

SITE HF Fidelity Assessment Scoring Summary

Gilmer, T., Stefancic, A., Sklar, M., & Tsemberis, S. (2013). Development and validation of a Housing First Fidelity survey. *Psychiatric Services*, 64 (9), 911-914.



Housing First
Cross-country
Fidelity assessment

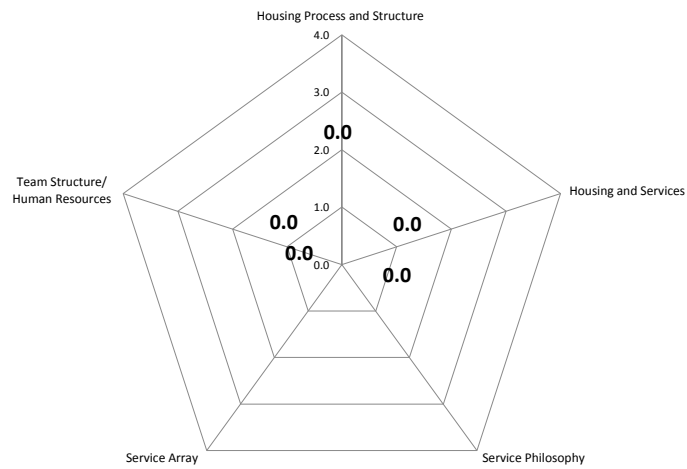
Use this column to introduce the scoring per item.

Domain	# It	Score Site 1	Score on 4 Point Scale	Item Score Range	Potential Range	Domain Score	Avg. Domain Rating on 4 Point Scale	% of Items With 3.5/4 Rating or Higher
Housing process and structure	1							
	2							
	3							
	4							
	5							
	6							
	7							
Housing and services	8							
	9							
	10							
	11a							
	11b							
	12							
Service philosophy	13							
	14							
	15							
	16							
	17							
Service array	18							
	19							
	20							
	21							
	22							
	23							
	24							
Team structure/human resources	25							
	26							
	27							
	28							
	29a							
TOTAL SCORE	31	0				0	#DIV/0!	
	33							
	34b							
	35							
	36							
	37							

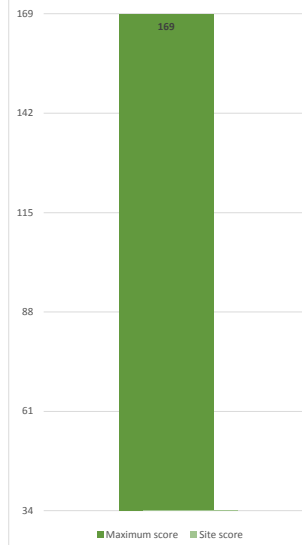
Other items not included in the scoring	
	29b
	30
	32
	34a

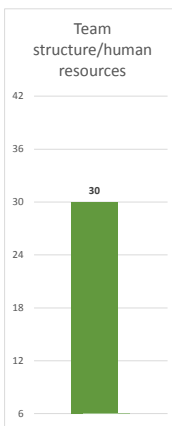
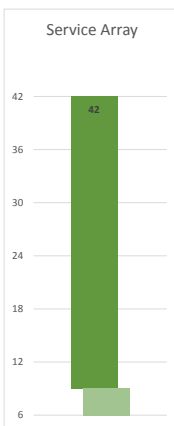
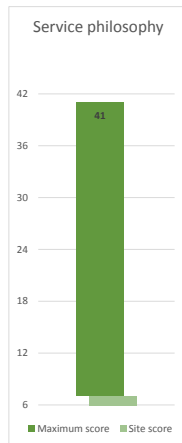
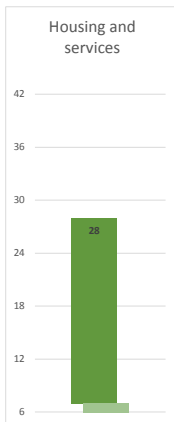
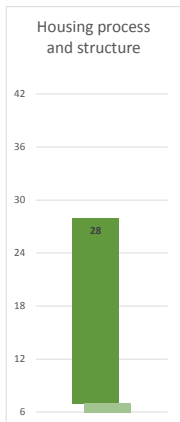
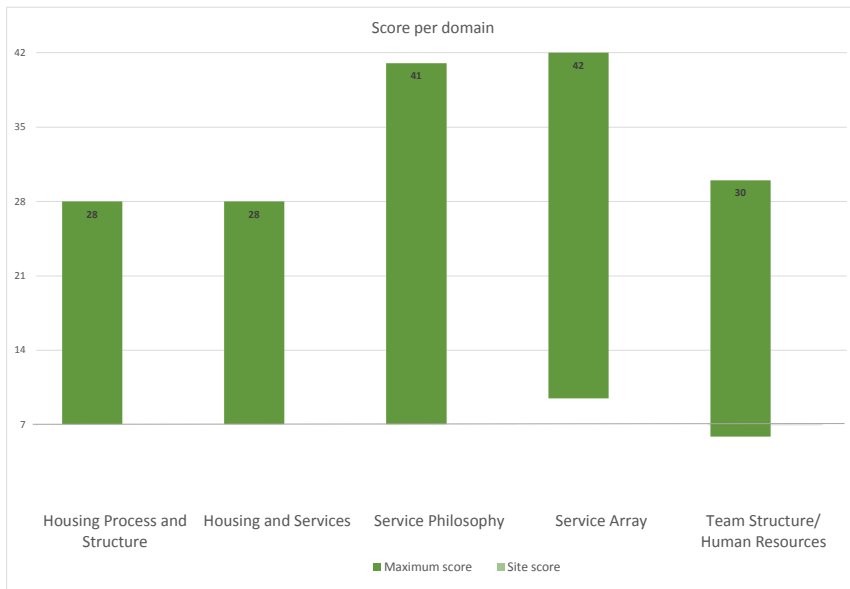
Extent of Fidelity to Housing First Model

