

## Pathways to Housing- Housing First Fidelity Principles

1- Not At All, 2- Sometimes, 3- Always

### 1. Housing Choice and Structure

- 1.1. Program participants have much choice in the location and other features of their housing.
- 1.2. Program helps participants move into the units of their choosing. (under 6 weeks upon securing a housing subsidy)
- 1.3. 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.
- 1.4. Program participants pay a reasonable amount of their income (less than 30%) for housing costs.
- 1.5. Program participants live in scattered-site private market housing which is otherwise available to people without psychiatric or other disabilities.
- 1.6. Program participants are not expected to share any living areas with other tenants.

### 2. Separation of Housing and Services

- 2.7. Program Participants are not required to demonstrate housing readiness to gain access to housing units.
- 2.8. Continue tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.
- 2.9. Program participants have legal rights to the unit, with no special provisions added to the lease or occupancy agreement.
- 2.10. Program offers participants who have lost their housing, access to a new housing unit with no standardized limits on the number of relocations.
- 2.11. Program participants continue receiving program services even if they lose housing.
- 2.12. Program staff are not located at participants' residences and are mobile, with the ability to deliver services in locations of participants' choosing.

### 3. Service Philosophy

- 3.13. Program participants choose the type, sequence, and intensity of services on an ongoing basis.
- 3.14. Program participants with psychiatric disabilities are not required to take medication or participate in formal treatment activities.
- 3.15. Program participants with substance use disorders are not required to participate in formal treatment activities.
- 3.16. Program utilizes a harm-reduction approach to substance use (it does not require abstinence and works to reduce the negative consequences of use).
- 3.17. Staff consistently utilize principles of motivational interviewing in daily practice.
- 3.18. Program uses an array of techniques to engage participants who are difficult to engage.
- 3.19. Program does not engage in coercive activities to promote engagement or treatment adherences among participants.

- 3.20. Program conducts person-centered treatment planning.
- 3.21. Program systematically deliver specific interventions to address a broad range of life areas.
- 3.22. Program increases, and is a strong advocate for, participants' self-determination and independence in day-to-day activities.

4. **Service Array**

- 4.23. Program offers services to help participants maintain housing, including assistance with subsidies, utility setup, neighborhood orientation, landlord relations, property management, budgeting, and shopping.
- 4.24. Psychiatric services are provided directly by the program.
- 4.25. Integrated, stage-wise substance use treatment is provided directly by the program.
- 4.26. Supported employment services are provided directly by the program.
- 4.27. Nursing services are provided directly by the program.
- 4.28. Services supporting social integration are provided directly by the program.
- 4.29. Program responds to psychiatric or other crises twenty-four hours a day by phone and links participants to emergency services as necessary.
- 4.30. Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.

5. **Program Structure**

- 5.31. Program gives priority enrollment to individuals with multiple obstacles to housing stability.
- 5.32. Program consistently maintains a low participant staff ratio (10:1) excluding the psychiatrist and administrative support.
- 5.33. Program has a minimum threshold of contact with participants to ensure safety and well-being.
- 5.34. Program staff function as a multidisciplinary team; clinicians know and work with all program participants.
- 5.35. Program staff meet frequently to plan and review services for each program participant.
- 5.36. Program uses a daily organizational meeting to conduct a brief, clinically relevant review of all participants and contacts in past twenty-four hours, and to develop a daily staff schedule.
- 5.37. Program has a staff member with professional status on team who meets local standards for certification as a peer specialist or meets specified qualifications.
- 5.38. Program offers participants opportunities for representation and input in program operations and policies.