EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Evaluating Your Program

Permanent Supporting Housing

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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EVIDENCE-BASED PRACTICES

KIT

Knowledge Informing Transformation

Permanent Supportive Housing

Evaluating Your Program

Evaluating Your Program shows how to evaluate the effectiveness of your Supportive Housing program and ensure its fidelity to the model presented in this KIT. It includes the following:

- A Fidelity Scale;
- The General Organizational Index; and
- Scoresheets for the scale and the index.

You will also find instructions for conducting assessments and tips on how to use the data to improve your program.

For references, see the booklet, *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Permanent Supportive Housing KIT, which includes eight booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Tools for Tenants

Using Multimedia to Introduce Your EBP

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Permanent Supportive Housing

What's in *Evaluating Your Program*

EVIDENCE-BASED PRACTICES KIT

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Evaluating Your Program

Why Evaluate Your Permanent Supportive Housing Program?

Key stakeholders who are implementing Permanent Supportive Housing programs may find themselves asking two questions:

- Does the Permanent Supportive Housing program, as implemented, follow the basic principles and elements of the Permanent Supportive Housing model?
- Has Permanent Supportive Housing achieved the expected results?

Asking these two questions—and using the answers to help improve your program—is a critical component for ensuring the success of Permanent Supportive Housing.

To answer the first question, collect **process measures** (by using the Fidelity Scale and General Organizational Index), which capture how services are provided.

To answer the second question, collect **outcome measures**, which capture the program's results.

As you prepare to implement a sound Permanent Supportive Housing program, we strongly recommend that you develop a quality-assurance system using both process and outcome measures to monitor and improve the quality of the program from the startup phase to its mature development.

Why you should collect process measures

Process measures give you an objective, structured way to gain feedback about program development and about how services are provided. Experience suggests that this is an excellent method to diagnose program weaknesses, while helping to clarify program strengths.

Process measures give mental health authorities a comparative framework to evaluate statewide implementation of Permanent Supportive Housing strategies. They allow mental health authorities to identify statewide trends and outliers.

Process measures also allow specific Permanent Supportive Housing programs to understand whether they are providing high-fidelity services and services that are faithful to the evidence-based practice model.

Once Permanent Supportive Housing programs reach high fidelity, ongoing monitoring allows you to test local innovations while ensuring that programs do not drift from core principles.

Why you should collect outcome measures

While process measures capture how services are provided, outcome measures capture the program's results. Every Permanent Supportive Housing intervention has both immediate and long-term consumer goals. In addition, consumers have goals for themselves which they hope to attain by receiving Permanent Supportive Housing services. These goals translate into outcomes and the outcomes translate into specific measures.

Some outcomes directly result from an intervention, such as getting a job after working with an employment specialist. Others are indirect, such as improving consumers' quality of life as a result of having housing.

Some outcomes are concrete and observable, such as the number of days consumers live in Permanent Supportive Housing or consumers' tenure in the program. Others are subjective and private, such as consumer satisfaction with Permanent Supportive Housing and the services they are able to use.

Consumer outcomes are the bottom line for Permanent Supportive Housing services, just as profit is the bottom line in business. No successful businessperson would assume that the business was profitable just because the enterprise produced a number of widgets or because employees worked hard. Productivity does not necessarily lead to profit.

Assuring Quality

Internal efforts to improve both process and outcomes are often described as *quality assurance* (QA) or *quality improvement* (QI), terms that reflect a philosophy that regular attention to processes and outcomes leads to better quality service for tenants, and ultimately, a better quality of life. Regular self-evaluation does not replace periodic evaluations by an impartial outside evaluator; however, the undertaking is worthwhile in many respects.

Developing a quality assurance system will help you do the following:

- Diagnose your program's strengths and weaknesses;
- Identify problem areas quickly, so that solutions can be developed;
- Formulate action plans for improving your program;
- Recognize staff achievements;
- Make information available for reports, bids, and proposals; and
- Help consumers achieve their goals for recovery.

To achieve these benefits, develop a plan for regularly monitoring both processes and outcomes.

Monitor processes

Every 6 months, upper management should conduct some form of process monitoring to ensure that the program is upholding the principles of Permanent Supportive Housing by providing the critical elements of the model.

This book provides two helpful tools for process evaluation: the Fidelity Scale and General Organizational Index.

- **A fidelity scale developed specifically for Permanent Supportive Housing.** A fidelity scale is a tool for determining how a program measures up to an ideal model of Permanent Supportive Housing, based on ongoing research and expert consensus.
- **A General Organizational Index (GOI) tailored for use in Permanent Supportive Housing programs.** A GOI measures an organization's capacity to implement evidence-based and promising practices, such as Permanent Supportive Housing, Supported Employment, and Assertive Community Treatment (ACT). The GOI examines factors such as whether consumers receive individualized, written plans; whether employees receive preliminary and ongoing training; and whether supervisors meet regularly with employees to review work.

These tools are useful for both internal and external evaluations.

The fidelity scale and GOI provide basic guidelines for program evaluation, but collecting specific information about the program and the people who participate in the program can provide a fuller picture of how well it meets the basic goals of Permanent Supportive Housing. Some information that programs gather for analysis or that has been tracked in research studies includes the following:

- Number of contacts with case manager within last 90 days;
- Number of housing units that pass Housing Quality Standards;
- Number of housing units that meet the standard of integration;
- Number of housing units to which tenants have legal rights of tenancy;
- Number of people entering housing with no demonstration of housing readiness;
- Percentage of participants paying 30 percent or less of income toward rent plus basic utilities.

Monitor outcomes

Every 3 months, supervisors or program leaders should conduct some form of outcome monitoring. Although process monitoring helps determine if the program is carrying out the tasks necessary for success in Permanent Supportive Housing, the true measure of success is how program participants benefit from the services. Therefore tracking consumer outcomes is essential and should be done more frequently than process monitoring.

Permanent Supportive Housing has been shown to have a number of benefits. The primary indicator of success in Permanent Supportive Housing is, of course, whether program participants have and maintain housing. However, a number of additional outcomes are associated with Permanent Supportive Housing, many of which relate to the well-being and recovery associated with stable housing. Outcome measures are particularly important in helping secure new and continued funding for Permanent Supportive Housing initiatives because many policymakers are likely to be swayed by factors influencing system costs. For example, past studies have examined how access to Permanent Supportive Housing reduces hospitalizations and emergency room use.

Some outcome measures tracked by Permanent Supportive Housing programs are the following:

- Days housed in last 90 days, 180 days, etc.;
- Tenure in current housing situation;
- Tenure in program;
- Days hospitalized in last 90 days;
- Number of hospitalizations in last 90 days;
- Days in jail in last 90 days;
- Mental health functioning;
- Social functioning;
- Substance abuse reported;
- Income;
- Benefits eligibility (Medicaid, SSI, Food Stamps, etc.);
- Employment rate;
- Participation in education;
- Participation in social activities outside the program;
- Self-reported quality of life;
- Self-reported consumer satisfaction;
- Housing status (independent housing, hospital, homeless, etc.) at discharge from program; and
- Employment status at discharge from program.

Approach quality as a team

For an evidence-based or promising practice to be successful, quality must be everybody's business. Training for all employees at all levels of service should include education about outcome measures and quality indicators relevant to employees' positions. Encourage employees to raise issues about program quality in discussions with supervisors.

More formally, to review both outcomes and processes, each program should have a standing QA/QI committee that includes both management and staff. The committee should have a written plan to review the Permanent Supportive Housing program or its components every 6 months.

Effective QA/QI committees help the agency in important decisions, such as housing placement goals and hiring and staffing needs. QA/QI committees also help guide and sustain the implementation by reviewing fidelity to the Permanent Supportive Housing model, making recommendations for improvement, advocating and promoting Permanent Supportive Housing within the agency and in the community, and deciding on and tracking key outcomes relevant to Permanent Supportive Housing.

Using the Fidelity Scale

The fidelity scale is intended to be a tool for providers, mental health agencies, and other interested parties to assess their housing operations to determine how closely their program matches the ideal of Permanent Supportive Housing. The scale comprises six dimensions and related indicators for each. The scores for the indicators are averaged to provide a score for each dimension, which are then added to provide the total score for the fidelity scale. The highest possible score is 24. Because the scale is based on an ideal, actual scores will probably fall below 24. Use the scores on the dimensions to show where further development is needed to improve program operations. Programs or practices that score below 18 are not considered to be faithful to this model of Permanent Supportive Housing.

Adherence to principles: The foundation

Key principles of Permanent Supportive Housing include the following:

- Choice of housing;
- Separation of housing and services;
- Decent, safe, and affordable housing;
- Integration;
- Access to housing; and
- Flexible, voluntary services.

In addition, Permanent Supportive Housing includes the notion of rights and responsibilities of tenancy. In Permanent Supportive Housing, tenants are tenants, not residents of a program or consumers of an agency. A functional separation exists between housing and service provision. Finally, Permanent Supportive Housing must exemplify the best models of compliance with civil rights and fair housing principles, including making reasonable accommodations where necessary.

The basis of this approach

The fidelity scale points providers and communities towards an ideal that maximizes choice, integration, and recovery. This approach is informed by federal policy and guidance, including the *Olmstead* Supreme Court decision, consumer preference data, and research.

Federal and national policy and guidance

- **New Freedom Initiative:** President Bush formed the President's New Freedom Commission on Mental Health in April 2002. In its final report to the President, the commission concluded that, to facilitate treatment and recovery, people with psychiatric disabilities need access to affordable, permanent housing coupled with flexible, individualized supports (President's Commission, 2003).
- **Olmstead:** The U.S. Department of Justice (DOJ), which enforces federal laws, interpreted the ADA's anti-discrimination provision to mean that states and localities must provide services to people with disabilities in integrated settings:

  "A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible"

  (28 C.F.R., part 35, section 130 and Appendix A).