Average Domain Rating on 4 Point Scale



Total HF Fidelity Scoring







HF Fidelity Assessment Scoring Tool

This scoring tool has been developed in the context of the HF cross country fidelity research carried out by several organizations of the International Housing First Network. The HF fidelity research is coordinated by Tim Aubry from the University of Ottawa (Canada) and Roberto Bernad from RAIS Fundación (Spain).

This tool is based on the *Pathways to Housing First Fidelity Self Assessment survey** and has been developed by Roberto Bernad and Parastoo Jamshidi (University of Ottawa). Its aims are to facilitate the scoring and the visual presentation of the Housing First fidelity self assessment results and to facilitate the qualitative discussion in the proposed assessment methodology. See below for guidance of the assessment methodology used in the cross country research and use of the tool.

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Fidelity assessment methodology

Self assessment survey application

1. Administer the housing fidelity survey to program service providers who have been working in the program for a period of at least 6 months. Service providers are to complete the survey individually without consultation among them.
2. A consensus meeting of service providers who completed the survey is organized by a member of the research team. At this meeting, an item-by-item review is conducted with service providers sharing with each other their item ratings.
In cases where there is consensus on items ratings across all service providers, the rating is taken as the final fidelity rating for that item.
In cases where there are differences in item ratings among service providers, the research team member facilitates a discussion asking each service provider to explain the rationale behind their ratings. The discussion continues until a consensus rating is obtained. This consensus rating becomes the final fidelity rating for that item.
3. Subsequent to this group conciliation of fidelity item ratings, the final ratings are used to fill in the Results per item sheet in this tool and then to score them in the Results per Domain sheet (see below How to use the scoring tool)



HF Fidelity Assessment Scoring Tool

The tool is composed out of 6 sheets in an Excel format
<i>Introduction:</i> Explains on the tool context and the fidelity assessment methodology
<i>Instructions:</i> Explains on how to use the tool
<i>Scoring:</i> Gives the information which will allow to score the result of each item
<i>Results per item :</i> Allows to code the answers to the fidelity survey reached at the consensus meeting
<i>Results per domain :</i> This sheet automatically builds graphics and % of fidelity when introducing the scoring results per item
<i>Comments:</i> Allows to introduce any additional comment that respondents to the survey may raise at any point of the process and specially the comments to item nº 38

How to use the scoring tool

1. In the *Results per item* sheet, mark with an X the answer/s coming out of the consensus meeting held with service providers. Use the grey line below each question to do so (first 2 items are filled in as an example).
2. Use the *Scoring* sheet to calculate the corresponding score value for each of the final answers you just marked with an X in the previous step.
3. Introduce that score value in the column *Score Site 1* in the *Results per domain* sheet. It is the **only column with a white** background, so do not touch the other columns!!
That will automatically calculate the rest of the elements (total score, score per domain, prorating to a 4 point scale) and will also draw the charts. Scroll to your right to see all the graphs provided.
4. You can then copy and paste the charts and graphs in another document (Word, Powerpoint, etc.)

