



**Connecticut Supportive Housing Quality Initiative
Supportive Housing Agency Review
Domains and Scale**

September 21, 2023

CONNECTICUT SUPPORTIVE HOUSING QUALITY INITIATIVE REVIEW

Domain 1: Facilitated Access to Housing and Services

Domain 1	Measures	Score					
		0	1	2	3	4	5
1.1 Housing Resource Utilization	1.1.1 Program Service-slot Occupancy Rate during the year Inputs: Pre-Review Policy Review	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.
1.2 Referral Process					0	4	5
	1.2.1 There is evidence that all program referrals are received through the Coordinated Access Network (CAN) Inputs: Intake Charts: Signed Documentation/Referral				Less than 100%	N/A	100%
	1.2.2 The agency participates in their Coordinated Access Network (CAN) Inputs: Staff Interview: additional possible source is CAN coordinator				Less than 100%	N/A	100%
	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 Inputs: Intake Charts: Copy of Letter in Chart				Less than 75%	75-99%	100%
	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 Inputs: New Source: Data dashboard				Less than 75%	75-99%	100%
1.3 Housing First Principles	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 Inputs: Intake Charts/Tenant Focus Group				Less than 100%	N/A	100%
	1.3.2 There is evidence that eligibility does not include requirements beyond Dedicated Plus, Chronic homeless status, disability status, and income below the poverty level, if applicable. Note There is no federal income requirement for the CoC program. Inputs: New Input: Tenant Focus Group/Survey: Staff Interview				Less than 100%	N/A	100%
	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. Inputs: Intake Charts: Referral/Intake forms				Less than 100%	N/A	100%
	1.3.4 There is evidence that there is nothing contradictory to Housing First principles Inputs: Intake and Active Charts/Tenant Focus Group/Pre-Review Policy Review: Tenant Guide				Less than 100%	N/A	100%

Domain 1	Measures	Score		
1.4 Tenant Eligibility	1.4.1 There is evidence that eligibility does not include requirements beyond Dedicated Plus, Chronic homeless status, disability status, and income below the poverty level, if applicable. Note There is no federal income requirement for the CoC program. Inputs: Intake Charts: Disability and Chronic Homelessness Verification Forms	Verification of homeless and disability status not present	Verification of homeless and disability status present in $\geq 75\%$ of files	Verification of homeless and disability status present in 100% of files

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Domain 2: Tenant Involvement

Domain 2	Measures	Score		
		0	4	5
2.1 Tenant Lease	2.1.1 There is a current copy of the lease in the charts and the lease conforms to Housing First principles Inputs: Active and Intake Charts: Copy of the Lease	Less than 80%	80-99%	100%
	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 Inputs: New Input: Active or Intake Chart (Copy of Tenant Guide)	Less than 80%	80-99%	100%
2.2 Tenant Guide	2.2.2 Tenants have received the Tenant Guide and it has been reviewed and signed annually. Inputs: Active and Intake Charts	Less than 80%	80-99%	100%
	2.3.1 Tenant Groups and individuals have regular opportunities to provide input into program operations and rules and to voice complaints Inputs: Tenant and Staff Focus Groups	Less than 100%	N/A	100%
2.3 Tenant Input	2.3.2 The agency's grievance procedures include agency review, disposition, and decision to be completed within 30 days of the receipt of the grievance. An additional 15 days for disposition may be warranted if approved by the agency director and provided the tenant is notified. New Inputs Source: Active or Intake Chart-Should include an annual signed copy of Grievance Procedures or Tenant Guide	Less than 100%	N/A	100%
	2.4.1 Tenant files and charts are securely maintained to ensure the protection of confidential information Inputs: Observation of how charts are stored	Less than 100%	N/A	100%
2.4 Tenant Rights	2.4.2 Staff advocates with landlords and/or property managers regarding tenants' rights. Inputs: Tenant and Staff Focus Groups /Active Chart Review	Less than 100%	N/A	100%
	2.4.3 Service staff and property managers understand the expectations regarding tenant rights and confidentiality. Inputs: Tenant and Staff focus group/interviews	Less than 100%	N/A	100%
	2.4.4 Providers do not mandate services as a prerequisite for housing. (Goal 100%) Inputs: Review of Tenant Guide/ Tenant and Staff Focus Groups	Less than 100%	N/A	100%

