

DMHAS Supportive Housing Quality Initiative Review Information

The Source for
Housing Solutions



Agenda

- Summary
- Process Timeline
- Review Domains and Scoring
- FAQs

Visit www.csh.org/CT-QI for additional information, Quality Review Forms, Sample documents, and more



Quality Initiative Summary

- Support and improvement of supportive housing programs funded by the Connecticut Department of Mental Health and Addiction Services (DMHAS)
- The Quality Initiative monitors programs for overall quality of policies and practices, housing units, and services experienced by tenants



Quality Initiative Goals

- Help ensure better outcomes for supportive housing tenants, especially those with multiple barriers to housing stability;
- Build the capacity of the supportive housing industry to create and operate high quality, effective and sustainable supportive housing units; and
- Help ensure that existing resources for supportive housing are being used efficiently and effectively and to support the allocation of new resources.



Quality Initiative Team

- **CSH**
 - April Morrison
 - Jessica Park
 - Chelsea Ross
- **DMHAS**
 - Alice Minervino
 - Fred Morton
- **Housing Innovations**
 - Liz Isaacs
- **Peer Reviewers**

SHQI Process Timeline

- Pre-Review Request *4 weeks prior to review day*
- Agency Completes Pre-Review *2 weeks prior to review day*
- Agenda and Charts Delivered *1 week prior to review day*
- Day of Review
- Scoring/Questions *up to 4 weeks post review*
- Draft Feedback to Agency *up to 4 weeks post review*
- Agency Submits Responses *up to 2 weeks post feedback*
- Debrief with Agency *6-7 weeks post review*
- Review Finalized *8 weeks post review*

Pre-Review Request

- Sent by CSH lead reviewer to agency 4 weeks prior to review date
- Due to CSH lead reviewer 2 weeks prior to review date
- All information should be sent **electronically**
- Attach **all requested documents**
- Pre-Review Request Form: should be sent in Word format; scans/PDFs are acceptable for attachments



Pre-Review
Request



Pre-Review
Request

Pre-Review Request Components

- **Review Contact and Location Information**
- **Programs to be Reviewed**
- **Tenant Application Information**
 - Attach most recent application used by your agency/Coordinated Access Network
 - Describe your agency's role within the CAN
 - Describe all admission and eligibility requirements for your supportive housing program(s)
- **Tenant Data**
 - Provide the following for all tenants (heads of household) served in the *past 12 months from your review date*
 - Tenant Initials
 - Date Entered Program – Services Start
 - Date Housed
 - Increased OR maintained income (Y/N)
 - Identified Primary Health Care Provider? (Y/N)
 - Date Exited (*or N/A if still in program*)
 - If exited, exited into permanent housing (Y/N *or indicate if tenant is deceased*)

Pre-Review Request Components

- **Incident Reporting**

- Describe or attach information regarding critical incidents, tenant grievances (including discharge grievances) or reports to DCF *which occurred in the past 12 months from your review date* (tenant initials, date of incident, and summary of reporting). Indicate where information can be found (in tenant charts, stored separately, etc.)

- **Service Planning**

- Describe or attach any information regarding service planning and case conferencing (policy/procedure)

- **Staffing**

- Staffing structure: Attach organizational chart for your agency and all supportive housing program(s)
- Job descriptions: Attach standard job descriptions for case manager/support specialist and supervisor
- Employee evaluations: Attach description of how employee performance is evaluated and a blank copy of the standard form used to evaluate employee performance.
- Supervision: Attach your agency's policy regarding frequency and content of staff supervision. Include blank forms used in supervision and appropriately redacted supervision notes for the two months prior to the review.

Pre-Review Request Components

- **Staffing cont'd**
 - Coverage schedule: Describe your current hours of coverage/operation. How can staff contact management outside of normal working hours for support, supervision or if there is a crisis?
- **Case Manager/Support Specialist Caseloads and Training**
 - Provide the following for all Case Managers or Support Specialists working in programs being reviewed:
 - Case Manager or Support Specialist Name
 - Program
 - Start Date (mm/yyyy)
 - % FTE
 - Case load size
 - Hours of training in past 12 months

Pre-Review Request Components

■ Program Service Slots

- Complete the following chart for each open service slot for the *past 12 months from your review date*
 - Supportive housing program
 - Initials of tenant exiting services (*indicate N/A if opening was a result of new or expanded funding*)
 - Date Tenant Exited Services
 - Date *new referral* received from the Coordinated Access Network (CAN) by your agency
 - Initials of *new tenant* admitted to services
 - Date *new tenant* admitted to services

■ Tenant Guide and Group(s)

- Handbook: Attach the current tenant guide(s)
- Groups: Attach tenant group materials. This can include recent agendas, calendars, meeting notifications, posters, sign-in sheets and/or other information that shows the schedule and associated activities of tenant groups.