11a. Do the majority of participants have any lease or occupancy agreement that specifies their rights and responsibilities of tenancy?

Yes	No
<input type="radio"/>	<input type="radio"/>

11b. If yes, which of the following provisions does the lease or agreement contain? (choose all that apply)

Provisions regarding adherence to medication, sobriety, and/or a treatment plan	Provisions regarding adherence to program rules, such as curfews	Provisions regarding adherence to face-to-face visits with staff	Provisions regarding creating behavioral disturbances with respect to other tenants
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Which of the following activities does program staff use to promote adherence to a treatment plan? (choose all that apply)

Requiring urine screening	Paying participants to take medication	Requiring daily visits with staff	Caution the withholding of participant's income/allowance	Caution the withholding of participant services	Caution the withholding of participant's housing	Engaging in quid pro quo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Which of the following are included in a participant's treatment plan and follow-up? (choose all that apply)

Goals that are chosen by staff or automatically set by the program	Goals that are chosen by staff with input from the participant	Goals that are chosen by the participant with input from staff	Participant strengths	Barriers to achieving goals	Participant and program actions taken to support goals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Which life areas does the program systematically address with specific interventions? (choose all that apply)

Interventions that target mental health and substance use symptoms	Interventions that target housing support	Interventions that target physical health	Interventions that target employment and education	Interventions that target financial needs	Interventions that target community integration, social support, spirituality, recreation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. What types of services, if any, are available to participants who are in need of substance use treatment? (choose all that apply)

Substance use treatment services are not available	Systematic and integrated screening and assessment	Interventions / Counseling tailored to participant's readiness to change	Outreach or motivational interviewing	CBT, relapse prevention, or other EBP or Promising Practice (e.g. BRITE)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. What types of services, if any, are available to participants who have medical (physical health) issues? (choose all that apply)

Medical/physical health services are not available	Screening for medical problems or medication side effects	Managing medication related to physical health	Communicating and coordinating services with other medical providers	Health promotion, prevention, education activities	On-site diagnosis and treatment of physical health conditions
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29a. What types of social integration services, if any, are available to participants? (choose all that apply)?

Social integration services are not available	Basic social skills training (e.g., maintaining eye contact, holding a conversation)	Group recreational/leisure activities (lunches, sporting events, senior center)	One-on-one support for developing social competencies (e.g., help with empowerment, resolving problems with members of social network, establishing trust)	Services to help support or expand participants' social roles (e.g., employee / volunteer, sibling / parent / grandparent, neighbor)	Support for activities pertaining to citizenship or civic participation (e.g., help with advocacy, voting, community involvement, faith community involvement)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Do more than 50% of program participants have histories of any of the following (choose all that apply):

Street Homelessness	Shelter stays	Severe Mental Illness	Psychiatric Hospitalization	Substance Abuse/Dependence Disorders
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. To what extent does the program use its team meetings to meet the following functions? (choose all that apply)

Conduct a brief, but clinically-relevant review of any participants with whom they had contact in the past 24 hours	Conduct a review of the long-term goals of all clients on a regularly scheduled basis	Develop a staff schedule based on participant schedules and emerging needs	Discuss need for proactive contacts to prevent future crises	Review previous staff assignments for follow through
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. What types of opportunities are available for participant input into program operations and policy? (choose all that apply)

Program has a formal grievance process for participants to express concerns or dissatisfaction	Program formally offers opportunities for participant feedback (e.g. community meetings)	Program routinely includes participants on planning / implementation committees, advisory boards	Program employs persons with lived experiences in regular staff positions	Program includes participants on governing bodies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SITE FIDELITY ASSESSMENT SCORING

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Use the grey lines to introduce the answers with an X or a number. If you want to use this template for several projects, you can introduce more lines for site 2, site 3, etc.

Please select the answer choice that best describes the housing process and structure that this program offers its participants (Questions 1-7).