- Although the *Olmstead* case contrasted the relative restrictiveness of hospital and community treatment, several commentators have argued that the community integration mandate has broader application, and that placement in a community setting that is unnecessarily restrictive, such as residential treatment or group or congregate housing, could similarly violate the ADA because placement in such settings also perpetuates unwarranted assumptions and limits everyday life activities (for example, O'Hara & Day, 2001; Allen, 2004).

Consumer preference and outcome data

Numerous studies of consumer preferences reveal the same basic findings as follows:

- That mental health consumers strongly prefer normal housing and supports over congregate residential services approach; and
- That people want to live alone or with someone of their choice, rather than with groups of people who have psychiatric disabilities.

Consumers want a variety of support services that they can call upon, but they do not want to live in staffed settings. Consumer preferences are in marked contrast to clinician's recommendations, which are for placement in much more structured and restrictive settings (Carling & Daniels, 1985; Goldfinger & Schutt, 1996).

Later research assessed the impact of preferences on outcomes. Residential stability and life satisfaction were found to increase markedly when consumers perceived they have choices, and when their housing and support preferences were honored (Srebnick, 1992; Livingstone et al., 1991). Also, people are more willing to accept treatment after securing housing (Rosenheck et al, 1998).

Research literature

Research supports the following conclusions:

- In general, Permanent Supportive Housing results in better outcomes for consumers than residential treatment.
- The consumer preference and consumer outcome studies cited above demonstrate the importance of choice in housing. In addition, Tanzman (1993) reviewed a number of preference studies with similar conclusions—consumers prefer and have better outcomes in situations where their choices have been solicited and supported.
- The ability to choose services and rights of tenancy in housing are key elements in the fidelity scale. While research studies have not specifically examined the link between rights of tenancy and outcomes, this element of Supported Housing is consistent with federal community integration policy. Restrictions, special provisions in leases, or "house rules" beyond regular conditions normally allowed by landlord-tenant law create an improper coercive relationship in which people can lose their housing for refusing to follow treatment recommendations and have little opportunity to challenge or appeal such a decision (Allen, 1996, 2004).

Interpret results

The fidelity scale is based on an ideal model, and it is recognized that even the most exemplary Permanent Supportive Housing programs operate in less than ideal environments. Factors such as local housing markets, the will of political leaders in local communities, and funding provisions in state and local programs will drive Permanent Supportive Housing implementation away from the ideal model. Also, conflicting philosophical approaches lead some Permanent Supportive Housing programs to impose a number of provisions that will not conform to the fidelity scale.

The purpose of the fidelity scale is to offer a voluntary tool that allows communities and providers to consider the dimensions of fidelity in light of their real world considerations. For communities and providers who are operating Permanent Supportive Housing and choose to move towards the ideal, the fidelity scale is a tool to accomplish that goal.

The scale offers reality-based examples that can guide provider development of policies and procedures that support full implementation. For communities and providers who are considering the housing needs of people with disabilities, the fidelity scale can be used as part of the planning process.

The scale may be used either as a tool for evaluating current programs or as an aid in creating new programs. A perfect score of 24 indicates the ideal Permanent Supportive Housing model. Since all programs must adapt to local conditions such as the housing market, service environments, and local politics, few, if any, programs will be able to obtain a perfect score.

The fidelity scale allows for an objective assessment of program dimensions and should prove to be a useful tool for administrators, tenants, program planners, and staff to chart progress toward the ideal implementation of Permanent Supportive Housing.

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Appendix A: Cover Sheet—Fidelity Scale and General Organizational Index

Cover Sheet: Permanent Supportive Housing Fidelity Scale and General Organizational Index

Assessors' names: _____ **Today's date:** _____/___/ _____

_____

_____

Program name (or Program code): _____

Agency name: _____

Agency address: _____
Street

_____
City State ZIP code

Team leader or contact person: _____

Telephone: (___) _____–_____ **E-mail:** _____

Sources used for assessments:

- ❑ Chart review . . . . . .Number reviewed: _____
- ❑ Brochure review
- ❑ Team meeting observation
- ❑ Supervision observation
- ❑ Team leader interview
- ❑ Staff interviews . . . . . .Number interviewed: _____
- ❑ Tenant interviews . . . . . .Number interviewed: _____
- ❑ Family member interviews . . . . . .Number interviewed: _____
- ❑ Other staff interviewed . . . . . .Number interviewed: _____
- ❑ Other _____

Number of Permanent Supportive Housing staff members: _____

Number of current tenants: _____

Number of tenants served last year: _____

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Appendix B: Fidelity Scoresheet and Fidelity Scale

Fidelity Scoresheet

Today's date: _____/___/_____

Agency name: _____

Assessors' names: _____ _____

Dimension	Indicator	Item Scores (unshaded lines only)	Average Score for Dimension
1. Choice of housing	**1.1:** Housing Options		
	1.1.a: Tenants have choice of type of housing		
	1.1.b: Real choice of housing unit		
	1.1.c: Tenant can wait without losing their place in line		
	1.2: Choice of living arrangements		
	1.2.a: Tenants have control over composition of household		
	Dimension Subtotal $\frac{1.1.a + 1.1.b + 1.1.c + 1.2.a}{4 \text{ items}}$ = average score for dimension		
2. Separation of housing and services	**2.1:** Functional Separation		
	2.1.a Housing management role in service provision		
	2.1.b Service staff have no housing role		
	2.1.c Location of service providers		
	Dimension Subtotal $\frac{2.1.a + 2.1.b + 2.1.c}{3 \text{ items}}$ = average score for dimension		
3. Decent, safe, and affordable housing	**3.1:** Housing Affordability		
	3.1.a: Reasonable amount of income for housing		
	3.2: Decent and Safe		
	3.2.a: Housing quality standards		
	Dimension Subtotal $\frac{3.1.a + 3.2.a}{2 \text{ items}}$ = average score for dimension		
4. Housing integration	**4.1:** Housing Integration		
	4.1.a Integration		
	Dimension Subtotal 4.1a. is the score for *this* dimension.		
5. Rights of tenancy	**5.1:** Tenant Rights		
	5.1.a: Legal rights of tenancy		
	5.1.b: Compliance with program rules		
	Dimension Subtotal $\frac{5.1.a + 5.1.b}{2 \text{ items}}$ = average score for dimension		

Dimension	Indicator	Item Scores (unshaded lines only)	Average Score for Dimension
6. Access to housing	**6.1:** Access to Housing		
	6.1.a: Housing readiness required?		
	6.1.b: People with housing obstacles are given priority		
	6.2: Privacy		
	6.2.a: Extent to which tenants control entry to housing unit		
	Dimension Subtotal $\frac{6.1.a + 6.1.b + 6.2.a}{3 \text{ items}}$ = average score for dimension		
7. Flexible, Voluntary, Services	**7.1:** Tenant Service Preferences		
	7.1.a: Tenants choose services		
	7.1.b: Opportunity to modify services		
	7.2: Service Options		
	7.2.a: Service Options		
	7.2.b: Change in services		
	7.3: Consumer-Driven Services		
	7.3.a: Consumer-driven Services		
	7.4: Availability and Adequacy of Services		
	7.4.a: Caseload size: Optimum caseload size = 12 to 15 people per staff team member		
	7.4.b: Service structure: Services are provided by a team.		
	7.4.c: Service availability: Services are available 24/7		
	Dimension Subtotal $\frac{7.1.a + 7.1.b + 7.2.a + 7.2.b + 7.3.a + 7.4.a + 7.4.b + 7.4.c}{8 \text{ items}}$ = average score for dimension		

Fidelity Scale

Dimension 1: Choice of Housing				
Indicator 1.1: Housing options	Measures the degree of choice offered to tenants. If the program has a range of housing choices sufficient to meet consumer preferences, and when an integrated, affordable apartment is one housing choice, the score is 4. If the program does not have the capacity to offer choice (e.g., the program operates one apartment complex and tenants must take the open apartment), the score is 1.			
Score 1.1.a =	**4**		**2.5**	**1**
1.1.a: Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	Tenants choose the type of housing they prefer from a range of housing types, with an integrated, affordable apartment as 1 choice.		Tenants have a restricted choice of housing types (e.g., 2 types of project-based housing).	Tenants are not given a choice of type of housing and are assigned to a type of housing.
Score 1.1.b =	**4**			**1**
1.1.b: Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units.	Tenants choose among multiple units.			Tenants are assigned to a unit.
Score 1.1.c =	**4**	**3**	**2**	**1**
1.1.c: Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	Tenants can wait for the unit of their choice without risking discharge from the program or losing priority for services or units. A reasonable waiting period is the allowed "search" time for the local Housing Choice/Section 8 voucher program (usually 60 days).	Tenants can wait for the unit of their choice, but they are allowed a set number of choices before they lose priority on the list for units (e.g., 3 choices and then go to the bottom of the list).	Tenants must accept the unit offered; no waiting for units is allowed. Prospective tenants who refuse the unit offered are not discharged from the program but go to the end of the waiting list.	Tenants must accept the unit offered or be discharged from the program.
Indicator 1.2: Choice of living arrangements	Measures the degree to which tenants can choose their living arrangements, particularly about roommates and any shared space. If tenants choose the members of their household and have a private bedroom, the score is 4. If tenants are required to accept a predetermined household, not of their choosing, and share a bedroom, the score is 1.			
Score 1.2.a =	**4**		**2.5**	**1**
1.2.a: Extent to which tenants control the composition of their household.	Tenants choose the members of their household or can choose to live alone and have a private bedroom.		Tenants must accept a predetermined household not of their choosing but have a private bedroom.	Tenants must accept a predetermined household not of their choosing and must share a bedroom.