Pre-Review Request Components

- **Tenant Grievance Procedures**
 - Tenant grievance procedures: Attach a description of your agency tenant grievance procedure
 - Tenant discharge grievance procedures: Attach a description of your agency's tenant discharge grievance procedure
- **Critical Incidents and Emergencies**
 - DMHAS critical incidents: Does your agency participate in the critical incident reporting process through DMHAS? (Y/N)
 - Internal incidents: Attach description of your agency process regarding reporting and responding to incidents other than what is reported to DMHAS; include any information/policy regarding how your agency internally reviews incidents.
 - Emergencies: Attach description of your agency process regarding reporting and responding to emergencies that are not considered critical incidents.
 - DCF mandated reporting: does your agency participate in the DCF reporting process? (Y/N) Attach a copy of your agency policy/procedure regarding mandated reporting to DCF

Pre-Review Request Components

- **Charting**
 - Attach description of your tenant charting format/system or a standard table of contents for charts
- **Property Management and Memorandum of Understanding**
 - For programs that are single site – please indicate the property management company that you partner with
 - Attach a copy of all current MOUs with property management companies listed above
 - If your agency provides its own property management, attach a description of how property management services are delivered and by whom (title)
 - Attach two months of meeting notes (appropriately redacted) from meetings between service provider and property management
- **Tenant Assessments**
 - Does your agency use the standard Connecticut Supportive Housing Assessment/Acuity Index? (Y/N) If No, please attach a blank copy of the assessment that your agency uses
- **Housing First**
 - Your agency is familiar with, and adheres to the standards for Housing First

Pre-Review Request Components

- **Any other Information**
 - Please use this section to describe any additional information or special circumstances that reviewers will need to understand to accurately represent your program

- **Policy Review**
 - Attach copies of all relevant policies and indicate *in which policy* the following specific items can be located
 - Policies should be sent to CSH lead reviewer via email *with the prereview request* – scanned copies are acceptable for policies
 - Please have printed copies of the full policy and procedure manual and employee handbook available during the onsite review

- **Organizational Policies**
 - Current table of organization that indicates established lines of authority
 - Policy language that indicates a commitment to non-discrimination on the basis of race, color, gender, sexual orientation, disability, religion, or national origin in the provision of housing or services to applicants or tenant

Pre-Review Request Components

- **Service Delivery Policies**

- Policy language that clearly states that housing/subsidy does not require service participation
- Written discharge policy/procedure
- Service delivery policy that includes frequency, content, and oversight
- Progress note policy that includes frequency, content, and oversight
- Policy language regarding information sharing procedures that safeguard confidential information

- **Grievance, Client Rights and Critical Incident Policies**

- Policy language detailing process for tenants to voice complaints and grievances and get them resolved including information on how to access legal representation/services
- Policy language detailing process for tenants to provide input into operations
- Policy and procedural language indicating how client rights and confidentiality are communicated to all staff
- Policy language stating that tenants are not removed or locked out of units without legal eviction proceedings

Pre-Review Request Components

- **Grievance, Client Rights and Critical Incident Policies cont'd**
 - Policy language indicating discharge grievance procedure information and that information is available to tenants being discharged as soon as discharge planning is initiated, and despite whether the discharge is positive or otherwise. If discharge is abrupt, attempts should be made to give this information to the tenant by any possible means including by mail. If using a general grievance procedure and forms to cover an appeal of discharge, that specification should be clearly stated in the policy and in information given to the tenant.
 - Policy and procedural language related to addressing critical incidents and emergencies
 - Policy and procedural language outlining child abuse and neglect procedures
 - Policy language establishing a process that requires a formal ongoing relationship with landlords/property managers including directing staff to advocate with landlords/property managers on behalf of tenants

Pre-Review Request Components

■ Staffing Policies

- Policy language regarding supervision meetings at least every other week for case managers, at least monthly for supervisors and regular access by telephone to supervisors
- Policy language indicating ongoing staff evaluation process
- Written personnel policies, including language around: Confidentiality; Drugs and alcohol; Firearms/weapons; Grievance process; Mandatory reporting by staff of child abuse, neglect, or risk of abuse or neglect or intent to harm self or others; Prohibition of discrimination; Rules, regulations, responsibilities and disciplinary procedures; Sexual harassment; Smoking; and Attendance
- Policy language requiring an orientation process for staff that reviews the agency mission, basic policies and procedures, employee benefits and that orients staff to their particular program or service.

