

All criteria apply to ACT & ICM programs, except as specified in each item.

Item	Criterion
	HOUSING CHOICE & STRUCTURE
1.	Housing Choice. Participants have much choice in location, decorating, furnishing, and other features of their housing.
2a.	Housing Availability (<i>Intake to move-in</i>). Program participants move into a permanent housing unit of their choosing within 90 days of program admission.
2b.	Housing Availability (<i>Voucher/subsidy availability to move-in</i>). Program participants move into a permanent housing unit of their choosing within 60 days of having a housing subsidy or receiving a voucher.
3.	Permanent Housing Tenure. Housing tenure is assumed to be permanent with no expected time limits, although a standard lease agreement may need to be renewed periodically.
4.	Affordable Housing. Participants pay 30% or less of their income for housing costs.
5a.	Integrated Housing (<i>Urban programs</i>). Participants live in scatter-site private market housing where less than 20% of the units in a building are dedicated for persons with disabilities.
5b.	Integrated Housing (<i>Rural Programs</i>). Participants live in scatter-site private market housing where access is not determined by disability and building composition satisfies the following criteria: 1-3 unit bldg=1 partcpt 4-6 unit bldg=2 partcpts 7-12 unit bldg=3 partcpts
6.	Privacy. Participants are not expected to share any living areas with other tenants, including bedroom, living room, kitchen, dining room, or bathroom.
	SEPARATION OF HOUSING & SERVICES
7.	No Housing Readiness. Participants have access to permanent housing with no requirements to demonstrate readiness, other than agreeing to meet with staff face-to-face once a week.
8.	No Program Contingencies of Tenancy. Participants can keep their housing with no requirements for continued tenancy, other than adhering to HUD rules governing the VASH voucher and the existing lease, and seeing staff for a face-to-face visit once a week. Continued tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.

Item	Criterion
9.	Standard Tenant Agreement. Participants have a written agreement (such as a lease or occupancy agreement) which specifies the legal 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.
10.	Commitment to Re-House. Program actively works to avoid legal eviction and protect vouchers for participants who have to leave a unit and offers help finding a new unit without requiring them to demonstrate readiness. Program has no set limit on the number of possible relocations. If legal eviction and loss of voucher occurs, program assists to find housing outside of HUD-VASH.
11.	Services Continue Through Housing Loss. Participants continue to receive program services even if they lose their housing unit, or have to leave their housing due to short-term inpatient treatment, although there may be a service hiatus during institutional stays. If legal eviction and loss of voucher occurs, the program refers participants to other appropriate and accessible services.
12a.	Off-site Services. Social and clinical service providers are based off-site from participants' residences and do not maintain any offices on-site.
12b.	Mobile services. Program support services are extremely mobile and fully capable of providing services in locations of participants' choosing.
SERVICE PHILOSOPHY	
13.	Service choice. 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 participation in psychiatric treatment. 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. Participants with substance use disorders are not required to participate in substance use treatment.
16.	Harm Reduction Approach. Participants are not required to abstain from alcohol and/or drugs except to the extent that illegal behaviors threaten the participant's right to keep the Housing Choice Voucher, and staff work consistently with participants to reduce the negative consequences of use according to principles of harm reduction.
17.	Motivational Interviewing. Program staff are very familiar with principles of motivational interviewing and it is used consistently in daily practice.
18.	Assertive Engagement. Program systematically uses a variety of individualized assertive engagement strategies and systematically identifies and evaluates the need for various types of strategies. These strategies include (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.
19	Absence of Coercion.

Item	Criterion
	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 FULLY meets all 3 criteria for conducting person-centered treatment/service planning: 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.
21	Interventions Target a Broad Range of Life Goals. Program systematically delivers interventions that target a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.). Range exists across the program and among participants.
22	Participant Self-Determination and Independence. Program is a strong advocate for participants' self-determination and independence in day-to-day activities. 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
23.	Housing Support. 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, and utility setup.
24.	Psychiatric Services. <u>ACT Programs:</u> Psychiatric prescriber serves ALL 5 of the following treatment functions: (1) typically provides at least monthly assessment of consumers' symptoms & response to medications, including side effects; (2) monitors all consumers' non-psychiatric medical conditions and non-psychiatric medications; (3) if consumers are hospitalized, communicates directly with consumers' inpatient psychiatric prescriber to ensure continuity of care; (4) provides medication education; & (5) conducts home/community visits. <u>ICM Programs:</u> Program FULLY meets ALL 4 criteria for brokering psychiatric services: 1) has established formal & informal links with several providers, 2) assesses participants to match needs & preferences to providers, 3) assists participants in locating, obtaining, and directly introducing participants to providers, and 4) conducts follow-up including communicating/providing consultation with other providers regarding services on a regular basis and coordinating care.
25.	Integrated, Stage-wise Substance Use Treatment. <u>ACT Programs:</u> Program FULLY provides ALL 3 Integrated Stage-wise Substance Use Treatment Services: (1) systematic and integrated screening and assessment; interventions tailored to those in (2) early stages of change readiness (e.g., outreach, motivational interviewing, accompanying consumers to treatment/meetings) and (3) later stages of change readiness (e.g., CBT, relapse-prevention). <u>ICM Programs:</u> Program FULLY meets ALL 4 criteria for brokering substance use treatment services: 1) has established formal & informal links with several providers, 2) assesses participants to match needs & preferences to providers, 3) assists participants in locating, obtaining, and