Dimension 2: Functional Separation of Housing and Services				
Indicator 2.1: Functional separation	Measures the extent to which a functional separation exists between housing management and services staff. In most Permanent Supportive Housing, staff provides services and supports onsite and offsite, and may or may not have a role in housing management activities. If services staff have no responsibility for housing management activity, the score is 4.			
Score 2.1.a =	**4**		**2.5**	**1**
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services.	Housing management staff has no authority or role in providing social services.		Housing management and services staff have overlapping roles.	The same staff performs both housing management and service roles.
Score 2.1.b =	**4**		**2.5**	**1**
2.1.b: Extent to which service providers do not have any responsibility for housing management functions.	Service providers have no authority to collect rents, enforce lease requirements, initiate evictions, etc.		Housing management and service provision staff have overlapping roles.	Service staff collects rent, enforces lease requirements, handles evictions, etc.
Score 2.1.c =	**4**	**3**	**2**	**1**
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units).	Social and clinical service providers are based off site and when services are readily accessible, mobile, and can be brought to tenants at their request.	Clinical service providers are based off site but may regularly offer some services on site. Social services are onsite in an office that is separate from housing management and provides for privacy and confidential storage of records.	Social and clinical service providers are based onsite in an office that is separate from housing management, but are not onsite 24/7.	Social and clinical service providers are based onsite 24/7 or no private location for tenants exists that is from housing management.
Dimension 3: Decent, Safe, and Affordable Housing				
Indicator 3.1: Housing affordability	Measures the amount tenants pay from their income toward their rent or mortgage plus basic utilities (following HUD standards). Measures affordability from tenants' perspective.			
Score 3.1.a =	**4**	**3**	**2**	**1**
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing.	Tenants pay 30% or less of their income for housing costs.	Tenants pay 31-40% of their income for housing costs.	Tenants pay 41-50% of their income for housing costs.	Tenants pay more than 50% of their income for housing costs.
Indicator 3.2: Safety and quality	Measures housing quality through compliance with HUD's Housing Quality Standards.			
Score 3.2.a =	**4**		**2.5**	**1**
Item 3.2.a: Whether housing meets HUD's Housing Quality Standards (HQS).	100% of units meet HQS.		75% of units meet HQS.	Housing does not meet HQS.

Dimension 4: Housing integration				
Indicator 4.1: Community integration	Measures the extent to which an individual's housing unit is clustered with housing units occupied by people with disabilities vs. scattered throughout the community. The ideal is for individuals to live in housing units typical of the community, without clustering people with disabilities. All disability-only settings receive a score of 1, regardless of location in the community. For example, an apartment complex with five or more units with 100% occupancy by people with disabilities scores 1 on this dimension even if the apartment complex is located among other apartment complexes that do not exclusively serve people with disabilities.			
Score 4.1.a =	**4**	**3**	**2**	**1**
4.1.a: Extent to which housing units are integrated. (See below for special scoring instructions for providers with multiple housing programs.)	People live in housing units where 0-25% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in housing units where 26-50% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in housing units where 51-75% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in settings where 76-100% of the tenants meet disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.
Dimension 5: Rights of Tenancy				
Indicator 5.1: Tenant rights	Measures the extent to which tenants have full rights of tenancy.			
Score 5.1.a =	**4**			**1**
5.1.a: Extent to which tenants have legal rights to the housing unit.	Tenants have full legal rights of tenancy according to local landlord/tenant laws.			Tenants do not have full legal rights of tenancy according to local landlord/tenant laws.
Score 5.1.b =	**4**		**2.5**	**1**
5.1.b: Extent to which tenancy is contingent on compliance with program provisions.	Tenancy is not contingent in any way on compliance with program or treatment participation (e.g., sobriety or medication compliance).		Program rules require participating in ongoing services, but failure to comply with this requirement does not lead to eviction.	Tenancy is revoked based on noncompliance with program or failure to participate in treatment (e.g., not maintaining sobriety or keeping to a required medical regime).

Dimension 6: Access to Housing				
Indicator 6.1	Measures the extent to which tenants have access to housing with no required demonstration of housing readiness.			
Score 6.1.a =	**4**	**3**	**2**	**1**
6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to units.	Tenants have access to housing with no requirements to demonstrate readiness (other than provisions in a standard lease).	Tenants have access to housing with minimal readiness requirements, such as engagement with case management.	Tenant access to housing is determined by successfully completing a period of time in a program (e.g., transitional housing).	To qualify for housing, tenants must meet requirements such as sobriety, medication compliance, or willingness to comply with program rules.
Score 6.1.b =	**4**		**2.5**	**1**
6.1.b. Extent to which tenants with obstacles to housing stability have priority.	Program proactively seeks tenants who have obstacles to housing stability.		Tenants who meet program eligibility have equal access to housing.	Tenants are prioritized based on positive clinical or functional criteria (e.g., stability or sobriety).
Indicator 6.2: Privacy	Measures the extent to which the tenant has privacy in the unit.			
Score 6.2.a =	**4**	**3**	**2**	**1**
6.2.a: Extent to which tenants control staff entry into the unit.	Service staff may not enter the unit unless tenants invite them.	Service staff may enter the unit uninvited only under specific circumstances agreed on in advance.	Service staff may enter the unit uninvited only in a crisis.	Service staff has free access to housing units, including the right to make unannounced visits.
Dimension 7: Flexible, Voluntary Services				
Indicator 7.1: Exploration of tenant preferences	Measures the degree to which tenants are offered a range of services. Only if an array of service choices is offered, the score is 4.			
Score 7.1.a =	**4**			**1**
7.1.a: Extent to which tenants choose the type of services they want at program entry.	Tenants are the primary authors of their service plans.			Tenants are not the primary authors of their service plans.
Score 7.1.b =	**4**			**1**
7.1.b: Extent to which tenants have the opportunity to modify service selection.	Tenants initiate and are offered routine opportunities to modify their service selections.			Tenants do not have the opportunity to modify their service selection.
Indicator 7.2: Service options	Measures the degree of service choice offered to tenants. If the program has a broad array of services sufficient to meet consumer preferences, and if tenants may choose not to participate in services, the score is 4. If the program does not have the capacity to offer choice (the program operates with a standard service package and tenants must accept the service package), the score is 1.			
Score 7.2.a =	**4**	**3**	**2**	**1**
7.2.a: Extent to which tenants are able to choose the services they receive.	Tenants may choose from an array of services, including the option of no services.	Tenants may choose from an array of services, but choosing no services is not an option.	Tenants must participate in services that staff identify.	Tenants must participate in a standard service package.
Score 7.2.b =	**4**	**3**	**2**	**1**
7.2.b: Extent to which services can be changed to meet tenants' changing needs and preferences.	Service mix is highly flexible and can adapt type, location, intensity and frequency based on tenants' changing needs and preferences.	Service mix is predictable, but significant variations can occur at tenant request.	Service mix can be adapted in minor ways.	Service mix cannot be adapted to meet tenants' changing needs and preferences.

Indicator 7.3: Consumer-driven services	Measures the degree to which services are consumer driven.			
Score 7.3.a =	**4**	**3**	**2**	**1**
7.3.a: Extent to which services are consumer driven.	All services are consumer driven.	Significant consumer control of services exists in design and provision.	Some consumer input into design and provision of services (e.g., consumer advisory board).	Program is staff-controlled without meaningful consumer input.
Indicator 7.4: Quality and adequacy of services	Measures the degree to which caseloads, service structure, and service availability are adequate.			
Score 7.4.a =	**4**	**3**	**2**	**1**
7.4.a: Extent to which services are provided with optimum caseload sizes.	Caseload is no more than 15 tenants to each staff member.	Caseload is 16–25 tenants to each staff member.	Caseload is 26–35 tenants to each staff member.	Caseload is 36 or more tenants to each staff member.
Score 7.4.b =	**4**	**3**	**2**	**1**
7.4.b: Behavioral health services are team based.	All behavioral health services are provided through a team, including psychiatric services. A good example is an Assertive Community Treatment team.	All behavioral health services except psychiatric services are provided through a team. A good example is a Continuous Treatment Team, such as those found in providing Integrated Dual Diagnosis Treatment (IDDT).	Individual service providers are primarily responsible for behavioral health services, but specialists are routinely consulted. For example, a case manager provides services, but may call a substance abuse treatment provider to assess and make recommendations.	The primary responsibility for behavioral health services falls to one provider.
Score 7.4.c=	**4**	**3**	**2**	**1**
7.4.c: Extent to which services are provided 24 hours a day, 7 days a week.	Services are available 24/7.	Services are available on flexible schedules, but not 24/7.	Services are available 8 a.m. to 5 p.m., Monday-Friday, with some weekend availability (4-12 hours scheduled on weekends).	Services are available from 8 a.m. to 5 p.m., Monday through Friday.

EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Evaluating Your Program

Appendix C: Fidelity Scale Protocol and Permanent Supportive Housing Interview Guide

Fidelity Scale Protocol

Each dimension in the Permanent Supportive Housing Fidelity Scale incorporates both indicators and items. Each dimension has several indicators, and some indicators have multiple items that attempt to assess program details. For example, Dimension 1: Choice of Housing has two indicators. Indicator 1.1 has three items—a measure of tenant choice about type of housing, a measure of real choice of a specific housing unit, and a measure of a typical barrier to choice.

Each item receives a score. Indicator 1.2 has one item that assigns a score based on the degree to which tenants have control over the composition of their household.

For each dimension, item scores are totaled and divided by the number of items in the dimension, yielding an average score for that dimension. The sum of all dimension averages equals the final score on the fidelity scale for that program or organization.

The scale is appropriate for organizations that are serving consumers with serious mental illness. It is most appropriate for assessing one or more specific housing programs with identical operational procedures. If an organization has multiple housing programs with different operational procedures, it is recommended that each type of housing program be assessed separately to provide an accurate picture at the program level. Scores can be averaged across programs if an organization needs a composite score.

Dimension 1: Choice of housing

Indicator 1.1: Housing options

Definition: Measures the degree of choice offered to tenants.