Agenda and Charts

- Sent by CSH lead reviewer to agency 1 week prior to review date (*earlier when possible*)
- Confirms location of review and parking
- Confirms review team members
- Provides an agenda for the day, see '[Day of Review](#)'
- Provides list of charts to be reviewed, see '[How charts are Chosen](#)'

Intake

Program	Tenant Initials	Date Entered Program— Services Start	Date Housed

Active

Program	Tenant Initials	Date Entered Program— Services Start	Date Housed

Discharge

Program	Tenant Initials	Date Entered Program— Services Start	Date Housed	Date Exited

Back to [SHQI Process Timeline](#)



How Charts are Chosen

- Charts are chosen as follows:
 - CSH lead reviewer uses random number generator to choose the charts in each category.
 - Any tenant who started in the program within the year previous to the review date will be reviewed as an intake chart. *We will review up to 5 intake charts.*
 - Any tenant who was discharged from the program within the year previous to the review date will be reviewed as a discharge chart. *We will review up to 5 discharge charts.*
 - All other tenants will be reviewed as an active chart. *We will review 10% of all active charts or up to 5 active charts, whichever is greater.*

Day of Review

■ **Schedule:**

- 9:30-10:00 Arrival and Introductions
- 10:00-11:00 Staff Interviews and Tenant Focus Groups
- 11:00-2:30 Chart Reviews (*including working lunch*)
- 2:30 (*or earlier*) Next Steps / Q&A/ Scheduling
- 2:30 (*or earlier*) Site Tour

Arrival and Introductions

- Arrival is between 9:30-10:00 am. Reviewers may come from across the state.
- Brief introductions and go through agenda for the day
- Sign 'Peer Reviewer Verification Form' and separate agency confidentiality form if necessary:



Peer Reviewer
Verification Form

Staff Interviews and Tenant Focus Groups

- Typically from 10:00-11:00 am. Time can be changed to accommodate existing tenant gathering if needed.
- Three concurrent interviews/groups:
 - **Supervisor/ Manager Interview**-Can include any leadership agency chooses to include
 - **Case Manager Interview**-Any case managers who provide services in the programs being reviewed
 - **Tenant Focus Group**- Agency should invite any tenants from the programs being reviewed
- Three separate, private spaces need to be concurrently available. Offices work fine for supervisor and staff interviews
- Not all information/quotes gathered are attributed in the final report
- Interview questions can be shared ahead of time with the staff and tenants that will be participating:



Focus Group
Interview Question

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Chart Reviews

- Chart Reviews occur from 11:00-2:30 pm
- **Please make sure to have hard copies of the charts selected for review (including progress notes from the *past 12 months from your review date*)**
- Reviewers will need access to one private space large enough for four to six people during chart reviews
- Reviewers use the following forms to collect data from charts:



Intake Chart
Review Form



Active Chart
Review Form



Discharge Chart
Review Form

Next Steps / Q&A/ Scheduling

- Next Steps / Q&A/ Scheduling occurs once chart reviews are completed, typically between 2:00 – 2:30 pm
- Throughout the day reviewers may request specific documentation if not located during chart reviews
- CSH lead reviewer will review the process and timeline for scoring and delivering feedback and answer any questions the agency has
- CSH lead reviewer will schedule a tentative date/time to return to the agency for a debrief session (6-8 weeks post review)

Site Tour

- CSH lead reviewer will do a brief site visit to one or more preselected single site programs (if applicable), or to view common spaces at the agency.
- We only need to see common spaces and service spaces
- We are not required to access any occupied apartments
- Reviewers use the following forms to collect data during the Site Tour:



Site Visit Checklist

Scoring/Questions

- Scoring the review *typically* takes up to 6 weeks from the day of the review
- During this time, CSH lead reviewer will look at all the data gathered through the Pre-Review Request, Staff Interviews, Tenant Focus Group, Chart Reviews, and Site Tour
- CSH lead reviewer may contact the agency with questions or to request additional documentation

