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

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 have much choice in location, decorating, furnishing, and other features of their housing.
2a.	**Housing Availability (*Intake to move-in).*** Extent to which program helps participants move quickly into permanent housing units of their choosing.	Less than 55% of program participants move into a unit of their choosing within 4 months of entering the program.	55-69% of program participants move into a unit of their choosing within 4 months of entering the program.	70-84% of program participants move into a unit of their choosing within 4 months of entering the program.	85% of program participants move into a unit of their choosing within 4 months of entering the program.
2b.	**Housing Availability (*Voucher/subsidy availability to move-in).*** Extent to which program helps participants move quickly into permanent housing units of their choosing.	Less than 55% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	55-69% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	70-84% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.	85% of program participants move into a unit of their choosing within 6 weeks of having a housing subsidy or receiving a voucher.
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.

Item	Criterion	1	2	3	4
5a.	**Integrated Housing *(Urban programs)*.** 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 access 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.
5b.	**Integrated Housing *(Rural Programs)*.** Extent to which program participants live in scatter-site private market housing which is otherwise available to people without psychiatric or other disabilities.	<60% of participants live in bldgs. that satisfy the following criteria: 1-3 unit bldg=1 partcpt 4-6 unit bldg=2 partcpts 7-12 unit bldg=3partcpts	60-69% of participants live in bldgs. that satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpts	70-79% of participants live in bldgs. that satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpts	80% of participants live in bldgs. that satisfy the following criteria: 1-3 unit bldg=1 partcpnt 4-6 unit bldg=2 partcpnts 7-12 unit bldg=3 partcpnts
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	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 once a week.

Item	Criterion	1	2	3	4
			criminal justice system.		
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 participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	Participants can keep housing with minimal requirements for continued tenancy such as compliance with their treatment plan and meeting individual clinical or behavioral standards.	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 once a week.
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 face-to-face once a week.
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. Decisions to re-house participants are 1) individualized, 2) consumer-driven, 3) minimize conditions that participants need to fulfill prior to receiving a new unit, 4) safeguard

Item	Criterion	1	2	3	4
					participant well-being, and 4) there are no universal 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.
12a.	**Off-site Services.** Extent to which social and clinical service providers are not located at participant's residences.	Social and clinical service providers are based on-site 24/7.	Social and clinical service providers are based on-site during the day.	Social and clinical service providers are based off-site, but maintain an office on-site.	Social and clinical service providers are based off-site and do not maintain any offices on-site.
12b.	**Mobile services.** Extent to which social and clinical service providers are mobile and can deliver services to locations of participants' choosing.	The program has no mobility to deliver services at locations of participants' choosing.	The program has limited mobility to deliver services at locations of participants' choosing.	The program is generally capable of providing mobile services to locations of participants' choosing.	The program is extremely mobile and fully capable of providing 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.	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.** Extent to which	All participants with psychiatric disabilities are required to take	Participants with psychiatric disabilities are required to participate in	Participants with psychiatric disabilities who have not achieved a	Participants with psychiatric disabilities are not required to take

Item	Criterion	1	2	3	4
	program participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment.	medication and participate in psychiatric treatment.	mental health treatment such as attending groups or seeing a psychiatrist and are required to take medication but exceptions are made.	specified period of symptom stability are required to participate in mental health treatment, such as attending groups or seeing a psychiatrist.	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 OR staff do not consistently work to reduce the negative consequences of use.	Participants are not required to abstain from alcohol and/or drugs and staff work consistently with participants to reduce the negative consequences of use according to principles of harm reduction.
17.	**Motivational Interviewing.** Extent to which program staff use principles of motivational interviewing in all aspects of interaction with program participants.	Program staff are not at all familiar with principles of 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 does not use	Program uses very few	Program is less	Program systematically

Item	Criterion	1	2	3	4
	Program uses an array of techniques to engage consumers who are difficult to engage, 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.	strategies of assertive engagement.	assertive engagement strategies.	systematic in its use of a variety of individualized assertive engagement strategies OR does not systematically identify and evaluate the need for various types of strategies.	uses a variety of individualized assertive engagement strategies and systematically identifies and evaluates the need for various types of strategies.
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	Program does not conduct person-centered planning.	Treatment/service planning FULLY meets 1 service or PARTIALLY meets 2.	Treatment/service planning FULLY meets 2 services or PARTIALLY meets all 3.	Treatment/service planning FULLY meets ALL 3 services (see under definition).

Item	Criterion	1	2	3	4
	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.** The program systematically delivers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.)	Interventions do not target a range of life areas.	Program is not systematic in delivering interventions that target a range of life areas.	Program delivers interventions that target a range of life areas but in a less systematic manner. (range exists across the program but less diversity of areas among participants)	Program systematically delivers interventions that target a range of life areas. (range exists across the program and among participants)
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	Program provides a high level of supervision and participants' day-to-day choices are constrained.	Program generally promotes participants' self-determination and independence.	Program is a strong advocate for participants' self-determination and independence in day-to-day activities.

Item	Criterion	1	2	3	4
		supervision.			
	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 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 assistance, utility setup, and co-signing of leases.
24.	**Psychiatric Services**. In addition to providing psychopharmacologic treatment, the psychiatric prescriber serves the following functions in treatment: (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	Psychiatric prescriber does not serve function #1 OR serves no more than ONE function total.	Prescriber serves at least function #1 and ONE-TWO additional functions.	Prescriber serves at least function #1 and THREE additional functions.	Psychiatric prescriber serves ALL 5 treatment functions (see under definition).