Rationale: Ideally, Permanent Supportive Housing should consider tenant preferences for type of housing at intake or entry into programs. The clinically unwarranted segregation of people with disabilities has been found to violate the ADA. Choice in housing is consistent with federal policy and the Olmstead Supreme Court decision of 1999. Also, consumer preference and consumer outcome studies draw similar conclusions—consumers prefer and have better outcomes in situations where their choice has been solicited and supported.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Program administrators;
   - Case managers and other direct service staff; and
   - Consumers/tenants.

2. **Agency documents,** including the following:
   - Intake forms;
   - Intake procedures;
   - Eligibility or admission criteria; and
   - Program descriptions.

Item 1.1.a. Measures the extent to which tenants choose among types of housing (for example, clean and sober cooperative living, private landlord apartment).

Item response coding: Three scores are possible on this item. If programs ask prospective tenants about their choice of housing types, with an integrated, affordable apartment as one choice, code the item as "4." If tenants have a restricted choice of housing types, for example, two types of project-based housing, score the item as "2.5." If tenants are not given a choice and are assigned to a type of housing, score the item as "1."

Item 1.1.b. Measures the extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units.

Item response coding: Two scores are possible on this item. If tenants choose among multiple units, score the item as "4." If tenants are assigned to a unit, score the item as "1."

Item 1.1.c. Measures the extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.

Item response coding: Four scores are possible on this item. If tenants can wait for the unit of their choice without risking discharge from the program or losing priority for services or units, score the item as "4." A reasonable waiting period is the allowed "search" time for the local Housing Choice/Section 8 voucher program (usually 60 days). If tenants can wait for the unit of their choice, but are allowed a set number of choices before they lose priority on the list for units (for example, three choices, then they go to the bottom of the list), score the item as "3." If tenants must accept the unit offered and no waiting for units is allowed, score the item as "2." Prospective tenants who refuse the unit offered are not discharged from the program but go to the end of the waiting list. If tenants must accept the unit offered or be discharged from the program, score the item as "1."

Indicator 1.2 Choice of living arrangements

Definition: Measures the degree to which tenants can choose their living arrangements, particularly regarding roommates and any shared space.

Rationale: Consumer preference studies and consumer satisfaction surveys indicate better results when consumers control elements of their living arrangements. Consumer preference and consumer outcome studies demonstrate the importance of choice in housing. Tanzman (1993) reviewed a number of preference studies with similar conclusions—consumers prefer and have better outcomes in situations where their choice has been solicited and supported.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Program administrators;
   - Case managers/other direct service staff; and
   - Consumers/tenants.

2. **Agency documents,** including the following:
   - Intake forms;
   - Intake procedures;
   - Eligibility or admission criteria; and
   - Program descriptions.

Item 1.2.a. Measures the extent to which tenants control the composition of their household.

Item response coding: Three scores are possible on this item. If tenants choose the members of their household or can choose to live alone and have a private bedroom, score the item as "4." If tenants must accept a predetermined household that is not of their choosing but have a private bedroom, score the item as "2.5." If tenants must accept a predetermined household, not of their choosing and must share a bedroom, score the item as "1."

Dimension 2: Functional separation of housing and services

Indicator 2.1: Functional separation

Definition: Measures the extent to which a functional separation exists between housing management and services staff.

Rationale: Separating these functions allows housing providers to focus on housing concerns (such as rent, maintenance, leases) and service providers to focus on service concerns (such as treatment planning and case management. This helps to prevent confusion among tenants and provider staff about roles.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.

2. **Agency documents,** including the following:
   - Documentation of organizational structure;
   - Policies and procedures;
   - MOUs/MOAs between organizations or functions; and
   - Program descriptions.

Item 2.1.a. Measures the extent to which housing management providers do not have any authority or formal role in providing social services.

Item response coding: Three scores are possible on this item. If housing management staff have no authority or role in providing social services, score the item as "4." If housing management and service provision staff have overlapping roles, score the item as "2.5." If the same staff perform both housing management and service provision roles, score the item as "1."

Item 2.1.b. Measures the extent to which service providers do not have any responsibility for housing management functions.

Item response coding: Three scores are possible on this item. If service providers have no authority to collect rents, enforce lease requirements, handle evictions, etc., score the item as "4." If housing management and service provision staff have overlapping roles, score the item as "2.5." If service staff is responsible for rent collection, enforcing lease requirements, handling evictions, etc., score the item as "1."

Item 2.1.c. Measures the extent to which social and clinical service providers are based off-site (not at the housing units).

Item response coding: Four scores are possible on this item. If social and clinical service providers are based off site and if services are readily accessible, mobile, and can be brought to tenants at their request, score the item as "4." If clinical service providers are based offsite but may regularly offer some services onsite, score the item as "3." Social services are located onsite in an office that is separate from housing management and provides for privacy and confidential storage of records. If social and clinical service providers are based onsite in an office that is separate from housing management, but are not onsite 24/7, score the item as "2." If social and clinical service providers are based onsite 24/7 or no private location exists for tenants to engage in services separate from housing, score the item as "1."

Dimension 3: Decent, safe and affordable housing

Indicator 3.1 Housing affordability

Definition: Measures the amount tenants pay from their income toward their rent or mortgage plus basic utilities. This indicator measures affordability from tenants' perspectives.

Rationale: The HUD definition of a cost burden is met when tenants pay 30% or more of their income toward housing costs (rent or mortgage plus basic utilities). A severe cost burden exists when 50% or more of income is used for housing costs. Cost burdens lead to financial instability which, in turn, may lead to housing instability. To the extent that housing is affordable, tenants have the opportunity to increase community integration and improve their financial condition.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.
2. **Agency documents,** including the following:
   - Documentation of rents/program payments;
   - Policies and procedures related to housing subsidies; and
   - Program descriptions.

Item 3.1.a Measures the extent to which tenants pay a reasonable amount of their income for housing.

Item response coding: Four scores are possible for this item. If tenants pay 30% or less of income for housing (HUD standard of affordability), score the item as "4." If tenants pay between 31% and 40% of income for housing costs, score the item as "3." If tenants pay between 41% and 50% of income for housing costs, score the item as "2." If tenants pay 50% or more of income for housing costs (a severe cost burden), score the item as "1."

How much tenants pay for rent may be pre-established, that is, a housing program may set the rents and standardize tenant portions across the board. In that case, score this item based on this uniformly applied percentage.

For programs where tenants may pay their portion of the rent on a sliding scale (tenants with income pay 50% of that income toward their rent, in the same program with tenants who pay 30% or less of their income for rent), then average tenant portions across tenants. For example, if the program has 100 tenants and 75 of them pay 30% of their income toward rent, and 25 of them pay 50% of their income for rent, then the program score is calculated as follows:

$$\begin{array}{rcrcl} 75 & & 25 & & \\ \times\ 4 & & \times\ 3 & & \\ \hline 300 & + & 75 & = & 375 \textit{ program score} \end{array}$$

$$\frac{375 \textit{ program score}}{100 \text{ number of participants}} = 3.75$$

Indicator 3.2: Safety and quality

Definition: Measures housing quality through compliance with HUD Housing Quality Standards (HQS). Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. Local PHAs may adopt (with HUD's approval) more stringent standards, based on local conditions. HQS standards are required both at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit.

Rationale: HUD sets Housing Quality Standards for use by PHAs. Permanent Supportive Housing should meet these standards.

Source of information: Housing Inspections and related records

Item 3.2: Measures whether housing is decent and safe.

Item 3.2.a: Measures whether housing meets HUD's Housing Quality Standards.

Item response coding: Two scores are possible for this item. If housing meets HQS, score the item as "4." If housing does not meet HQS, score the item as "1."

Users of this scale are directed to the Department of Housing and Urban Development Housing *Choice Voucher Guidebook*, Chapter 10, for details on Housing Quality Standards. **http://www.hud.gov/offices/pih/programs/hcv/forms/guidebook.cfm**

However, it is important to determine whether the local PHA has adopted more stringent standards. Although HQS is recommended for full fidelity to the model of Permanent Supportive Housing, it may be possible for programs with unique or substantial local differences in housing markets to use other standards of safety and quality. Examples include local building codes, local housing standards, HQS adapted by the housing authority to meet local conditions, etc.

It is possible to have staff become certified HQS inspectors by working with your local public housing authority. Or, it is possible to partner with the PHA to have them conduct inspections for your program.

Dimension 4: Housing integration

Indicator 4.1. Community integration

Definition: Measures the extent to which tenants' housing unit is clustered with housing units occupied by people with disabilities vs. scattered throughout the community. Ideally, tenants live in housing units typical of the community, without clustering people with disabilities. Score all disability-only settings of five or more units as "1," regardless of location in the community.

Rationale: Consumer preference studies show that consumers strongly prefer normal housing and supports over a congregate residential services approach, and they want to live alone or with someone of their choice, rather than with groups of people who have psychiatric disabilities. If single-site housing is pursued, many successful examples of integrated housing exist as models. Consumers want a variety of support services that they can call on, but many do not want to live in staffed settings. Also, the Olmstead Supreme Court decision interprets the ADA's anti-discrimination provision to require providing services in the "most integrated setting."

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.

2. **Agency documents,** including the following:
   - Documentation of physical location of housing units;
   - Documentation of proximity to other housing units reserved for people with disabilities; and
   - Program descriptions.

Item 4.1.a. Measures the extent to which housing units are integrated.

Item response coding: Four scores are possible for this item. If people live in housing units where 0-25 percent of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless, score the item as "4." (This would include scattered-site approaches having four or fewer units at any site; for example, a duplex housing two families would be considered integrated even if both units were set aside for family Permanent Supportive Housing.) If people live in housing units where 26-50 percent of all units have been set aside for people meeting project-based eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless, score the item as "3." If people live in housing units where 51-75 percent of all units have been set aside for people meeting project-based eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless, score the item as "2." If people live in settings where 76-100 percent of the tenants meet disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless, score the item as "1."