Draft Feedback to Agency

- Draft feedback is *typically* delivered to the agency 6 weeks from the day of the review
- Presents a complete review of all findings and any recommendations made by the review team
- The feedback is still a draft at this point. No scores or feedback are submitted to DMHAS until after the agency has had the chance to address any errors or inconsistencies
- The Agency will receive feedback in the following form:



Review Feedback
Template

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Agency Submits Responses

- All responses to reviewer recommendations, or dispute of scoring or findings must be received within 2 weeks of receiving the draft feedback in Word format
- All supporting documentation provided to dispute scoring or findings should be sent electronically with all identifying information should be redacted
- Review of documentation which was not originally included with the Pre-Review submission, or made available to reviewers on the day of the review, is at the discretion of the CSH lead reviewer
- There is a section at the end of the report which asks the agency to respond to any recommendations made by the review team
- Please provide responses directly in the provided feedback document, including: response to the recommendation; how the response will be implemented; timeframe for implementation; and the person(s) responsible

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Debrief with Agency

- An in-person debrief meeting is typically scheduled 6-8 weeks from the day of the review
- The debrief meeting can include CSH staff, DMHAS staff, peer reviewers, and anyone the agency chooses to include (leadership, direct staff, tenants)
- The CSH lead reviewer will review the entire report including the agency's overall score, highlights from the review, any notable findings, and reviewer recommendations
- The CSH lead reviewer will answer any outstanding questions from the agency and will request feedback on the review process

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Review Finalized

- The review is typically finalized within a week after the review debrief
- Once the debrief has been completed, the CSH lead reviewer will make any final changes necessary
- The finalized review feedback will be sent to the agency, and DMHAS
- DMHAS may contact the agency for further questions or to verify any recommended changes have been implemented

Quality Initiative Domains

Domain 1: Facilitated Access to Housing and Services

Domain 2: Tenant Rights, Input and Leadership

Domain 3: Housing Quality & Safety

Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Tenant Engagement

Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

Domain 6: Focus on Housing Stability

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination



Review Domains



Domain 1: Facilitated Access to Housing and Services

Component	Measure	Score					
		0	1	2	3	4	5
1.1 Housing Resource Utilization	1.1.1 Program Service-slot Occupancy Rate during the year <i>Inputs: Pre-Review Policy Review</i>	59% or less of vacancies were filled in less than 2 months.	60%-69% of vacancies were filled in less than 2 months.	70%-79% of vacancies were filled in less than 2 months.	80%-89% of vacancies were filled in less than 2 months.	90%-99% of vacancies were filled in less than 2 months.	All vacancies were filled in less than 2 months.

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Domain 1: Facilitated Access to Housing and Services

Component	Measures	Score		
		0	4	5
1.2 Application Process	<p>1.2.1 There is evidence that the program receives all referrals through the Coordinated Access Network (CAN)</p> <p><i>Inputs: Pre-Review Policy Review/Case Management and Supervisor Interviews</i></p>	Less than 100%	N/A	100%
	<p>1.2.2 The agency participates in their Coordinated Access Network (CAN)</p> <p><i>Inputs: Pre-Review Policy Review: Tenant Application Section</i></p>	Less than 100%	N/A	100%
	<p>1.2.3 There is evidence that the agency has issued, to the tenant, a formal notice of admission that includes the date services start</p> <p><i>Inputs: Intake Charts: Copy of Letter in Chart</i></p>	Less than 75%	75-99%	100%
	<p>1.2.4 There is evidence that the agency staff meet the new tenant within 10 business days of the tenant being admitted to the program</p> <p><i>Inputs: Intake Charts: Progress Notes and Admission Letter</i></p>	Less than 75%	75-99%	100%

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Domain 1: Facilitated Access to Housing and Services

Component	Measures	Score		
		0	4	5
1.3 Housing First Principles	<p>1.3.1 There is evidence that it has been communicated to tenants at intake that service participation is not a condition of receiving housing</p> <p><i>Inputs: Intake Charts/Tenant Focus Group</i></p>	Less than 100%	N/A	100%
	<p>1.3.2 There is evidence that eligibility does not include requirements beyond housing/chronic homeless status, disability status and income below poverty level</p> <p><i>Inputs: Pre-Review Policy Review</i></p>	Less than 100%	N/A	100%
	<p>1.3.3 Coordinated Access Network (CAN) or other approved referral source is included in the chart and contains the date of referral and name of the referral source.</p> <p><i>Inputs: Intake Charts: Referral/Intake forms; other evidence provided by agency of referral from the CAN</i></p>	Less than 100%	N/A	100%
	<p>1.3.4 There is evidence that there is nothing contradictory to Housing First principles</p> <p><i>Inputs: Intake and Active Charts/Tenant Focus Group/Pre-Review Policy Review: Tenant Guide</i></p>	Less than 100%	N/A	100%

