Item	Criterion	1	2	3	4
	HOUSING CHOICE & STRUCTURE				
1.	**Housing Choice.** 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 much choice in location, decorating, furnishing, and other features of their housing.
2.	**Housing Availability.** Extent to which program helps participants move quickly into units of their choosing.	Less than 54% of program participants move into a unit of their choosing within 3 months.	55-69% of program participants move into a unit of their choosing within 3 months.	70-84% of program participants move into a unit of their choosing within 3 months.	85% of program participants move into a unit of their choosing within 3 months.
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.	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.
4.	**Affordable Housing.** Extent to which participants pay a reasonable amount of their income for housing costs.	Participants pay 61% or more of their income for housing costs.	Participants pay 46-60% or less of their income for housing costs.	Participants pay 31-45% or less of their income for housing costs.	Participants pay 30% or less of their income for housing costs.
5.	**Integrated Housing.** Extent to which 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 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.

6.	**Privacy.** Extent to which program participants are 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.
	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.	Participants have access to housing only if they have successfully completed a period of time in transitional housing or outpatient/inpatient/residential 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 three times a month.
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.	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 compliance with their treatment plan and meeting individual clinical or behavioral standards.	Participants can keep housing with minimal requirements for continued tenancy, such as participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	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 3 times a month.

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.	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 three times a month.
10.	**Commitment to Re-House.** Extent to which the program offers participants who have lost their housing access to a new housing unit.	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 limits on the number of relocations.	Program offers participants who have lost their housing a new unit without requiring them to demonstrate readiness and has no set limits on the number of possible relocations.
11.	**Services Continue Through Housing Loss.** Extent to which program participants continue receiving services even if they lose 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 re-enrollment, 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.
12.	**Off-site, Mobile Services.** Extent to which social and clinical service providers are not located at participant's residences and are mobile.	Social and clinical service providers are based on-site 24/7, and have limited or no mobility to deliver services at locations of participants' choosing.	Social and clinical service providers are based off-site or on-site during the day and have limited mobility to deliver services at locations of participants' choosing.	Social and clinical service providers are based off-site, but maintain an office on-site, and are capable of providing mobile services to locations of participants' choosing.	Social and clinical service providers are based off-site, do not maintain an office on-site, but are capable of providing mobile services to locations of participants' choosing.

	SERVICE PHILOSOPHY				
13.	**Service choice.** Extent to which program participants choose the type, sequence, and intensity of services on an ongoing basis.	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, but program staff determinations usually prevail.	Participants have the right to choose, modify, or refuse services and supports at any time, except three face-to-face visits with staff a month.
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.	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 requirements for participation in substance use treatment.** Extent to which participants with substance use disorders are not 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.
16.	**Harm Reduction Approach.** Extent to which program utilizes 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.	Participants are not required to abstain from alcohol and/or drugs and staff work with participants to reduce the negative consequences of use according to principles of harm reduction.

17.	**Motivational Interviewing.** Extent to which program staff use motivational interviewing in all aspects of interaction with program participants.	Program staff are not at all familiar with 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.
18.	**Assertive Engagement.** Program uses an array of techniques to engage difficult-to-treat consumers, including (1) motivational interventions to 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.	Team only uses #1 OR #2.	A more limited array of assertive engagement strategies are used for engagement (partial #1 and #2). Systematic identification is lacking (#3 absent).	Team uses #1 and #2. Team does not systematically identify the need for various types of engagement strategies (#3 absent).	Team systematically uses assertive engagement strategies by applying all 3 principles (see under definition)
19.	**Absence of Coercion.** Extent to which the program does not engage in coercive activities towards 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.

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, 3) actual practices reflect strengths and resources identified in the assessment	Less than 54% of treatment plans and updates satisfy all 3 criteria.	55-69% of treatment plans and updates satisfy all 3 criteria.	70-84% of treatment plans and updates satisfy all 3 criteria.	At least 85% of treatment plans and updates satisfy all 3 criteria.
21.	**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.)	Delivered or brokered interventions do not target a range of life areas.	Program is not systematic in delivering or brokering interventions that target a range of life areas.	Program delivers or brokers interventions that target a range of life areas but in a less systematic manner.	Program systematically delivers or brokers interventions that target a range of life areas.
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).	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 self-determination, nor do they provide monitoring or supervision.	Program provides a high level of supervision and participants' day-to-day choices are not very meaningful.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.