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Domain 3: Housing Quality and Safety

Domain 3	Measure	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 Inputs: Tour of the property	No	N/A	Yes
	3.1.2 Staff ensures that tenants have information and resources to access transportation options. Inputs: Tenant and Staff Focus Groups/ Tenant Guide Copy in tenant active or intake charts	No	N/A	Yes
	3.1.3 <i>Single Site Only</i> - There is private space available for meetings between staff and tenants Inputs: Tour of the property	No	N/A	Yes
	3.1.4 <i>Single Site Only</i> - Common areas are clean and well maintained Inputs: Tour of the property	No	N/A	Yes
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 Inputs: Active Charts: Progress Notes and/or Health and Safety Form	Less than 80%	80-99%	100%
3.3 Emergencies and Critical Incidents	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. Inputs: Staff Focus Groups/Active Charts if applicable	Less than 100%	N/A	100%
	3.3.2 Critical incidents are reviewed internally. New inputs source: Staff interview	No	N/A	Yes
	3.3.3 There is a plan for tenants to be able to address emergencies outside regular business hours. Inputs: Tenant Guide/Tenant Focus Group	No	N/A	Yes
3.4 Child Abuse and Neglect	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. Inputs: Active Charts if applicable/ Staff Focus Groups	No	N/A	Yes
	3.4.2 Staff are aware of mandated reporting requirements (DMHAS & DCF) as evidenced by the employee handbook New Input source: Staff interview	No	N/A	Yes

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Domain 4: Client-Centered Services and Tenant Engagement

Domain 4	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 Inputs: DMHAS Consumer Satisfaction Survey Question	Less than 80%	80-99%	100%
	4.2 Assessment/Acuity Index	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 Inputs: Active Chart Review: Assessment/Acuity	Less than 80%	80-99%
4.3 Service Plan	4.3.1 Service plan goals are based on the results of the most recent Assessment/Acuity Index Inputs: Active and Intake Charts: Assessment/Acuity and Service Plan	Less than 80%	80-99%	100%
	4.3.2 Service plans are updated or amended at least every six months based upon the most recent Assessment/Acuity Index. Inputs: Active Chart Review	Less than 80%	80-99%	100%
	4.3.3 Deferred elements were revisited before the next service plan Inputs: Active and Intake Charts: Assessment/Acuity and Service Plan	Less than 80%	80-99%	100%
4.4 Service Provision	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 an alternate plan of contact approved by a supervisor is implemented. Inputs: Active Charts: Progress Notes/ Tenant and Staff Focus Groups	Less than 80%	80-99%	100%
	4.4.2 Case managers are flexible in their response to tenant meeting times/locations and services provided Inputs: Active and Intake Charts: Progress Notes/ Tenant and Staff Focus Groups	Less than 80%	80-99%	100%
	4.4.3 Tenants who refuse services are regularly engaged using a variety of contact methods Inputs: Active and Intake Charts: Progress Notes/ Tenant and Staff Focus Groups	Less than 80%	80-99%	100%

CONNECTICUT SUPPORTIVE HOUSING QUALITY INITIATIVE REVIEW
Domain 5: Services That Promote Recovery, Wellness, and Community Integration