Special scoring instructions: For housing initiatives with multiple housing programs that differ on this item, create a separate score for each distinct housing program and average the scores to reach one score on this item. For example, if a provider has five housing programs, and two programs operate without any set-aside units (score of 4) and two programs operate with 40% of the units set aside for people with disabilities (score of 3), and one program operates with 100% of the units set aside for people with disabilities (score of 1), then tally the scores and average them as follows:

$$\begin{array}{r} 4 \\ 4 \\ 3 \\ 3 \\ +\ 1 \\ \hline 15 \end{array} \qquad \begin{array}{r} 15 \\ \hline 5 \end{array} = 3$$

Score the organization with the five housing programs as "3" on this item.

Dimension 5: Rights of tenancy

Indicator 5.1: Tenant rights

Definition: Measures the extent to which tenants have full rights of tenancy.

Rationale: While research studies have not specifically examined the link between rights of tenancy and outcomes, this element of Permanent Supported Housing is consistent with federal community integration policy. Restrictions, special provisions in leases, or "house rules" beyond regular

conditions normally allowed by landlord-tenant law create an improper coercive relationship in which people can lose their housing if they refuse to follow treatment recommendations; they have little opportunity to challenge or appeal such decisions.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.

2. **Agency documents,** including the following:
   - Leases, occupancy agreements, lease addendums or special provision clauses, house rules, program rules, etc.; and
   - Program descriptions.

Item 5.1.a: The extent to which tenants have full rights of tenancy.

Item response coding: Two scores are possible for this item. If tenants have full legal rights of tenancy according to local landlord/tenant laws, score the item as "4." If tenants do not have full legal rights of tenancy according to local landlord/tenant laws, score the item as "1."

Item 5.1.b: Measures the extent to which tenancy is contingent on complying with program provisions.

Item response coding: Three scores are possible for this item. If tenancy is not contingent in any way on complying with program or treatment participation (for example, sobriety, medication compliance), score the item as "4." If program rules require participation in ongoing services, but failure to comply with this requirement does not lead to eviction, score the item as "2.5." If tenancy is revoked based on noncompliance with the program or failure to participate in treatment (for example, not maintaining sobriety or keeping to required medical regime), score the item as "1."

Dimension 6: Access to housing

Indicator 6.1: Access to housing

Definition: Measures the degree to which tenants have access to housing with no required demonstration of housing readiness.

Rationale: Demonstrations of housing readiness are barriers to consumers with significant functional impairments. Permanent Supportive Housing must be responsive to the needs of all people with disabilities.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.

2. **Agency documents,** including the following:
   - Leases, occupancy agreements, lease addendums or special provision clauses, house rules, program rules, etc.; and
   - Program descriptions.

Item 6.1.a. Measures the extent to which tenants are required to demonstrate housing readiness to gain access to units.

Item response coding: Four scores are possible on this item. If consumers have access to housing with no requirements to demonstrate readiness (other than provisions in a standard lease), score the item as "4." If consumers have access to housing with minimal readiness requirements, such as engagement with case management, score the item as "3." If consumers' access to housing is determined by successfully completing some time in a program (for example, transitional housing), score the item as "2." If consumers must meet requirements to qualify for housing, such as sobriety, medication compliance, or willingness to comply with program rules, score the item as "1."

Item 6.1.b. Measures the extent to which tenants are subject to selection procedures.

Item response coding: Three scores are possible on this item. If the program proactively seeks tenants who have obstacles to housing stability, score the item as "4." If consumers who meet program eligibility have equal access to housing, score the item as "2.5." If tenants are prioritized based on positive clinical or functional criteria (for example, stability or sobriety), score the item as "1."

Indicator 6.2 Privacy

Definition: Measures the extent to which tenants have privacy in the housing unit.

Rationale: Consumers want a variety of services they can call on, but they do not prefer to live in staffed facilities. Who controls access to the housing unit is a diagnostic indicator of how programs are operating.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.
2. **Agency documents,** including the following:
   - Leases, occupancy agreements, lease addendums or special provision clauses, house rules, program rules, etc.; and
   - Program descriptions.

Item 6.2.a. Measures the extent to which tenants control staff entry into the unit.

Item response coding: Four scores are possible for this item. If service staff may not enter the unit unless invited by tenants, score the item as "4." If service staff may enter the unit uninvited only under pre-agreed circumstances, score the item as "3." If service staff may enter the unit uninvited only in a crisis, score the item as "2." If service staff have free entry to the unit, including the right to make unannounced visits, score the item as "1."

Dimension 7: Flexible and voluntary services

Indicator 7.1: Exploration of tenant preferences.

Definition: Measures the degree to which tenants are offered a range of services.

Rationale: Choice is a key predictor of success in terms of community integration, residential stability, and consumer satisfaction.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.
2. **Agency documents,** including the following:
   - Program intake forms, intake interview forms;
   - Consumer discharge procedures, especially involuntary discharge procedures;
   - Individual treatment plans;
   - Chart notes; and
   - Program descriptions.

Item 7.1.a. Measures the extent to which tenants choose the type of services they want when they enter the program.

Item response coding: Two scores are possible on this item. If tenants are the primary authors of their service plans, score the item as "4." If tenants are not the primary authors of their service plans, score the item as "1."

Item 7.1.b. The extent to which tenants have the opportunity to modify service selection.

Item 7.1.b. Item response coding: Two scores are possible on this item. If tenants initiate and are offered routine opportunities to modify their service selections, score the item as "4." If tenants do not have the opportunity to modify their service selection, score the item as "1."

Indicator 7.2: Service options

Definition: Measures the degree of service choice offered to tenants.

Rationale: Services must be seen as necessary from the perspective of tenants. Once consumers are asked about needs and preferences about program services, it is important that the program can deliver a variety of services sufficient to meet their preferences.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.
2. **Agency documents,** including the following:
   - Program intake forms, intake interview forms;
   - Consumer discharge procedures, especially involuntary discharge procedures;
   - Individual treatment plans;
   - Chart notes; and
   - Program descriptions.

Item 7.2.a. Measures the extent to which tenants have choice about services.

Item response coding: Four scores are possible for this item. If tenants can choose from an array of services, including the option of not having services, score the item as "4." If tenants can choose services, but choosing no services is not an option, score the item as "3." If tenants must participate in services that staff identified, score the item as "2." If tenants must participate in a standard service package, score the item as "1."

Item 7.2.b. Measures the extent to which services can be changed to meet tenants' changing needs and preferences.

Item response coding: Four scores are possible for this item. If the service mix is highly flexible and can adapt type, location, intensity, and frequency based on tenants' changing needs and preferences, score the item as "4." If the service mix is predictable, but significant variations can occur at tenant request, score the item as "3." If the service mix can be adapted in minor ways, tenants receive a mix of individually tailored services and standardized services as determined by staff assessment of need, score the item as "2." If the service mix cannot be adapted to meet the tenants' changing needs and preferences, score the item as "1."

Indicator 7.3: Consumer-driven services

Definition: Measures the degree to which services are consumer driven.

Rationale: Consumer-driven services emphasize choice, flexibility, and community integration.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators;
   - Case managers/other direct service staff.
2. **Agency documents,** including the following:
   - Program intake forms, intake interview forms;
   - Consumer discharge procedures, especially involuntary discharge procedures;
   - Individual treatment plans;
   - Chart notes; and
   - Program descriptions.

Item 7.3.a. Measures the extent to which services are consumer driven.

Item response coding: Four scores are possible for this item. If all services are consumer driven, score the item as "4." If significant consumer control of services is evident in service design and provision, score the item as "3." If some consumer input into the design and provision of services is evident (a consumer advisory board, for example), score the item as "2." If staff control services and no evidence of meaningful consumer input exists, score the item as "1."

Indicator 7.4: Availability and adequacy of services

Definition: Measures the degree to which services are available and adequate.

Rationale: To maintain housing for people with serious mental illness, services and supports must be readily available. Permanent Supportive Housing is designed to improve housing stability for people with significant functional impairments. Housing will not be retained if consumers do not have supports and services.

Sources of information:

1. **Interviews with or self-assessment** by the following:
   - Consumers/tenants;
   - Program administrators; and
   - Case managers/other direct service staff.

2. **Agency documents,** including the following:
   - Team meeting notes or minutes; job descriptions;
   - Other documentation of team approach;
   - Individual treatment plans; and
   - Program descriptions.

Item 7.4.a. Measures the degree to which services are provided within the optimal caseload size of 12 to 15 tenants per staff.

Item response coding: Four scores are possible for this item. If the caseload size per staff is no more than 15 tenants, score the item as "4." If the caseload is 16 – 25 consumers to each staff member, score the item as "3." If the caseload is 26 – 35 consumers to each staff person, score the item as "2." If caseload is 36 or more consumers to each staff person, score the item as "1."

Item 7.4.b. Measures the extent to which services are team based.

Item response coding: Four scores are possible for this item. If all behavioral health services are provided through a team, including psychiatric services, score the item as "4." A good example is an Assertive Community Treatment team. If all behavioral health services except psychiatric services are provided through a team, score the item as "3." A good example is a Continuous Treatment Team, such as those found in providing Integrated Treatment of Co-Occurring Disorders. If individual service providers are primarily responsible for providing behavioral health services, but specialists are routinely consulted, score the item as "2." For example, an individual case manager provides services, but may call on a substance abuse treatment provider to conduct an assessment and make recommendations. If the primary responsibility for behavioral health services falls to one provider, score the item as "1."

Item 7.4.c. Measures the extent to which services are available 24 hours a day, 7 days a week.

Item response coding: Four scores are possible for this item. If services are available 24/7, score the item as "4." For example, a tenant crisis at 3 a.m. could be handled by staff at that hour and onsite at the crisis. If services are available on flexible schedules, but not 24/7, score the item as "3." For example, in-home support for meal preparation might be provided at 7 p.m.. If services are available 8 a.m. to 5 p.m., Monday through Friday, with some availability on weekends, score the item as "2." For example, housing support specialists might offer occasional Saturday shopping trips for tenants with Monday through Friday jobs. If services are available only Monday through Friday from 8 a.m. to 5 p.m., score the item as "1."