1. How does the program determine the type of housing in which a participant will live?

	Program assigns participant to the first available housing unit	Program conducts a clinical assessment and determines the most appropriate housing based on participant's clinical need / functioning	Program assigns housing based on a clinical assessment, but with input from the participant regarding their preference	Participant chooses the type of housing they want to live in OR All participants have the option of a scatter-site apartment
SITE 1				

2. How does the program determine the neighborhood in which a participant will live?

	Program automatically assigns participant to the neighborhood with the first available housing unit OR all housing is in the same neighborhood	Program conducts a clinical assessment and determines the most appropriate neighborhood based on participant's clinical need / functioning	Program assigns housing based on a clinical assessment, but with input from the participant regarding their preference	Participant chooses the neighborhood they want to live in, given what they can afford
SITE 1			X	

3. Does the program assist participants with furniture?

	Program does not assist participants with obtaining furniture	Program assists participants to find furniture in the community (e.g., donations)	Program assists participants by purchasing furniture, decoration or the apartment is already furnished aligned to the tenant's wishes
SITE 1			

4. To what extent does this program have ready access to affordable housing through the use of housing subsidies?

	Program does not have access to housing subsidies or subsidized housing units, and does not provide support for participants to obtain them	Program does not have access to housing subsidies or subsidized housing units, but provides advocacy and support for participants to obtain housing subsidies or subsidized housing units	Program has direct access to housing subsidies and/or subsidized housing units, but there is a waiting period for participants	Program has ready direct access to housing subsidies and/or provides subsidized housing units for all participants
SITE 1				

5. What percent of participants pay 30% or less of their income towards their rent (excluding costs for other services such as food, housekeeping, and nursing) in permanent supported housing?

	0-14%	15-29%	31-45%	46-60%	60-84%	85-100%
SITE 1						

6. On average, how long does it take participants to move from enrollment into permanent housing?

	Within 6 months	Within 6 months	Within 3 months	Within 2 months	Within 1 month	Within 2 weeks
SITE 1						

7. What percent of participants live in the following housing types? (Fill in % for each)

	a. Emergency short-term, or transitional housing	b. Hotel	c. Congregate housing / Group Home	d. Social Housing; no support services	e. Social housing; with support services on-site	f. Social housing; with support services off-site	g. Supportive housing (specialized housing for persons with psychiatric disabilities with support on-site)	h. Independent apartments rented from community landlords with outside support	i. Other housing type
SITE 1									

8. What percent of participants share a bedroom with other tenants?

	0-14%	15-29%	30-44%	45-59%	60-84%	85-100%
SITE 1						

Please select the answer choice that best describes **how housing and services are related** in this program (Questions 8-12).

9. What requirements do program participants have to meet in order to gain access to a permanent, independent scatter-site apartment? (choose all that apply)

	Completion of a period of time in transitional housing, outpatient,	Sobriety or abstinence from alcohol and/or drugs	Compliance with medication	Psychiatric symptom stability	Willingness to comply with a treatment plan that addresses sobriety, abstinence, and/or medication compliance	Agreeing to face-to-face visits with staff	Meeting responsibilities of a standard lease
SITE 1							

10. What requirements do participants have to meet in order to stay in permanent housing? (choose all that apply)

	Sobriety or abstinence from alcohol and/or drugs	Compliance with medication	Psychiatric symptom stability	Compliance with treatment plan and/or participation in formal treatment activities (e.g., attending groups, seeing a psychiatrist, etc.	Agreeing to face-to-face visits with staff	Meeting responsibilities of a standard lease
SITE 1						

11a. Do the majority of participants have any lease or occupancy agreement that specifies their rights and responsibilities of tenancy?

	Yes	No
SITE 1		

11b. If yes, which of the following provisions does the lease or agreement contain? (choose all that apply)

	Provisions regarding adherence to medication, sobriety, and/or a treatment plan	Provisions regarding adherence to program rules, such as curfews	Provisions regarding adherence to face-to-face visits with staff	Provisions regarding creating behavioral disturbances with respect to other tenants
SITE 1				

12. Which statement best describes program actions regarding housing when participants lose their housing?

	Program does not offer a new housing unit and does not assist participants with finding housing outside the program	Program does not offer a new housing unit, but helps participants find housing outside the program	Program offers participants a new unit after they meet readiness criteria, complete a period of time in more supervised housing, and/or programs has set limits on the number of relocations	Program offers participants a new unit and decisions to re-house participants are individualized and minimize conditions that participants need to fulfill prior to receiving a new unit
SITE 1				

13. Which statement best describes program actions regarding services when participants lose their housing?

	Participants are discharged from services if they lose housing	Participants are discharged from services if they lose housing, but there are explicit criteria outlining options for re-enrollment	Participants continue to receive program services if they lose housing, but may be discharged from services if they do not meet certain criteria	Participants continue to receive program services if they lose housing
SITE 1				

Please select the answer choice that best describes the **service philosophy** of this program (Questions 13-21).