Domain 5	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 New Inputs: Performance Data Dashboard	Less than 80%	80-99%	100%
	5.1.2 Tenants are assisted in obtaining and maintaining benefits Inputs: Active and Intake Charts: Progress Notes, Service Plan, Assessment/Acuity	Less than 80%	80-99%	100%
5.2 Connection to Primary Health Care	5.2.1 Percent of tenants who have a connection to a primary healthcare provider New Inputs Source: Active or Intake Chart	Less than 80%	80-99%	100%
	5.2.2 There is evidence that the case manager has an awareness of the tenants' medical issues, needs and care, including documented appropriate follow-up Inputs: Active Charts: Progress Notes, Service Plan, Assessment/Acuity	Less than 80%	80-99%	100%
5.3 Service Coordination and Connection to Resources	5.3.1 Case managers assist tenants in identifying and accessing community providers and resources. Inputs: Active Charts: Progress Notes, Service Plan	Less than 80%	80-99%	100%
	5.3.2 Referrals are documented and tracked in a defined process Inputs: Active Charts: Progress Notes, Service Plans, Formal Referral Tracking Sheet	Less than 80%	80-99%	100%
	5.3.3 There is documented evidence that the case manager has attempted to collaborate with other service providers (medical, behavioral health, legal, etc.) to address known issues affecting the tenant's quality of life Inputs: Active Charts: Progress Notes	Less than 80%	80-99%	100%
	5.3.5 There is evidence that case manager provides appropriate and timely interventions and referrals on identified issues that threaten housing stability, optimal health, community integration, or recovery Inputs: Active Charts: Progress Notes	Less than 80%	80-99%	100%
5.4 Evaluating Service Plan	5.4.1 Progress toward meeting service plan goals is documented at least 2 times per month Inputs: Active Charts: Progress Notes/Service Plans	Less than 80%	80-99%	100%
	5.4.2 Progress notes relate to Assessment/Acuity Index and explain steps taken to assist tenants in moving forward with goals/objectives Inputs: Active Charts: Progress Notes, Assessment/Acuity	Less than 80%	80-99%	100%
	5.4.3 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 Inputs: Active Charts: Progress Notes, Assessment/Acuity	Less than 80%	80-99%	100%

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Domain 6: Focus on Housing Stability

Domain 6	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 New Inputs Source: Performance data dashboard	Less than 80%	80-99%	100%
6.2 Discharge Practices	6.2.1 Discharged tenants are given information regarding the discharge grievance procedure Inputs: Discharge Charts: Discharge Summary or Policy/Progress Notes	Less than 100%	N/A	100%
	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 Inputs: Discharge Charts: Progress Notes	Less than 100%	N/A	100%
	6.2.3 Tenants are not removed from housing without legal eviction proceedings Inputs: Discharge Charts: Discharge Summary /Progress Notes	Less than 100%	N/A	100%
	6.2.4 Refusal to participate in services is not a reason for discharge Inputs: Discharge Charts: Discharge Summary /Progress Notes	Less than 100%	N/A	100%
	6.2.5 If eviction occurs, there is evidence of communication between the service provider and property manager/landlord including evidence of prevention efforts Inputs: Discharge Charts: Discharge Summary /Progress Notes	Less than 100%	N/A	100%
6.3 Continuity of Support	6.3.1 The discharge summary includes identification of providers continuing services, the reason for discharge, location of the new residence, assessment of ongoing needs, and ability to maintain housing Inputs: Discharge Charts: Discharge Summary /Progress Notes /Acuity Index	Less than 80%	80-99%	100%
	6.3.2 Tenant discharge planning occurs at least 3 months in advance of the discharge date where possible Inputs: Discharge Charts: Discharge Summary /Progress Notes	Less than 80%	80-99%	100%
	6.3.3 There is at least one attempted contact per month for 3 months for follow-up after discharge Inputs: Discharge Charts: Discharge Summary /Progress Notes	Less than 80%	80-99%	100%
6.4 Housing Stability	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 Inputs: Active and Discharge Charts: Service Plan/Progress Notes	Less than 80%	80-99%	100%
	6.4.2 There is evidence of regular communication between the service provider and property management/landlord including evidence of eviction prevention efforts if warranted Inputs: Active and Discharge Charts: Progress Notes	Less than 80%	80-99%	100%

