the need for assertive engagement, measuring the effectiveness of these techniques, and modifying approach where necessary.								
19	Absence of Coercion. Extent to which the program does not engage in coercive activities towards participants.								
20	Person-Centered Planning. Program conducts person- centered planning, including: 1) development of formative treatment plan ideas based on discussions driven by the participant's goals and preferences, 2) conducting regularly scheduled treatment planning meetings,								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	3) actual practices reflect								
	strengths and resources								
	identified in the assessment								
21	Interventions Target a Broad								
	Range of Life Goals. The								
	program systematically								
	delivers specific interventions								
	to address a range of life								
	areas (e.g., physical health,								
	employment, education,								
	housing satisfaction, social								
	support, spirituality,								
	recreation & leisure, etc.)								
22	Participant Self-								
	Determination and								
	Independence. Program								
	increases participants'								
	independence and self-								
	determination by giving them								
	choices and honoring day-to-								
	day choices as much as								
	possible (i.e., there is a								
	recognition of the varying								
	needs and functioning levels								
	of participants, but level of								
	oversight and care is								
	commensurate with need, in								
	light of the goal of enhancing								
	self-determination).								
	SERVICE ARRAY								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
23.	Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping.								
24.	Psychiatric Services. Psychiatric services are directly provided by the program.								
25.	Integrated, Stage-wise Substance Use Treatment. Integrated, stage-wise substance use treatment is directly provided by the program. Core services include: (1) systematic and integrated screening and assessment; interventions tailored to those in (2) early stages of change readiness (e.g., outreach, motivational interviewing) and (3) later stages of change readiness (e.g., CBT, relapse- prevention).								
26.	Supported Employment Services. Extent to which								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	supported employment services are provided directly by the program. Core services include: (1) engagement and vocational assessment; (2) rapid job search and placement based on participants' preferences (including going back to school, classes); & (3) job coaching & follow-along supports (including supports in academic settings).								
27.	Nursing Services. Extent to which nursing services are provided directly by the program. Core services include:								
	(1) managing participants' medication, administering & documents medication treatment; (2) screening consumers for medical problems/side effects; (3) communicating & coordinating services with other medical providers; (4) engaging in health promotion, prevention, & education activities (i.e.,								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	assess for risky behaviors & attempt behavior change)								
28.	Social Integration. Extent to which services supporting social integration are provided directly by the program.								
	1) Facilitating access to and helping participants develop valued social roles and networks within and outside the program, 2) helping participants develop social competencies to successfully negotiate social relationships, 3) enhancing citizenship and participation in social and political venues.								
29.	24-hour Coverage. Extent to which program responds to psychiatric or other crises 24-hours a day.								
30.	Involved in In-Patient Treatment. Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.								
	PROGRAM STRUCTURE								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
31.	Priority Enrollment for Individuals with Obstacles to Housing Stability. Extent to which program prioritizes enrollment for individuals who experience multiple obstacles to housing stability.								
32.	Contact with Participants. Extent to which program has a minimal threshold of nontreatment related contact with participants.								
33.	Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio, excluding the psychiatrist & administrative support.								
34.	Team Approach. Extent to which program staff function as a multidisciplinary team; clinicians know and work with all program participants.								
35.	Frequent Meetings. Extent to which program staff meet frequently to plan and review services for each program participant.								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
36.	Daily Meeting (Quality): The program uses its daily organizational program meeting to: (1) Conduct a brief, but clinically-relevant review of all participants & contacts in the past 24 hours AND (2) record status of all participants. Program develops a daily staff schedule based on: (3) Weekly Consumer Schedules; (4) emerging needs, AND (5) need for proactive contacts to prevent future crises; (6) Staff are held accountable for follow-through.								
37.	Peer Specialist on Staff. The program has at least 1.0 FTE staff member who meets local standards for certification as a peer specialist. If peer certification is unavailable locally, minimal qualifications include the following: (1) self-identifies as an individual with a serious mental illness who is currently or formerly a recipient of mental health services; (2) is in the process of his/her own recovery; and								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	(3) has successfully completed training in wellness and recovery interventions. Peer specialist has full professional status on the team.								
38.	Participant Representation in Program. Extent to which participants are represented in program operations and have input into policy.								