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Domain 1: Facilitated Access to Housing and Services

Component	Measures	Score		
		0	4	5
1.4 Tenant Eligibility	<p>1.4.1 The agency is serving individuals or heads of household who are chronically homeless and have a mental illness, substance use disorder and/or other disabling or chronic health conditions</p> <p><i>Inputs: Intake Charts: Disability and Chronic Homelessness Verification Forms</i></p>	Verification of homeless and disability status not present	Verification of homeless and disability status present in ≥75% of files	Verification of homeless and disability status present in 100% of files

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Domain 2: Tenant Rights, Input and Leadership

Component	Measures	Score		
		0	4	5
2.1 Tenant Lease	2.1.1 There is a current copy of the lease (or original lease with current addendum) in the charts, signed by the tenants, and the leases conform to Housing First principles <i>Inputs: Active and Intake Charts: Copy of the Lease</i>	Less than 80%	80-99%	100%

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Domain 2: Tenant Rights, Input and Leadership

Component	Measures	Score		
		0	4	5
2.2 Tenant Guide	<p>2.2.1 The most current tenant guide includes but is not limited to: program rules and guidelines, information on grievances, tenant rights, and emergency and after hours contact including building maintenance (for single site), community resources, transportation, how to get legal representation for eviction issues, and that services are voluntary</p> <p><i>Inputs: Pre-Review Policy Review: Tenant Guide</i></p>	No	N/A	Yes
	<p>2.2.2 Tenants have received the Tenant Guide and it has been reviewed and signed annually.</p> <p><i>Inputs: Active and Intake Charts</i></p>	Less than 80%	80-99%	100%

Domain 2: Tenant Rights, Input and Leadership

Component	Measures	Score		
		0	4	5
2.3 Tenant Input	<p>2.3.1 Tenant Groups and individuals have regular opportunities to provide input into program operations and rules, and to voice complaints</p> <p><i>Inputs: Pre-Review Policy Review/Tenant and Staff Focus Groups</i></p>	Less than 100%	N/A	100%
	<p>2.3.2 The agency's grievance procedures include agency review, disposition and decision to be completed within 30 days of the receipt of grievance. An additional 15 days for disposition may be warranted, if approved by the agency director and provided the tenant is notified.</p> <p><i>Inputs: Pre-Review Policy Review</i></p>	Less than 100%	N/A	100%

Domain 2: Tenant Rights, Input and Leadership

Component	Measures	Score		
		0	4	5
2.4 Tenant Rights	<p>2.4.1 Tenant files and charts are securely maintained to ensure protection of confidential information</p> <p><i>Inputs: Pre-Review Policy Review/Observation of how charts are stored</i></p>	Less than 100%	N/A	100%
	<p>2.4.2 Service staff and property management understand the expectations regarding tenant rights and confidentiality.</p> <p><i>Inputs: Pre-Review: Memorandum of Understanding</i></p>	Less than 100%	N/A	100%
	<p>2.4.3 Providers do not mandate services as a prerequisite for housing.</p> <p><i>Inputs: Pre-Review: Tenant guide/ Tenant and Staff Focus Groups</i></p>	Less than 100%	N/A	100%

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Domain 3: Housing Quality & Safety

Component	Measures	Score		
		0	4	5
3.1 Single and Scattered Site Environment	3.1.1 Supportive service files and property management files are kept in separate secure storage <i>Inputs: Tour of property</i>	No	N/A	Yes
	3.1.2 Staff ensures that tenants have information and resources to access transportation options. <i>Inputs: Tenant and Staff Focus Groups/ Tenant Guide</i>	No	N/A	Yes
	3.1.3 There is private space available for meetings between staff and tenants <i>Inputs: Tour of property</i>	No	N/A	Yes
	3.1.4 Common areas are clean and well maintained <i>Inputs: Tour of property</i>	No	N/A	Yes

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Domain 3: Housing Quality & Safety