CONNECTICUT SUPPORTIVE HOUSING QUALITY INITIATIVE REVIEW
Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

Domain 7	Measures	Score		
		0	4	5
7.1 Documentation Quality	7.1.1 Assessment/Acuity index signed and dated by case manager and supervisor Inputs: Active and Intake Charts: Assessment/Acuity	Less than 80%	80-99%	100%
	7.1.2 Discharge summaries signed and dated by case manager and supervisor Inputs: Discharge Charts: Discharge Summary	Less than 80%	80-99%	100%
	7.1.3 Service plans signed and dated by the tenant, case manager, and supervisor Inputs: Active and Intake Charts: Service Plan	Less than 80%	80-99%	100%
	7.1.4 Progress notes entered within 1 week of services Inputs: Active and Intake Charts: Progress Notes	Less than 80%	80-99%	100%
	7.1.5 Progress notes include the date of service, type of contact, date of note, & person entering note Inputs: Active and Intake Charts: Progress Notes	Less than 80%	80-99%	100%
7.2 Standards for planning and documenting services	7.2.1 Service plan goals are measurable (including time frames and specific action) Inputs: Active Charts: Service Plan	Less than 80%	80-99%	100%
	7.2.2 Tenant input is a part of service plan design Inputs: Active Charts: Service Plan/ Progress Notes/ Tenant and Staff Focus Groups	Less than 80%	80-99%	100%
	7.2.3 There is a collaborative relationship between case managers and landlords/property management including formal communication Inputs: Tenant and Staff Focus Groups	No	N/A	Yes
7.3 Timeliness of service provision	7.3.1 Assessment/Acuity indices are completed within 30 days of move-in Inputs: Intake Charts: Assessment/Acuity	Less than 80%	80-99%	100%
	7.3.2 Assessment/Acuity indices are repeated at least every 6 months Inputs: Active Charts: Assessment/Acuity	Less than 80%	80-99%	100%
	7.3.3 The service plan, based on the assessment/acuity index, is developed within 60 days of move-in Inputs: Intake Charts: Assessment/Acuity	Less than 80%	80-99%	100%
	7.3.4 Progress toward meeting all service plan goals is documented at least 2 times per month Inputs: Active Charts: Service Plan/ Progress Notes	Less than 80%	80-99%	100%

Domain 7	Measures	Score		
7.4 Staffing	7.4.1 Case managers receive supervision at least monthly Inputs: Staff Focus Group	Less than 100%	N/A	100%
	7.4.2 All direct care staff complete supportive housing core courses through the DMHAS Supportive Housing Training Catalog and all staff complete at least 12 hours of training per year New Inputs: DMHAS report on attendance at Case Manager Training sessions (to be provided to CSH on an ongoing basis, on completion of each training session)	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 New Inputs Source: Tenant Focus Group/Survey: Staff interview	Less than 100%	N/A	100%
	7.4.4 There is a clear and ongoing evaluation of employee performance Ne Input Source: Staff interview	Less than 100%	N/A	100%

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Review Score

Domain	Available Points	Stronger Focus on Quality Needed (Less than 16 points)	Meets Quality (16-17 points)	High Quality (18-20 points)
1: Facilitated Access to Housing and Services	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: Tenant Involvement	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3: Housing Quality & Safety	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: Client-Centered Services and Tenant Engagement	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5: Services that Promote Recovery, Wellness, and Community Integration	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6: Focus on Housing Stability	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7: Building Internal Quality Assurance Practices, Key Staffing and Coordination	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8: Performance Data Measures	N/A			

TOTAL SCORE:

- High Quality: Total Score of 126 – 140 with no domains needing stronger focus (90% or higher)
- Meets Quality: Total Score of 112 – 125 with no more than 1 domain needing stronger focus (80-89%)
- Needs Stronger Quality Focus: Score of 111 or below and/or 2 or more domains needing stronger focus (79% or lower)

NOTE on Performance Data Measures: _____