Permanent Supportive Housing Interview Guide

Date: ____/___/____

Program and Organization: _____

Name: _____ Title: _____

Name: _____ Title: _____

This interview is intended to guide a conversation with Permanent Supportive Housing program managers and staff about the implementation of Permanent Supportive Housing in an organization.

Background

Please describe the implementation of Permanent Supportive Housing within your organization.

- What is the relationship to clinical or case management staff? Are there regular meetings, areas of cooperation, or difficulty?
- What is your case load size?
- Have you changed any customary practices within your organization to accommodate the Permanent Supportive Housing initiative? (Changed rules about who keeps charts, how checks are written, etc.?)

Tell us about the progress made in moving people into Permanent Supportive Housing.

- How many people have moved?
- Where have they moved to (to what type of residence, in particular) ?
- How many people is your team actively working with (even if they haven't moved yet) ?

What barriers have you encountered?

What would it take to make the Permanent Supportive Housing initiative more successful?

What has been helpful in implementing Permanent Supportive Housing?

Choice of housing

In general, how do you support choice for consumers participating in the initiative?

Housing options

- **Type of housing:** To what extent are program participants offered choice in the type of housing unit, for example, a choice among an ordinary apartment, a supervised apartment, and a unit in agency-owned housing?
- **Choice of unit:** To what extent are program participants offered a choice in selecting the actual housing unit?
- **Waiting lists:** Can tenants turn down a housing unit without losing their place on a waiting list?

Choice of living arrangements

- **Composition of household:** To what extent do program participants control the composition of the household? For example, do they have to have a roommate?

Separation of housing and services

In general, how has this agency handled the separation of housing and services?

Functional separation:

- To what extent does the housing management (landlord, property management, housing department within an agency) have a role in providing service?
- To what extent do the service providers (housing specialist, case managers, clinicians) have a role in providing housing?
- Where are the social services/clinical staff based?

Decent, safe and affordable housing

In general, how are you addressing affordability and safety?

Affordability. How much do consumers pay from their income toward their rent and utilities? Is it 30 percent? 40 percent? 50 percent? More?

To what extent do the housing units occupied by tenants in this program meet HUD's Housing Quality Standards?

Housing integration

In general, how do you address the issue of housing integration?

To what extent are the housing units integrated? (To what extent do people live in units typical of the community and scattered throughout the community?)

Rights of tenancy

Do tenants have full rights of tenancy? Is there a lease? Are there any special lease provisions?

- Do tenants have legal rights to the housing unit?
- Is tenancy contingent on complying with program provisions?

Access to housing

In general, does your agency practice a housing-first approach or do you require prospective tenants to demonstrate readiness?

What kinds of things do you require before someone is accepted as a program participant?

Are tenants required to demonstrate readiness (other than provisions in a standard lease)?

Do you give priority to consumers who have had difficulty maintaining housing?

Do tenants have privacy in their units? Under what conditions can service staff enter the housing unit?

Flexible, voluntary services

In general, to what extent are tenants offered an array of services that are voluntary and flexible?

Can program participants choose the types of services they receive? (For example, can they ask for case management or refuse case management?)

Who is the primary author of the service plan?

Can tenants modify their choice of service type? For example, can someone choose to be in case management and then choose to leave case management?

Is the choice of "no services" an option in your program?

Do you have a standard service package that everyone receives?

To what extent are services consumer-driven?

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Appendix D: General Organizational Index Scoresheet and General Organizational Index

General Organizational Index Scoresheet

Program: _____ **Date of visit:** ____/___/____

Informant Name: _____ **Position:** _____

Informant Name: _____ **Position:** _____

Informant Name: _____ **Position:** _____

Informant Name: _____ **Position:** _____

Number of records reviewed: _____ **Rater 1:** _____ **Rater 2:** _____

		Rater 1	Rater 2	Consensus
G1	Program philosophy			
G2	Eligibility/Consumer identification			
G3	Penetration			
G4	Assessment			
G5	Individualized treatment plan			
G6	Individualized treatment			
G7	Training			
G8	Supervision			
G9	Process monitoring			
G10	Outcome monitoring			
G11	Quality Assurance (QA)			
G12	Consumer choice regarding service provision			
	Total mean score:			

General Organizational Index

	1	2	3	4	5
G1. Program philosophy The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources: ■ Program leader ■ Senior staff (e.g., executive director, psychiatrist) ■ Practitioners providing the EBP ■ Consumers and families receiving EBP ■ Written materials (e.g., brochures)	No more than 1 of 5 sources shows clear understanding of the program philosophy OR All sources have numerous major areas of discrepancy	2 of 5 sources show clear understanding of the program philosophy OR All sources have several major areas of discrepancy	3 of 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have 1 major area of discrepancy	4 of 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have 1 or 2 minor areas of discrepancy	All 5 sources display a clear understanding and commitment to the program philosophy for the specific EBP
***G2. Eligibility/Consumer identification** All consumers with severe mental illness in the community support program, crisis consumers, and institutionalized consumers are screened to determine if they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. Also, the agency tracks the number of eligible consumers systematically.	20% of consumers receive standardized screening or agency DOES NOT systematically track eligibility	21–40% of consumers receive standardized screening and agency systematically tracks eligibility	41–60% of consumers receive standardized screening and agency systematically tracks eligibility	61–80% of consumers receive standardized screening and agency systematically tracks eligibility	More than 80% of consumers receive standardized screening and agency systematically tracks eligibility
***G3. Penetration** The maximum number of eligible consumers are served by the EBP, as defined by the ratio: # consumers receiving EBP # consumers eligible for EBP	Ratio is .20	Ratio is .21–.40	Ratio is .41–.60	Ratio is .61–.80	Ratio is more than .80

*These two items coded based on all consumers with SMI at the site or sites where the EBP is being implemented; all other items refer specifically to those receiving the EBP.

_____ Total # consumers in target population

_____ Total # consumers eligible for EBP % eligible: ___%

_____ Total # consumers receiving EBP Penetration rate: ____

	1	2	3	4	5
G4. Assessment Full standardized assessment of all consumers who receive EBP services. Assessment includes history and treatment of medical/psychiatric/substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in 2 of the following: ■ Standardization, ■ Quality of assessments, ■ Timeliness, ■ Comprehensiveness	Pervasive deficiencies in 1 of the following: ■ Standardization, ■ Quality of assessments, ■ Timeliness, ■ Comprehensiveness	61–80% of consumers receive standardized, high-quality assessments at least annually OR Information is deficient for 1 or 2 assessment domains	More than 80% of consumers receive standardized, high-quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
G5. Individualized treatment plan For all EBP consumers, an explicit, individualized treatment plan exists *related to the EBP,* that is consistent with assessment and updated every 3 months.	20% of consumers served by EBP have an explicit individualized treatment plan, *related to the EBP,* updated every 3 months	21–40% of consumers served by EBP have an explicit individualized treatment plan, *related to the EBP,* updated every 3 months	41–60% of consumers served by EBP have an explicit individualized treatment plan, *related to the EBP,* updated every 3 months. OR Individualized treatment plan is updated every 6 months for all consumers	61–80% of consumers served by EBP have an explicit individualized treatment plan, *related to the EBP,* updated every 3 months	More than 80% of consumers served by EBP have an explicit individualized treatment plan *related to the EBP,* updated every 3 months
G6. Individualized treatment All EBP consumers receive individualized treatment meeting the goals of the EBP.	20% of consumers served by EBP receive individualized services meeting the goals of the EBP	21–40% of consumers served by EBP receive individualized services meeting the goals of the EBP	41–60% of consumers served by EBP receive individualized services meeting the goals of the EBP	61–80% of consumers served by EBP receive individualized services meeting the goals of the EBP	More than 80% of consumers served by EBP receive individualized services meeting the goals of the EBP
G7. Training All new team members receive standardized training in EBP (at least a 2-day workshop or equivalent) *within 2 months after hiring.* Existing team members receive annual refresher training (at least 1-day workshop or equivalent).	20% of team members receive standardized training annually	21–40% of team members receive standardized training annually	41–60% of team members receive standardized training annually	61–80% of team members receive standardized training annually	More than 80% of team members receive standardized training annually
G8. Supervision Team members receive structured, weekly supervision (group or individual format) from a team member experienced in particular EBP. Supervision should be consumer-centered and explicitly address EBP model and its application to specific consumer situations.	20% of team members receive supervision	21–40% of team members receive weekly structured consumer-centered supervision OR All EBP team members receive informal supervision	41–60% of team members receive weekly structured consumer-centered supervision OR All EBP team members receive monthly supervision	61–80% of EBP team members receive weekly structured consumer-centered supervision OR All EBP team members receive supervision twice a month	More than 80% of EBP team members receive structured weekly supervision, focusing on specific consumers, in sessions that explicitly address EBP model and its application

	1	2	3	4	5
G9. Process monitoring Supervisors monitor process of implementing EBP every 6 months and use the data to improve program. Monitoring involves a standardized approach, e.g., using fidelity scale or other comprehensive set of process indicators.	No attempt at monitoring process is made	Informal process monitoring is used at least annually	41–60% of team members receive standardized training annually OR Standardized monitoring done annually only	Process monitoring is deficient on 1 of these 3 criteria: ■ comprehensive and standardized ■ completed every 6 months ■ used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 months and is used to guide program improvements
G10. Outcome monitoring Supervisors monitor outcomes for EBP consumers every 3 months and share data with EBP team members. Monitoring involves standardized approach to assessing a key outcome related to EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with team members	Standardized outcome monitoring occurs at least once a year. Results are shared with team members	Standardized outcome monitoring occurs at least twice a year. Results are shared with team members	Standardized outcome monitoring occurs quarterly. Results are shared with EBP members
G11. Quality Assurance (QA) Agency has QA committee or implementation steering committee with an explicit plan to review EBP or components of the program every 6 months.	No review or no committee	QA committee has been formed, but no reviews have been completed	Explicit QA review occurs less than annually OR QA review is superficial	Explicit QA review occurs annually	Explicit review every 6 months by QA group or steering committee for EBP
G12. Consumer choice about service provision All consumers receiving EBP services are offered choices; EBP team members consider and abide by consumer preferences for treatment when offering and providing services.	Consumer-centered services are absent (or team members make all EBP decisions)	Few sources agree that type and frequency of EBP services reflect consumer choice	Half of the sources agree that type and frequency of EBP services reflect consumer choice	Most sources agree that type and frequency of EBP services reflect consumer choice OR Agency fully embraces consumer choice with 1 exception	All sources agree that type and frequency of EBP services reflect consumer choice

EVIDENCE-BASED PRACTICES KIT

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Appendix E: General Organizational Index Protocol

General Organizational Index Protocol

The General Organizational Index (GOI) measures a set of general operating characteristics of an organization hypothesized to be related to its overall capacity to implement and sustain any evidence-based practice. The GOI is intended to be a companion assessment tool used at the same time as the Permanent Supportive Housing fidelity scale is administered. While fidelity scales differ greatly among EBPs, the GOI is largely the same from practice to practice. The scale below uses examples specific to Permanent Supportive Housing to illustrate how to apply the general principles.