Component	Measures	Score		
		0	4	5
3.2 Assessment of Housing	3.2.1 Staff meets with tenants in their apartments at least every six months to assess the maintenance and safety of the unit <i>Inputs: Active Charts: Progress Notes and/or Apartment Inspection Form</i>	Less than 80%	80-99%	100%

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Domain 3: Housing Quality & Safety

Component	Measures	Score		
		0	4	5
3.3 Emergencies and Critical Incidents	<p>3.3.1 Critical incidents are verbally reported to management within 3 hours of incident discovery followed by a written report within 1 business day, with formal management review within 30 to 60 days after verbal report. Housing condition emergencies are addressed within 24 hours of discovery.</p> <p><i>Inputs: Pre Review/Staff Focus Groups/Active Charts if applicable</i></p>	Less than 100%	N/A	100%
	<p>3.3.2 Critical incidents are reviewed internally.</p> <p><i>Inputs: Pre Review Policy Review</i></p>	No	N/A	Yes
	<p>3.3.3 There is a plan for tenants to be able to address emergencies outside regular business hours.</p> <p><i>Inputs: Tenant Guide/Tenant Focus Group</i></p>	No	N/A	Yes

Domain 3: Housing Quality & Safety

Component	Measures	Score		
		0	4	5
3.4 Child Abuse and Neglect	<p>3.4.1 Suspected child abuse/neglect is reported by the provider or collaborating provider via an oral report to DCF as soon as practical but no longer than 12 hours after suspected abuse with a written follow-up report to DCF no longer than 48 hours after the oral report and incident is reviewed by management.</p> <p><i>Inputs: Pre Review Policy Review / Active Charts if applicable/ Staff Focus Groups</i></p>	No	N/A	Yes
	<p>3.4.2 Staff are aware of mandated reporting requirements (DMHAS & DCF) as evidenced by employee handbook</p> <p><i>Inputs: Pre Review Policy Review: Employee Handbook</i></p>	No	N/A	Yes

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Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Tenant Engagement

Component	Measures	Score		
		0	4	5
4.1 Tenant Education and Engagement	4.1.1 Percent of tenants who agree or strongly agree with the statement, "I like the services that I received here." From the DMHAS Consumer Satisfaction Survey <i>Inputs: DMHAS Consumer Satisfaction Survey Question</i>	Less than 80%	80-99%	100%

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Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Tenant Engagement

Component	Measures	Score		
		0	4	5
4.2 Assessment/Acuity Index	<p>4.2.1 All sections of the most recent Assessment/Acuity are fully completed. If the tenant is unavailable, there is evidence that continuing attempts are made to review it with the tenant</p> <p><i>Inputs: Active Chart Review: Assessment/Acuity</i></p>	Less than 80%	80-99%	100%

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Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Tenant Engagement

Component	Measures	Score		
		0	4	5
4.3 Service Plan	4.3.1 Service plan goals are based on the results of the most recent Assessment/Acuity Index <i>Inputs: Active and Intake Charts: Assessment/Acuity and Service Plan</i>	Less than 80%	80-99%	100%
	4.3.2 Service plans are updated or amended at least every six months <i>Inputs: Active Chart Review</i>	Less than 80%	80-99%	100%
	4.3.3 Deferred elements were revisited before the next service plan <i>Inputs: Active and Intake Charts: Assessment/Acuity and Service Plan</i>	Less than 80%	80-99%	100%

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Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Tenant Engagement

Component	Measures	Score		
		0	4	5
4.4 Service Provision	<p>4.4.1 Case manager contacts tenants at least 2 times per month (including at least one face-to-face) or for tenants with less intensive needs and alternate plan of contact approved by a supervisor is implemented.</p> <p><i>Inputs: Active Charts: Progress Notes/ Tenant and Staff Focus Groups</i></p>	Less than 80%	80-99%	100%
	<p>4.4.2 Case managers are flexible in their response to tenant meeting times/locations and services provided</p> <p><i>Inputs: Active and Intake Charts: Progress Notes/ Tenant and Staff Focus Groups</i></p>	Less than 80%	80-99%	100%
	<p>4.4.3 Tenants who refuse services are regularly engaged using a variety of contact methods</p> <p><i>Inputs: Active and Intake Charts: Progress Notes/ Tenant and Staff Focus Groups</i></p>	Less than 80%	80-99%	100%

Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

Component	Measures	Score		
		0	4	5
5.1 Connection to Benefits and Income	5.1.1 Percent of tenants who maintained or increased their income from all sources during the year <i>Inputs: Pre Review</i>	Less than 80%	80-99%	100%
	5.1.2 Tenants are assisted in obtaining and maintaining benefits <i>Inputs: Active and Intake Charts: Progress Notes, Service Plan, Assessment/Acuity</i>	Less than 80%	80-99%	100%

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Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

Component	Measures	Score		
		0	4	5
5.2 Connection to Primary Health Care	5.2.1 Percent of tenants who have a connection to a primary healthcare provider <i>Inputs: Pre Review</i>	Less than 80%	80-99%	100%
	5.2.2 There is documented evidence that the case manager has an awareness of the tenants' medical issues, needs and care, including documented appropriate follow-up <i>Inputs: Active Charts: Progress Notes, Service Plan, Assessment/Acuity</i>	Less than 80%	80-99%	100%

Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

Component	Measures	Score		
		0	4	5
5.3 Service Coordination and Connection to Resources	<p>5.3.1 Case managers assist tenants in identifying and accessing community providers and resources.</p> <p><i>Inputs: Active Charts: Progress Notes, Service Plan</i></p>	Less than 80%	80-99%	100%
	<p>5.3.2 Referrals are documented and tracked in a defined process</p> <p><i>Inputs: Active Charts: Progress Notes, Service Plans, Formal Referral Tracking Sheet</i></p>	Less than 80%	80-99%	100%
	<p>5.3.3 Case manager has provided appropriate and well-timed interventions and referrals to other service providers, and attempted to collaborate with other service providers to address known issues affecting the tenant's quality of life</p> <p><i>Inputs: Active Charts: Progress Notes</i></p>	Less than 80%	80-99%	100%

Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

Component	Measures	Score		
		0	4	5
5.4 Evaluating Service Plan	<p>5.4.1 Progress notes relate to Assessment/Acuity Index and explain steps taken to assist tenants in moving forward with goals/objectives</p> <p><i>Inputs: Active Charts: Progress Notes, Assessment/Acuity</i></p>	Less than 80%	80-99%	100%
	<p>5.4.2 For tenants who have consistent and stable scores on the Acuity portion of the Assessment/Acuity Index, progress notes document planning/conversations around moving on</p> <p><i>Inputs: Active Charts: Progress Notes, Assessment/Acuity</i></p>	Less than 80%	80-99%	100%

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Domain 6: Focus on Housing Stability

Component	Measures	Score		
		0	4	5
6.1 Tenant Retention	6.1.1 Percent of tenants who remained in permanent housing or experienced a discharge to permanent housing <i>Inputs: Pre Review</i>	Less than 80%	80-99%	100%

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Domain 6: Focus on Housing Stability

Component	Measures	Score		
		0	4	5
6.2 Discharge Practices	<p>6.2.1 Discharged tenants are given information regarding discharge grievance procedure in advance of discharge from services</p> <p><i>Inputs: Discharge Charts: Discharge Summary or Policy/Progress Notes</i></p>	Less than 100%	N/A	100%
	<p>6.2.2 Discharge grievance reviews, dispositions and decisions are completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the former tenant is notified</p> <p><i>Inputs: Pre Review/ Discharge Charts: Progress Notes</i></p>	Less than 100%	N/A	100%
	<p>6.2.3 If removal from housing occurs, tenants are legally evicted</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes</i></p>	Less than 100%	N/A	100%
	<p>6.2.4 Tenants are not discharged from services due to refusal to participate in services.</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes</i></p>	Less than 100%	N/A	100%
	<p>6.2.5 If eviction occurs, there is evidence of communication between service provider and property manager/landlord including evidence of prevention efforts</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes</i></p>	Less than 100%	N/A	100%

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Domain 6: Focus on Housing Stability

Component	Measures	Score		
		0	4	5
6.3 Continuity of Support	<p>6.3.1 The discharge summary includes identification of providers continuing services, reason for discharge, location of new residence, assessment of ongoing needs, and ability to maintain housing</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes/Acuity Index</i></p>	Less than 80%	80-99%	100%
	<p>6.3.2 Tenant discharge planning occurs at least 3 months in advance of discharge date where possible</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes</i></p>	Less than 80%	80-99%	100%
	<p>6.3.3 There is at least one attempted contact per month for 3 months for follow-up after discharge</p> <p><i>Inputs: Discharge Charts: Discharge Summary /Progress Notes</i></p>	Less than 80%	80-99%	100%