14. How does the program determine the type, sequence, and intensity of services on an ongoing basis?

	Services are chosen by the service provider, generally based on clinical assessments and participant functioning	Participants have some say in choosing, modifying, and refusing services, but staff determinations usually prevail.	Participants have some say in choosing, modifying, or refusing services and participant preferences usually prevail.	Participants choose, modify, or refuse services and supports at any time, except one face-to-face visit with staff a week
SITE 1				

15. What are the requirements for participants with serious mental illness (SMI) to take medication or participate in psychiatric treatment such as attending groups or seeing a psychiatrist?

All participants with SMI are required to take medication and/or participate in treatment	Most participants with SMI are required to take medication and/or participate in treatment, but exceptions are made	Participants with SMI who have not achieved symptom stability are required to take medication and/or participate in treatment	Participants with SMI are not required to take medication and/or participate in treatment
SITE 1			

16. What are the requirements for participants with substance abuse (SA) disorders to participate in SA treatment such as inpatient treatment, attending groups, or counseling with a substance use specialist?

All participants with SA disorders, regardless of current use or abstinence, are required to participate in SA treatment	Participants with SA disorders who have not achieved a specified period of abstinence must participate in SA treatment	Participants with SA disorders who are currently actively using substances must participate in SA treatment	Participants with SA disorders are not required to participate in SA treatment
SITE 1			

17. What is the program's approach to substance use among participants?

Participants are required to abstain from alcohol and/or drugs at all times and/or program imposes negative for use (e.g., moving the person to more supervised housing)	Participants are required to abstain from alcohol and/or drugs while they are in their residence	Participants are not required to abstain from alcohol and/or drugs, but staff work with participants to achieve abstinence	Participants are not required to abstain from alcohol and/or drugs, but staff work with participants to reduce the negative consequences of use and/or utilize appropriate stage matched interventions
SITE 1			

18. Which of the following activities does program staff use to promote adherence to a treatment plan? (choose all that apply)

Requiring urine screening	Paying participants to take medication	Requiring daily visits with staff	Caution the withholding of participant's income/allowance	Caution the withholding of participant services	Caution the withholding of participant's housing	Engaging in quid pro quo
SITE 1						

19. Which of the following are included in a participant's treatment plan and follow-up? (choose all that apply)

Goals that are chosen by staff or automatically set by the program	Goals that are chosen by staff with input from the participant	Goals that are chosen by the participant with input from staff	Participant strengths	Barriers to achieving goals	Participant and program actions taken to support goals
SITE 1					

20. Which life areas does the program systematically address with specific interventions? (choose all that apply)

Interventions that target mental health and substance use symptoms	Interventions that target housing support	Interventions that target physical health	Interventions that target employment and education	Interventions that target financial needs	Interventions that target community integration, social support, spirituality, recreation
SITE 1					

Please select the answer choice that best describes the service array of this program (Questions 21-40).

21. What services does the program offer to help participants maintain housing such as offering assistance with neighborhood orientation, landlord relations, budgeting, and shopping?

Program does not offer housing support services	Program offers housing support services during move-in, such as neighborhood orientation and shopping	Program offers ongoing housing support services, such as neighborhood orientation, landlord relations, budgeting, and shopping	Program offers ongoing property management services, assistance with rent payment, and cosigning of leases
SITE 1			

22. What types of psychiatric services, if any, are available to participants?

Program does not assist participants with access to psychiatric care	Program refers participants to psychiatrists or nurse practitioners in the community, but does not have formal or informal linkages with these providers	Program refers participants to psychiatrists or nurse practitioners in the community and has formal or informal linkages with these providers	Program has a psychiatrist or nurse practitioner on staff that provides services directly to participants
SITE 1 (ACT/CM)			

23. What types of services, if any, are available to participants who are in need of substance use treatment? (choose all that apply)

	Substance use treatment services are not available	Systematic and integrated screening and assessment	Interventions / Counseling tailored to participant's readiness to change	Outreach or motivational interviewing	CBT, relapse prevention, or other EBP or Promising Practice (e.g. BRITE)
SITE 1					

24. What types of services, if any, are available to participants who are interested in paid employment opportunities?

	Employment services are not available	Vocational assessment	Individualized short term employment (e.g. day labor)	In house work experience or sheltered work (e.g. Goodwill)	Community based employment
SITE 1					