When conducting fidelity site visits, the implementation monitors should include GOI interview items.

Item Definitions and Scoring

G1. Program philosophy

Definition: The program is committed to a clearly articulated philosophy consistent with Permanent Supportive Housing, based on the following five sources:

- Program leader;
- Senior staff (for example, executive director, clinical supervisors);
- Practitioners providing Permanent Supportive Housing;
- Tenants; and
- Written materials (for example, brochures).

Rationale: In Permanent Supportive Housing, programs that truly endorse EBPs, staff members at all levels embrace the program philosophy and practice it in their daily work.

Sources of Information: During the course of a site visit, fidelity assessors should be alert to indicators of program philosophy consistent with or inconsistent with Permanent Supportive Housing, including observations from casual conversations, staff, and consumer activities, etc.

Statements that suggest misconceptions or reservations about the practice are negative indicators, while statements that indicate enthusiasm for and understanding of the practice are positive indicators. The intent of this item is to gauge the understanding of and commitment toward the practice. It is unnecessary that every element of the practice be currently in place (this is gauged by the Permanent Supportive housing Fidelity Scale), but rather whether all those involved are committed to implementing a high-fidelity EBP.

The practitioners rated for this item are limited to those implementing this practice. Similarly, the consumers rated are those receiving the practice.

Program leader interview, senior staff interview, and practitioner interview:

At the beginning of interview, have the staff briefly describe the program.

- "What are the critical ingredients or principles of your services?"
- "What is the goal of your program?"
- "How you define Permanent Supportive housing?"

Tenant interview:

- "What do you receive from this program?"
- Using a layperson's language, describe to tenants the principles of Permanent Supportive Housing. [Probe if the program offers services that reflect each principle. The Tenant Orientation Manual included with this kit provides descriptions of key principles written in lay terms.]
- "Do you feel the staff of this program is competent and helpful to you in addressing your problems?"

Written material review (for example, brochure):

- Does the site have written materials on Permanent Supportive Housing? If no written material is available, then rate the item down one scale point (that is, lower fidelity).
- Does the written material articulate program philosophy consistent with Permanent Supportive Housing?

Item response coding: The goal of this item is not to quiz all staff members to determine if they can recite every critical ingredient. The goal is to gauge whether the understanding is generally accurate and not contrary to Permanent Supportive Housing. For example, if a senior staff member says, "Most of our consumers can't make their own treatment decisions," then this would be a red flag. If all sources show evidence of clearly understanding the program philosophy, code the item as "5." For a source type that is based on more than one person (for example, practitioner interviews) determine the majority opinion when rating that source as endorsing or not endorsing a clear program philosophy. Note: If no written material is available, then count that source as unsatisfactory.

Difference between a major and minor area of discrepancy (needed to distinguish between a score of "4" and "3"): An example of a minor source of discrepancy might be a program that required new tenants to participate in a money management class. An example of a major discrepancy would be if all tenants are required to sign a sobriety agreement.

G2. Eligibility/Consumer identification

Definition: All consumers within the jurisdiction of the services area are screened using standardized tools or admission criteria that are consistent with Permanent Supportive Housing. When a service area, such as a county, is being evaluated, the target population refers to all adults with serious mental illnesses served by provider agencies in the service area. When a provider agency is being evaluated, the target population includes all people referred to the program for housing.

The intent of screening is to identify anyone who would benefit from Permanent Supportive Housing, with a preference for consumers with significant functional impairments. These services are designed to provide regular, integrated housing with voluntary supports to consumers who might be screened out of more traditional housing programs.

The screening should include examining current housing situation, housing preferences, and support needs. The program should have an explicit, systematic method for identifying the eligibility of every consumer.

Screening typically occurs at program admission or referral, but for a program that is newly adopting Permanent Supportive Housing, there should be a plan for systematically reviewing consumers already active in the program.

Rationale: Accurate identification of consumers who would benefit most from Permanent Supportive Housing requires routinely reviewing for eligibility.

Sources of Information:

Program leader interview, senior staff interview, and practitioner interview:

- "Describe the eligibility criteria for your Permanent Supportive Housing program."
- "How are consumers referred to your agency? How does the agency identify consumers who would benefit from Permanent Supportive Housing? How do you screen out consumers who are capable of living independently? Do all new consumers receive an evaluation of current housing situation, housing preferences, and support needs?"
- Ask for a copy of the screening instrument used by the agency.

Chart review: Review documentation of screening process and results.

County mental health administrators: If eligibility is determined at the service area level, then interview those who are responsible for this screening.

This item refers to all consumers with serious mental illnesses in the community support program or its equivalent at the sites where Permanent Supportive Housing is being implemented; it is not limited to consumers receiving Permanent Supportive Housing services only.

Calculate this percentage and record it on the fidelity rating scale in the space provided. If 100% of these consumers receive standardized screening, then code the item as "5."

G3. Penetration

Definition: The percentage of consumers who have access to Permanent Supportive Housing as measured against the total number of consumers who could benefit from Permanent Supportive Housing. Numerically, this proportion is defined by:

- Number of consumers receiving Permanent Supportive Housing; and
- Number of consumers eligible for the Permanent Supportive Housing.

As in the preceding item, the numbers used in this calculation are specific to the sites where Permanent Supportive Housing is being implemented.

Rationale: Surveys have repeatedly shown that people with serious mental illnesses often have limited access to EBPs. The goal of EBP dissemination is not simply to create small exclusive programs but to make these practices easily accessible within the public mental health system.

Sources of Information: The calculation of the penetration rate depends of the availability of the two statistics defining this rate.

Numerator: The number receiving the service is based on a roster of names maintained by the program leader. Ideally, corroborate this total with service contact sheets and other supporting evidence that the identified consumers are actively receiving treatment. As a practical matter, agencies have many conventions for defining "active consumers" and dropouts, so that it may be difficult to standardize the definition for this item. Use the best estimate of the number actively receiving treatment.

Item response coding: Calculate this ratio and record it on the fidelity scale in the space provided. If the program serves more than 80% of eligible consumers, code the item as "5."

G4. Assessment

Definition: All Permanent Supportive Housing consumers receive standardized, high quality, comprehensive, and timely assessments.

Standardization: A reporting format that is easily interpreted and consistent across consumers.

High quality: Assessments that provide concrete, specific information that differentiates between consumers. If most consumers are assessed using identical words or if the assessment consists of broad, noninformative checklists, then consider this to be low quality.

Comprehensive assessments include:

- History and treatment of medical, psychiatric, and substance use disorders;
- Current stages of all existing disorders;
- Vocational history;
- Any existing support network; and
- Evaluation of biopsychosocial risk factors.

Timely assessments are those updated at least annually.

Rationale: Comprehensive assessment or reassessment is indispensable in identifying target domains of functioning that may need intervention, in addition to consumers' progress toward recovery.

Sources of Information:

Program leader interview, senior staff interview and practitioner interview:

- "Do you give a comprehensive assessment to new consumers? What are the components that you assess?"
- Ask for a copy of the standardized assessment form, if available, and have the practitioners go through the form.
- "How often do you reassess consumers?"

Chart review:

- Look for comprehensiveness of assessment by looking at multiple completed assessments to see of they address each component of the comprehensive assessment every time an assessment is performed.
- Is the assessment updated at least yearly?

Item response coding: If more than 80% of consumers receive standardized, high quality, comprehensive, and timely assessments, then code item a "5."

G5. Individualized treatment plan

Definition: For all Permanent Supportive Housing tenants, an explicit, individualized treatment plan exists (even if it is not called this) related to housing and support needs, consistent with assessment, and updated every 3 months. *Individualized* means that goals, steps to reaching the goals, services/ interventions, and intensity of involvement are unique to this consumer. Plans that are the same or similar across consumers are not individualized. One test is to place a treatment plan without identifying information in front of supervisors and see if they can identify the consumer.

Rationale: Core values of Permanent Supportive Housing include individualizing services and supporting tenants' pursuit of their goals and progress in their recovery at their own pace. Therefore, treatment plans need ongoing evaluation and modification

Sources of Information:

[*Note:* Assess this item and the next together; that is, follow up questions about specific treatment plans with question about the treatment.]

Chart review (treatment plan):

Using the same charts as examined during the EBP-specific fidelity assessment, look for documentation of specific goals and consumer-based goal-setting process.

- Are the treatment recommendations consistent with assessment?
- Is there evidence of a quarterly review (and modification)?

Program leader interview:

- "Please describe the process of developing a treatment plan."
- "What are the critical components of a typical treatment plan and how are they documented?"