	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.	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 ongoing housing support services including assistance with neighborhood orientation, landlord relations, budgeting, shopping, property management services, assistance with rent payment, and co-signing of leases.
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)	Program successfully links less than 54% of participants who need psychiatric support with a psychiatrist.	Program successfully links 55-69% of participants who need psychiatric support with a psychiatrist.	Program successfully links 70 - 84% of participants who need psychiatric support with a psychiatrist.	Program successfully links 85% or more of participants who need psychiatric support with a psychiatrist.
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 attempted engagement within the last 6 months)	Program successfully links less than 54% of consumers in need of substance abuse treatment with agencies that provide such treatment.	Program successfully link 55 - 69% of consumers in need of substance abuse treatment	Program successfully links 70-84% or more of consumers in need of substance abuse treatment with agencies that provide such treatment.	Program successfully links 85% or more of consumers in need of substance abuse treatment with agencies that provide such treatment.

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).	Less than 30% of consumers in need of services are receiving them from the team (receiving 1 & 2 or 1 & 3).	30-44% of consumers in need of services are receiving them from the team (receiving 1 & 2 or 1 & 3).	45-59% of consumers in need of services are receiving them from the team (receiving 1 & 2 or 1 & 3).	60% or more of consumers in need of services received supported employment services (receiving 1 & 2 or 1 & 3).
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)	Program successfully links less than 54% of participants who need medical care with a physician or clinic.	Program successfully links 55-69% of participants who need medical care with a physician or clinic.	Program successfully links 70 - 84% of participants who need medical care with a physician or clinic.	Program successfully links 85% or more of participants who need medical care with a physician or clinic.

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.	Less than 54% of consumers in need of services are receiving support for social integration. (At least 1 service)	55- 69% of consumers in need of services are receiving support for social integration. (At least 1 service)	70- 84% of consumers in need of services are receiving support for social integration. (At least 1 service)	85% of consumers in need of services are receiving support for social integration. (At least 1 service)
29.	**24-hour Coverage.** Extent to which program responds to psychiatric or other crises 24-hours a day.	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.** Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.	Program is involved in less than 55% of inpatient admissions and discharges.	Program is involved in 55-69% of inpatient admissions and discharges.	Program is involved in 70-84% of inpatient admissions and discharges.	Program is involved in 85% or more of inpatient admissions and discharges.
31	**Professional Networking.** Program successfully builds professional connections with a range of institutions and providers to facilitate access to treatment and services.	Program has no established relationships with agencies or staff are not knowledgeable as to what community resources are available to their participants.	Program has few established relationships with agencies and/or referrals are very infrequent.	Program has established relationships with agencies but does not routinely make referrals.	Program has established relationships with agencies that provide a vast array of services and routinely makes referrals.

	PROGRAM STRUCTURE				
32.	**Priority Enrollment for Individuals with Obstacles to Housing Stability.** Extent to which program prioritizes enrollment for individuals who experience multiple obstacles to housing stability.	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.
33.	**Low Participant/Staff Ratio.** Extent to which program consistently maintains a low participant/staff ratio, excluding the psychiatrist & administrative support.	50 or more participants per 1 FTE staff.	36-49 participants per 1 FTE staff.	21-35 participants per 1 FTE staff.	20 or fewer participants per 1 FTE staff.
34.	**Contact with Participants.** Extent to which 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 60-74% of participants 3 times a month face-to-face.	Program meets with 75-89% 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.
35.	**Frequent Meetings.** Extent to which program staff meet frequently to plan and review services for each program participant.	Program meets at least once every two weeks but does not review each participant each time, or meets less than once a week.	Program meets at least once every two weeks and reviews each participant each time, and conducts case conferences.	Program meets at least once a week, but does not review each participant each time, and conducts case conferences monthly.	Program meets at least once a week and reviews each participant each time, even if only briefly, and conducts case conferences monthly.

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	Meeting fully serves 3 of the functions.	Meeting fully serves 4 of the functions.	Meeting fully serves 5 of the functions.	Weekly team meeting fully serves all 6 functions (see under definition).
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.	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 governing bodies (3 modalities).