25. What types of services, if any, are available to participants who are interested in education?

	Educational services are not available	Educational assessment	In house education (e.g. literacy remediation)	Adult school, vocational training, trade school / apprenticeship	Supported education in the community (e.g. community college)
SITE 1					

26. What types of services, if any, are available to participants who are interested in volunteering?

	Volunteering services are not available	Volunteering capability and interest assessment	Individualized short term volunteering	In house volunteer experience or sheltered experience	Community based volunteering
SITE 1					

27. What types of services, if any, are available to participants who have medical (physical health) issues? (choose all that apply)

	Medical/physical health services are not available	Screening for medical problems or medication side effects	Managing medication related to physical health	Communicating and coordinating services with other medical providers	Health promotion, prevention, education activities	On-site diagnosis and treatment of physical health conditions
SITE 1						

28. Does the program have a paid peer specialist on staff who provides services directly to participants?

	There is no paid peer specialist on staff	.25 FTE to .49 FTE peer specialist for every 100 participants	.50 FTE to .99 FTE peer specialist for every 100 participants	1.0 FTE peer specialist or more for every 100 participants
SITE 1				

29a. What types of social integration services, if any, are available to participants? (choose all that apply)?

	Social integration services are not available	Basic social skills training (e.g., maintaining eye contact, holding a conversation)	Group recreational/leisure activities (lunches, sporting events, senior center)	One-on-one support for developing social competencies (e.g., help with empowerment, resolving problems with members of social network, establishing trust)	Services to help support or expand participants' social roles (e.g., employee / volunteer, sibling / parent / grandparent, neighbor)	Support for activities pertaining to citizenship or civic participation (e.g., help with advocacy, voting, community involvement, faith community involvement)
SITE 1						

29b. Generally, where do program services and opportunities for social integration occur?

	Within the program / program offices	Within the community	Both equally
SITE 1			

30. What percent of participants have experienced a psychiatric hospitalization in the past 6 months?

	0-14%	15-29%	30-44%	45-59%	60-84%	85-100%
SITE 1						

Please select the answer choice that best describes the **team structure/human resources** of this program (Questions 31, 33-37).

31. Do more than 50% of program participants have histories of any of the following (choose all that apply):

	Street Homelessness	Shelter stays	Severe Mental Illness	Psychiatric Hospitalization	Substance Abuse/Dependence Disorders
SITE 1					

32. How does service staff operate with respect to caseloads?

	Staff have individual caseloads (one staff member works regularly with a participant)	Staff have shared caseloads (multiple staff work regularly with a participant)
SITE 1		

33. What participant/staff ratio does the program typically maintain, excluding prescribing MDs and nurse practitioners & administrative support?

	36 or more participants per 1 FTE staff.	26-35 participants per 1 FTE staff.	16-25 participants per 1 FTE staff.	11-15 participants per 1 FTE staff.	10 or fewer participants per 1 FTE.
SITE 1 (ACT/ICM)					

34a. Is there a policy regarding the minimum number of face-to-face contacts that participants are required to have with staff in a month?

	No minimum requirement	1	2-3	4-5	6-10	11-14	15+
SITE 1							

34b. On average, what is the actual number of face-to-face contacts participants have with staff in a month?

	<1	1	2-3	4-5	6-10	11-14	15+
SITE 1 (ACT/ICM)							

35. How often do program staff meet to plan and review services for participants?

	Program staff meet less than one day a month	Program staff meet 1 day per month	Program staff meet 1 day per week	Program staff meet 2-3 days per week	Program staff meet at least 4 days per week
SITE 1 (ACT/ICM)					

36. To what extent does the program use its team meetings to meet the following functions? (choose all that apply)

	Conduct a brief, but clinically-relevant review of any participants with whom they had contact in the past 24 hours	Conduct a review of the long-term goals of all clients on a regularly scheduled basis	Develop a staff schedule based on participant schedules and emerging needs	Discuss need for proactive contacts to prevent future crises	Review previous staff assignments for follow through
SITE 1					

37. What types of opportunities are available for participant input into program operations and policy? (choose all that apply)

	Program has a formal grievance process for participants to express concerns or dissatisfaction	Program formally offers opportunities for participant feedback (e.g. community meetings)	Program routinely includes participants on planning / implementation committees, advisory boards	Program employs persons with lived experiences in regular staff positions	Program includes participants on governing bodies
SITE 1					

38. Is there anything else that you would like to mention that would be important to know about your program?

SITE 1	
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Comments