Practitioner interview:

When feasible, use the specific charts selected above. Ask practitioners to go over a sample treatment plan.

- "How do you come up with consumer goals?" Listen for consumer involvement and individualization of goals.
- "How often do you review (or follow up on) the treatment plan?"

Tenant interview:

- "What are your goals in this program? How did you set these goals?"
- "Do you and your practitioner together review your progress toward achieving your goals?" [If *yes*, "How often? Please describe the review process."]

Team meeting and supervision observation, if available:

Observe how treatment plan is developed. Listen especially for discussion of assessment, consumer preferences, and individualization of treatment.

Do they review treatment plans?

Item response coding: If more than 80% of Permanent Supportive Housing consumers have an explicit individualized treatment plan that is updated every 3 months, code the item as "5." If the treatment plan is individualized but updated only every 6 months, then code the item as "3."

G6. Individualized treatment

Definition: All Permanent Supportive Housing tenants receive individualized treatment meeting the goals of Permanent Supportive Housing. *Individualized treatment*: Steps, strategies, services and interventions, and intensity of involvement are focused on specific tenant goals and are unique for each tenant.

Progress Notes are often a good source of what really goes on. Treatment could be highly individualized despite the presence of generic treatment plans.

An example of a low score on this item: a tenant who needs help with grocery shopping is referred to an activities-of-daily-living course that covers not only grocery shopping, but also cleaning, laundry, cooking, and other skills with which tenants are already comfortable.

Rationale: The key to the success of an EBP is implementing a plan that is individualized and meets the goals for the EBP for each consumer.

Sources of Information:

Chart review (treatment plan):

Using the same charts as examined during the fidelity assessment, examine the treatment provided. Limit the focus to a recent treatment plan related to Permanent Supportive Housing. Judge whether an appropriate treatment occurred during the time frame indicated by the treatment plan.

Practitioner interview:

When feasible, use the specific charts selected above. Ask practitioners to go over a sample treatment plan and treatment.

Consumer interview:

- "Tell me about how this program or practitioner is helping you meet your goals."

Item response coding: If more than 80 percent of Permanent Supportive Housing tenants receive treatment that is consistent with the goals of Permanent Supportive Housing, code the item as "5."

G7. Training

Definition: All new practitioners receive standardized training in Permanent Supportive Housing (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).

Rationale: Practitioner training and retraining are warranted to ensure that evidence-based services are provided in a standardized manner, across practitioners and over time.

Sources of Information:

Program leader interview, senior staff interview and practitioner interview:

- "Do you provide new practitioners with systematic training for Permanent Supportive Housing?" [If *yes*, probe for specifics—mandatory or optional, length, frequency, content, group or individual format, who trains, in-house or outside training, etc.]
- "Do practitioners already on the team receive refresher trainings?" [If *yes*, probe for specifics.]

Review training curriculum and schedule, if available:

- Does the curriculum appropriately cover the critical ingredients for [EBP area]?

Practitioner interview:

- "When you first started in this program, did you receive a systematic or formal training for Permanent Supportive Housing?" [If *yes*, probe for specifics: mandatory or optional, length, frequency, content, group or individual format, who trained, in-house or outside training, etc.]
- "Do you receive refresher trainings?" [If *yes*, probe for specifics.]

Item response coding: If more than 80% of practitioners receive at least yearly, standardized training for Permanent Supportive Housing, code the item as "5."

G8. Supervision

Definition: Permanent Supportive Housing practitioners receive structured, weekly supervision from a practitioner experienced in Permanent Supportive Housing. The supervision can be either group or individual, but *cannot* be peers-only supervision without a supervisor. The supervision should be consumer-centered and explicitly address the Permanent Supportive Housing model and its application to specific tenant situations.

Administrative meetings and meetings that are not specifically devoted to Permanent Supportive Housing do not fit the criteria for this item. The consumer-specific Permanent Supportive Housing supervision should be at least 1 hour each week.

Rationale: Regular supervision is critical not only for individualizing treatment, but also for ensuring the standardized provision of evidence-based services.

Sources of Information:

Program leader interview, senior staff interview, and practitioner interview:

Probe for logistics of supervision: length, frequency, group size, etc.

- "Please describe what a typical supervision session looks like."
- "How does the supervision help your work?"

Team meeting and supervision observation, if available:

Listen for discussion of critical elements of Permanent Supportive Housing in each case reviewed.

Supervision logs documenting frequency of meetings.

Item response coding: If more than 80 percent of practitioners receive weekly supervision, code the item as "5."

G9. Process monitoring

Definition: Supervisors or program leaders monitor the process of implementing Permanent Supportive Housing every 6 months and use the data to improve the program. Process monitoring involves a standardized approach, for example, use of a fidelity scale or other comprehensive set of process indicators. An example of a process indicator would systematically measure how much time individual housing support staff members spend in the community instead of in the office. Process indicators could also include items related to training or supervision. The underlying principle is that whatever is being measured is related to implementing Permanent Supportive Housing and is not being measured to track billing or productivity.

Rationale: Systematically and regularly collecting process data is imperative in evaluating program fidelity to an EBP.

Sources of Information:

Program leader interview, senior staff interview, and practitioner interview:

- "Does your program collect process data regularly?" [If *yes*, probe for specifics: frequency, who, how (using Permanent Supportive Housing Fidelity Scale vs. other scales), etc.]
- "Does your program collect data on tenant service use and treatment attendance?"
- "Have the process data affected how your services are provided? For example?"

Review internal reports/documentation, if available.

Item response coding: If evidence exists that standardized process monitoring occurs at least every 6 months, code the item as "5."

G10. Outcome monitoring

Definition: Supervisors and program leaders monitor the outcomes of Permanent Supportive Housing tenants every 3 months and share the data with practitioners in an effort to improve services. Outcome monitoring involves a standardized approach to assessing consumers.

Rationale: Systematically and regularly collecting outcome data is imperative in evaluating program effectiveness. Effective programs also analyze such data to ascertain what is working and what is not working, and use the results to improve the quality of services they provide.

The key outcome indicators for Permanent Supportive Housing are discussed in Building Your Program in this KIT and include tenure in housing and hospitalization rates.

Sources of Information:

Program leader interview, senior staff interview, and practitioner interview:

- "Does your program have a systematic method for tracking outcome data?" [If *yes*, probe for specifics: how (computerized vs. chart only), frequency, type of outcome variables, who collects data, etc.]
- "Do you use any checklist or scale to monitor consumer outcome (for example, tenure in housing)?"
- "What do you do with the outcome data? Do your practitioners regularly review the data?" [If *yes*, "How is the review done (for example, cumulative graph)?"]
- "Have the outcome data affected how your services are provided? For example?"

Review internal reports/documentation, if available.

Item response coding: If standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners, the code item as "5."

G11. Quality Assurance (QA)

Definition: The agency's QA Committee has an explicit plan to review the Permanent Supportive Housing program or components of the program every 6 months. The steering committee for the Permanent Supportive Housing program can serve this function.

Good QA committees help the agency in important decisions, such as penetration goals, placement of Permanent Supportive Housing within the agency, and hiring and staffing needs. QA committees also help guide and sustain the implementation by reviewing fidelity to the Permanent Supportive Housing model, making recommendations for improvement, advocating and promoting Permanent Supportive Housing within the agency and in the community, and deciding on and tracking key outcomes relevant to Permanent Supportive Housing.

Rationale: Research has shown that programs that most successfully implement evidence-based practices have better outcomes. Again, systematically and regularly collecting process and outcome data is imperative in evaluating program effectiveness.

Sources of Information:

Program leader interview:

- "Does your agency have an established team or committee that is in charge of reviewing the components of your Permanent Supportive Housing program?" [If *yes*, probe for specifics: who, how, when, etc.]

QA Committee member interview:

- "Please describe the tasks and responsibilities of the QA Committee." [Probe for specifics: purpose, who, how, when, etc.]
- "How do you use your reviews to improve the program's services?"

Item response coding: If agency has an established QA group or steering committee that reviews the Permanent Supportive Housing program or components of the program every 6 months, code the item as "5."

G12. Consumer choice regarding service provision

Definition: All tenants receiving Permanent Supportive Housing services are offered a reasonable range of choices consistent with the Permanent Supportive Housing model; practitioners consider and abide by tenant preferences for treatment when offering and providing services.

To score high on this item, it is insufficient that a program offers choices; the choices must be consonant with the Permanent Supportive Housing model. So, for example, a program would score low if it only offered housing requiring participation in services.

A reasonable range of choices means that practitioners offer realistic options to tenants rather than prescribing only one or a couple of choices or dictating a fixed sequence or prescribing conditions that tenants must complete before becoming eligible for a service. Examples of choices include the type of housing (apartment or shared house), frequency of visits by program staff, assistance with daily tasks, and employment supports.

Rationale: A major premise of EBP is that consumers are capable of playing a vital role in managing their illnesses and in making progress toward achieving their goals. Providers accept the responsibility of getting information to consumers so that they can more effectively participate in the treatment process.

Sources of Information:

Program leader interview:

- "Please tell us what your program philosophy is about consumer choice. How do you incorporate their preferences in the services you provide?"
- "What options are there for your services? Please give examples."

Practitioner interview:

- "What do you do when a disagreement occurs between what you think is the best treatment for consumers and what they want?"
- "Please describe a time when you were unable to abide by a consumer's preferences."

Tenant interview:

- "Does the program give you options for the services you receive?"
- "Are you receiving the services you want?"

Team meeting and supervision observation:

- Look for discussion of service options and consumer preferences.

Chart review (especially treatment plan):

Look for documentation of consumer preferences and choices.

Item response coding: If all sources support that type and frequency of EBP services and always reflect consumer choice, code the item as "5." If the agency embraces consumer choice fully, except in one area (for example, requiring the agency to assume representative payeeships for all consumers), then code the item as "4."

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