Item	Criterion	1	2	3	4
	ensure continuity of care; (4) provides medication education; & (5) conducts home/community visits.				
25.	**Integrated, Stage-wise Substance Use Treatment.** Integrated, stage-wise substance use treatment is directly provided by the program. Core services include: (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).	Core integrated co-occurring disorder services not provided.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services or PARTIALLY provides all 3.	Program FULLY provides ALL 3 services (see under definition).
26.	**Supported Employment Services.** Extent to which supported employment services are provided directly by the program. Core services include: (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	Program provides 1 vocational service (#1, 2, or 4) or does not provide vocational services.	Program provides 1-2 of the services, one of which must be #3.	Program FULLY provides 3 services, or PARTIALLY provides all 4.	Program FULLY provides all 4 listed services (see under definition)

Item	Criterion	1	2	3	4
	supports (including supports in academic settings).				
27.	**Nursing Services.** Extent to which nursing services are provided directly by the program. Core services include: (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)	Program provides none of the listed nursing services.	Program provides 1 or 2 of the listed nursing services.	Program PARTIALLY provides all 4 listed services or provides 3 of the services.	Program FULLY provides ALL 4 listed nursing services (see under definition).
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	Program does not provide any social integration services.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services, or PARTIALLY provides all 3.	Program FULLY provides all 3 services (see under definition)

Item	Criterion	1	2	3	4
	participation in social and political venues.				
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 as follows: 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.	Program FULLY provides 2 or fewer services, or PARTIALLY provides 3 or fewer.	Program FULLY provides 3 services, or PARTIALLY provides 4.	Program FULLY provides 4 services, or PARTIALLY provides 5.	Program FULLY provides ALL 5 listed services (see under definition).
	PROGRAM STRUCTURE				
31.	**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	Program has many participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties,	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.

Item	Criterion	1	2	3	4
		behavioral difficulties, and there are no exceptions made.	but exceptions are possible.		
32.	**Contact with Participants.** Extent to which program has a minimal threshold of non-treatment related contact with participants.	Program meets with less than 70% of participants 4 times a month face-to-face.	Program meets with 70-79% of participants 4 times a month face-to-face.	Program meets with 80-89% of participants at least 4 times a month face-to-face.	Program meets with 90% of participants at least 4 times a month face-to-face.
33.	**Low Participant/Staff Ratio.** Extent to which program consistently maintains a low participant/staff ratio, excluding the psychiatrist & administrative support.	36 or more participants per 1 FTE staff.	21-35 participants per 1 FTE staff.	11-20 participants per 1 FTE staff.	10 or fewer participants per 1 FTE staff.
34.	**Team Approach.** Extent to which program staff function as a multidisciplinary team; clinicians know and work with all program participants.	Fewer than 20% of participants have face-to-face contacts with at least 3 staff members in 4 weeks.	20-49% of participants have face-to-face contacts with at least 3 staff members in 4 weeks.	50-79% of participants have face-to-face contacts with at least 3 staff members in 4 weeks.	80% or more of participants have face-to-face contacts with at least 3 staff members in 4 weeks.
35.	**Frequent Meetings.** Extent to which program staff meet frequently to plan and review services for each program participant.	Program meets less than once a week.	Program meets 1 day per week.	Program meets 2-3 days per week.	Program meets at least 4 days per week.
36.	**Daily Meeting (Quality):** The program uses its daily organizational program meeting to: (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)	Meeting serves 3 or fewer of the functions.	Meeting FULLY serves 4 of the functions, or PARTIALLY 5.	Meeting FULLY serves 5 of the functions or PARTIALLY all 6.	Daily team meeting FULLY serves ALL 6 functions (see under definition).

Item	Criterion	1	2	3	4
	Weekly Consumer Schedules; (4) emerging needs, AND (5) need for proactive contacts to prevent future crises; (6) Staff are held accountable for follow-through.				
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. If peer certification is unavailable locally, minimal qualifications include the following: (1) self-identifies as an individual with a serious mental illness who is currently or formerly a recipient of mental health services; (2) is in the process of his/her own recovery; and (3) has successfully completed training in wellness and recovery interventions. Peer specialist has full professional status on the team.	0.25 FTE to 0.49 FTE peer specialist per 100 participants who meets minimal qualifications.	0.50 FTE to 0.74 FTE peer specialist per 100 participants who meets minimal qualifications OR at least 1.0 FTE peer specialist with inadequate qualifications OR more than 2 peer specialists fill the 1.0 FTE.	0.75 FTE to 0.99 FTE per 100 participants peer specialist who meets minimal qualifications. No more than 2 Peer Specialists fill the 1.0 FTE.	At least 1.0 FTE peer specialist per 100 participants who meets minimal qualifications and has full professional status on the team. No more than 2 Peer Specialists fill the 1.0 FTE.
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).

***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). *Assertive Community Treatment (ACT) Evidence-Based Practices Kit.* DHHS Pub No. SMA-08-4345, 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: DeVita, M. M., Teague, G. B., & Moser, L. L. (2011). The TMACT: A new tool for measuring fidelity to Assertive Community Treatment. *Journal of the American Psychiatric Nurses Association*, 17 (1), 17-29.

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.

Citation for the Pathways Housing First Fidelity Scale

Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. (2013). The Pathways Housing First Fidelity Scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16 (4), 240-261.