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	directly introducing participants to providers, and 4) conducts follow-up including communicating/providing consultation with other providers regarding services on a regular basis and coordinating care.
26.	<p>Supported Employment Services. <u>ACT Programs:</u> Program FULLY provides all 4 supported employment services: (1) engagement; (2) vocational assessment; (3) rapid job search and placement based on participants' preferences (including going back to school, classes); & (4) job coaching & follow-along supports (including supports in academic settings).</p> <p><u>ICM Programs:</u> Program FULLY meets ALL 4 criteria for brokering employment & educational services: 1) has established formal & informal links with several providers 2) assesses participants to match needs & preferences to providers, 3) assists participants in locating, obtaining, and directly introducing participants to providers, and 4) conducts follow-up including communicating/providing consultation with other providers regarding services on a regular basis and coordinating care.</p>
27.	<p>Nursing Services. <u>ACT Programs:</u> Program FULLY provides ALL 4 Nursing services: (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., assess for risky behaviors & attempt behavior change.)</p> <p><u>ICM Programs:</u> Program FULLY meets ALL 4 criteria for brokering nursing/medical services</p>
28.	<p>Social Integration. Program FULLY provides all 3 social integration services: 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.</p>
29.	<p>24-hour Coverage. Program responds to psychiatric or other crises 24-hours a day directly by phone and links participants to emergency services as necessary.</p>
30.	<p>Involved in In-Patient Treatment. Program FULLY provides ALL 5 services for coordinating inpatient treatment: 1) program initiates admissions as necessary, 2) program consults with inpatient staff regarding need for admissions, 3) program consults with inpatient staff regarding participant's treatment, 4) program consults with inpatient staff regarding discharge planning, and 5) program is aware of participant's discharge from treatment.</p>
	PROGRAM STRUCTURE
31.	<p>Priority Enrollment for Individuals with Obstacles to Housing Stability. Program enrolls participants who fulfill criteria of multiple disabling conditions that represent obstacles to housing stability, including 1) chronic homelessness, 2) severe mental illness and/or 3) substance use.</p>
32.	<p>Contact with Participants. <u>ACT Programs:</u> Program meets with participants at least 4 times a month face-to-face. (Contact does not have to be explicitly treatment-related)</p> <p><u>ICM Programs:</u> meets with participants at least 3 times a month face-to-face. (Contact does not have to be explicitly treatment-related)</p>

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33.	<p>Low Participant/Staff Ratio. <u>ACT Programs:</u> Program maintains a ratio of 10 or fewer participants per 1 FTE staff, excluding the psychiatrist & administrative support.</p> <p><u>ICM Programs:</u> Program maintains a ratio of 20 or fewer participants per 1 FTE staff, excluding the psychiatrist & administrative support.</p>
34.	<p>Team Approach. <u>ACT Programs:</u> Program staff function as a multidisciplinary team where clinicians know and work with all participants. This is demonstrated by participants having face-to-face contacts with at least 3 staff members in 4 one month.</p> <p><u>ICM Programs:</u> Item Not Applicable</p>
35.	<p>Frequent Meetings. <u>ACT Programs:</u> Program staff meet as a team at least 4 days per week to plan and review services for each participant.</p> <p><u>ICM Programs:</u> Program staff meet at least 4 times a month (once a week) to plan and review services for each participant.</p>
36.	<p>Meeting Quality: <u>ACT Programs:</u> The program's daily team meeting FULLY serves ALL 6 meeting functions: (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.</p> <p><u>ICM Programs:</u> Weekly team meeting FULLY serves ALL 4 meeting functions: 1) Conduct a brief but clinically relevant review of at least ½ caseload, 2) Discuss participants with high priority emerging issues in depth to collectively identify potentially effective strategies and approaches, 3) Identify new resources within & outside the program for staff or participants, 4) Discuss program-related issues such as scheduling, policies, procedures, etc.</p>
37.	<p>Peer Specialist on Staff. <u>ACT Programs:</u> There is at least 1.0 FTE peer specialist per 100 participants who self-identifies as a peer/person with lived experience, meets local qualifications and has full professional status on the team. (No more than 2 Peer Specialists fill the 1.0 FTE.)</p> <p><u>ICM Programs:</u> Item Not Applicable</p>
38.	<p>Participant Representation in Program. Program offers opportunities for participant representation and input into program operations and policies including on committees, as peer advocates, and on governing bodies (3 modalities).</p>

*See last page for suggested citation, item sources and references.

Citation for the Pathways Housing First Fidelity Ingredients:

Tsemberis, S. (2010). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Hazelden.

***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). *Permanent Supportive Housing: Evaluating Your Program*. DHHS Pub No. SMA-08-4344, 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: Monroe-DeVita M. B., Teague, G. B., Moser, L. L., et al. (unpublished, 2008). *Tool for Measurement of Assertive Community Treatment (TMACT)*

Teague, G.B., Monroe-DeVita, M., & Moser, L. (2009). *Enhancing ACT fidelity assessment: Introducing the TMACT*. Presented at the Annual Assertive Community Treatment Conference, Arlington, VA, June 4–6.

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.