Domain 6: Focus on Housing Stability

Component	Measures	Score		
		0	4	5
6.4 Housing Stability	<p>6.4.1 For tenants with issues relating to lease compliance or housing stability, including rent payment, the progress notes and service plan describe strategies to address</p> <p><i>Inputs: Active and Discharge Charts: Service Plan/Progress Notes</i></p>	Less than 80%	80-99%	100%
	<p>6.4.2 There is evidence of regular communication between the service provider and property management/landlord including evidence of advocacy and eviction prevention efforts if warranted</p> <p><i>Inputs: Active: Progress Notes</i></p>	Less than 80%	80-99%	100%

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Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

Component	Measures	Score		
		0	4	5
7.1 Documentation Quality	7.1.1 Assessment/Acuity index signed and dated by case manager and supervisor <i>Inputs: Active and Intake Charts: Assessment/Acuity</i>	Less than 80%	80-99%	100%
	7.1.2 Discharge summaries signed and dated by case manager and supervisor <i>Inputs: Discharge Charts: Discharge Summary</i>	Less than 80%	80-99%	100%
	7.1.3 Service plans signed and dated by tenant, case manager, and supervisor <i>Inputs: Active and Intake Charts: Service Plan</i>	Less than 80%	80-99%	100%
	7.1.4 Evidence that progress notes are entered within one week of service delivery <i>Inputs: Active and Intake Charts: Progress Notes</i>	Less than 80%	80-99%	100%
	7.1.5 Progress notes include date of service, type of contact, date of note, & person entering note <i>Inputs: Active and Intake Charts: Progress Notes</i>	Less than 80%	80-99%	100%

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Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

Component	Measures	Score		
		0	4	5
7.2 Standards for planning and documenting services	<p>7.2.1 Service plan goals are measurable (including time frames and specific action)</p> <p><i>Inputs: Active Charts: Service Plan</i></p>	Less than 80%	80-99%	100%
	<p>7.2.2 Tenant input is a part of service plan design</p> <p><i>Inputs: Active Charts: Service Plan/ Progress Notes/ Tenant and Staff Focus Groups</i></p>	Less than 80%	80-99%	100%
	<p>7.2.3 There is a collaborative relationship between case managers and landlords/property management including documented formal communication and advocacy regarding tenants' rights when necessary.</p> <p><i>Inputs: Pre Review/ Tenant and Staff Focus Groups</i></p>	No	N/A	Yes

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Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

Component	Measures	Score		
		0	4	5
7.3 Timeliness of service provision	7.3.1 Initial Assessment/Acuity indices are completed within 30 days of move-in <i>Inputs: Intake Charts: Assessment/Acuity</i>	Less than 80%	80-99%	100%
	7.3.2 Assessment/Acuity indices are repeated at least every 6 months <i>Inputs: Active Charts: Assessment/Acuity</i>	Less than 80%	80-99%	100%
	7.3.3 The service plan is developed within 60 days of move-in <i>Inputs: Intake Charts: Assessment/Acuity</i>	Less than 80%	80-99%	100%
	7.3.4 Case manager documents progress toward meeting each service plan goal at least 2 times per month <i>Inputs: Active Charts: Service Plan/ Progress Notes</i>	Less than 80%	80-99%	100%

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

Component	Measures	Score		
		0	4	5
7.4 Staffing	7.4.1 Case managers receive supervision at least monthly <i>Inputs: Pre Review: Redacted Supervision Notes/ Staff Focus Group</i>	Less than 100%	N/A	100%
	7.4.2 All direct care staff complete at least 12 hours of training per year <i>Inputs: Pre Review: Self-report from agency</i>	Less than 100%	N/A	100%
	7.4.3 Coverage hours are clearly defined and include a way for direct care staff to contact supervisors outside regular hours of operation <i>Inputs: Pre Review Policy Review/Employee Handbook</i>	Less than 100%	N/A	100%
	7.4.4 Case manager and program supervisor job descriptions and qualifications are standardized and contain clearly defined roles and responsibilities <i>Inputs: Pre Review Policy Review/Employee Handbook</i>	Less than 100%	N/A	100%
	7.4.5 There is a clear and ongoing evaluation of employee performance <i>Inputs: Pre Review Policy Review/Employee Handbook</i>	Less than 100%	N/A	100%

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