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.