Appendix B: Pathways Housing First ICM Fidelity Scale – Summary Scoring Sheet

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	HOUSING CHOICE & STRUCTURE								
1.	Housing Choice. Program participants choose the location and other features of their housing.								
2.	Housing Availability. Extent to which program helps participants move quickly into units of their choosing.								
3.	Permanent Housing Tenure. Extent to which housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.								
4.	Affordable Housing. Extent to which participants pay a reasonable amount of their income for housing costs.								
5.	Integrated Housing. Extent to which program participants live in scatter-site private								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	market housing which is otherwise available to people without psychiatric or other disabilities.								
6.	Privacy. Extent to which program participants are expected to share living spaces, such as bathroom, kitchen, or dining room with other tenants.								
	SEPARATION OF HOUSING & SERVICES								
7.	No Housing Readiness. Extent to which program participants are not required to demonstrate housing readiness to gain access to housing units.								
8.	No Program Contingencies of Tenancy. Extent to which continued tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
9.	Standard Tenant Agreement. Extent to which program participants have legal rights to the unit with no special provisions added to the lease or occupancy agreement.								
10.	Commitment to Re-House. Extent to which the program offers participants who have lost their housing access to a new housing unit.								
11.	Services Continue Through Housing Loss. Extent to which program participants continue receiving services even if they lose housing.								
12.	Off-site, Mobile Services. Extent to which social and clinical service providers are not located at participant's residences and are mobile.								
13.	Service choice. Extent to which program participants choose the type, sequence, and intensity of services on an ongoing basis.								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
14.	No requirements for participation in psychiatric treatment. Extent to which program participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment.								
15.	No requirements for participation in substance use treatment. Extent to which participants with substance use disorders are not required to participate in treatment.								
16.	Harm Reduction Approach. Extent to which program utilizes a harm reduction approach to substance use.								
17.	Motivational Interviewing. Extent to which program staff use motivational interviewing in all aspects of interaction with program participants.								
18.	Assertive Engagement. Program uses an array of techniques to engage difficult-to-treat consumers, including (1) motivational interventions to engage								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	consumers in a more								
	collaborative manner, and (2)								
	therapeutic limit-setting								
	interventions where								
	necessary, with a focus on								
	instilling autonomy as quickly								
	as possible. In addition to								
	applying this range of								
	interventions, (3) the								
	program has a thoughtful process for identifying the								
	need for assertive								
	engagement, measuring the								
	effectiveness of these								
	techniques, and modifying								
	approach where necessary.								
19.	Absence of Coercion. Extent								
	to which the program does								
	not engage in coercive								
	activities towards								
	participants.								
20.	Person-Centered Planning.								
	Program conducts person-								
	centered planning, including:								
	1) development of formative								
	treatment plan ideas based								
	on discussions driven by the								
	participant's goals and								
	preferences, 2) conducting								
	regularly scheduled								
	treatment planning meetings,								

Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
3) actual practices reflect								
strengths and resources								
identified in the assessment								
Interventions Target a Broad								
Range of Life Goals. The								
program systematically								
delivers or brokers specific								
interventions to address a								
range of life areas (e.g.,								
physical health, employment,								
education, housing								
satisfaction, social support,								
spirituality, recreation &								
leisure, etc.)								
Participant Self-								
Independence. Program								
increases participants'								
independence and self-								
day choices as much as								
possible (i.e., there is a								
needs and functioning levels								
of participants, but level of								
oversight and care is								
commensurate with need, in								
light of the goal of enhancing								
self-determination).								
	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self- Determination and Independence. Program increases participants' independence and self- determination by giving them choices and honoring day-to- day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self- Determination and Independence. Program increases participants' independence and self- determination by giving them choices and honoring day-to- day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing	3) actual practices reflect strengths and resources identified in the assessment Interventions Target a Broad Range of Life Goals. The program systematically delivers or brokers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.) Participant Self- Determination and Independence. Program increases participants' independence and self- determination by giving them choices and honoring day-to- day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	SERVICE ARRAY								
23.	Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping.								
24.	Psychiatric Services. Program successfully links participants who need psychiatric support with a psychiatrist in the community.								
	(documentation evidences participant received services or program routinely attempted engagement within the last 6 months)								
25.	Integrated, Stage-wise Substance Use Treatment. Program successfully links participants who need substance use treatment with such treatment community. (documentation evidences participant received services or program routinely								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	attempted engagement within the last 6 months)								
26.	Supported Employment Services. Supported employment services are provided directly or brokered by the program. Core services include: (1) engagement and vocational assessment; (2) rapid job search and placement based on participants' preferences (including going back to school, classes); & (3) job coaching & follow-along supports (including supports in academic settings).								
27.	Nursing/Medical care. Program successfully links participants who need medical care with a physician or clinic in the community. (documentation clearly evidences participant received services or program routinely attempted engagement within the last 6 months)								
28.	Social Integration. Extent to which services supporting								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	social integration are provided directly by the program.								
	1) Facilitating access to and helping participants develop valued social roles and networks within and outside the program, 2) helping participants develop social competencies to successfully negotiate social relationships, 3) enhancing citizenship and participation in social and political venues.								
29.	24-hour Coverage. Extent to which program responds to psychiatric or other crises 24-hours a day.								
30.	Involved in In-Patient Treatment. Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.								
30A	Professional Networking. Program successfully builds professional connections with a range of institutions and								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	providers to facilitate access to treatment and services.								
	PROGRAM STRUCTURE								
31.	Priority Enrollment for Individuals with Obstacles to Housing Stability. Extent to which program prioritizes enrollment for individuals who experience multiple obstacles to housing stability.								
32.	Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio, excluding the psychiatrist & administrative support.								
33.	Contact with Participants. Extent to which program has a minimal threshold of nontreatment related contact with participants.								
34.	Team Approach. Extent to which program staff function as a multidisciplinary team; clinicians know and work with all program participants.								
35.	Frequent Meetings. Extent to which program staff meet frequently to plan and review								

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
	services for each program participant.								
36.	Weekly Meeting (Quality): The program uses its weekly organizational program meeting to: (1) Conduct a high level overview of each participant, where they are at and next steps (2) a detailed review of participants who are not doing well in meeting their goals (3) review of one success from the past week and (4) program updates and (5) discuss health and safety issues and strategies								
37.	Peer Specialist on Staff. The program has at least 1.0 FTE staff member who meets local standards for certification as a peer specialist.	N/A	N/A	N/A	N/A				
38.	Participant Representation in Program. Extent to which participants are represented in program operations and have input into policy.	Progra m does not offer any opportu nities for	Program offers few opportu nities for particip ant	Program offers some opportuniti es for participant input into the program (2	Program offers opportuniti es for participant input, including on				

Item	Criterion	Int. 1	Int. 2	Int. 3	Int. 4	Client Grp	Chart Review	Avg. Score	Cons. Score
		particip ant input into the progra m (0 modaliti es).	input into the program (1 modalit y for input).	modalities for input).	committee s, as peer advocates, and on governing bodies (3 modalities).				

Appendix C - The Pathways Housing First Fidelity Scale for Individuals With Psychiatric Disabilities

Ana Stefancic MA, Sam Tsemberis, Peter Messeri, Robert Drake & Paula Goering (2013) The Pathways Housing First Fidelity Scale for Individuals With Psychiatric Disabilities, American Journal of Psychiatric Rehabilitation, 16:4, 240-261, DOI: 10.1080/15487768.2013.847741

Download the full article here:

https://www.researchgate.net/publication/263750581 The Pathways Housing First Fidelity Scale for Individuals With Psychiatric Disabilities