**Connecticut Supportive Housing Quality Initiative**

**Review Preparation Information**

**Pre-Review Request For Information**

Thank you for participating in the Connecticut Supportive Housing Quality Review process. The review consists of two parts, an on-site review, and an off-site review. This document assists reviewers and agencies to prepare for the on-site review and provides reviewers with the information needed for the off-site portion.

**ON-SITE REVIEW LOGISTICS**

The on-site review consists of chart reviews (pre-selected), a group interview with case managers, a group interview with program supervisors/management, and a group interview with tenants. The schedule for the day is generally from 9:30 am to 2:30 pm and is flexible to accommodate the group interviews.

Reviewers will need a space to conduct chart reviews and access to several rooms with closed doors to conduct the interviews. The number of interview rooms needed will vary according to the interview schedule. The agency review contact and CSH staff will develop a final schedule prior to the review.

**NOTE**: *If your agency utilizes an electronic record system, please have printed charts available for the review team. The information required will not go back further than 1 year from the specific date on which your review is conducted. In other words, you will not need to provide information older than one year back from the date of the review. If it is not possible to print this information, the review team will need to have an IT person from your agency available during the chart review portion of the review (11:00 am-2:30 pm).*

**Please send the requested materials to:**

**Luz Osuba,** **luz.osuba@csh.org**

**REVIEW CONTACTS**

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact for Review/Feedback: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_

If applicable, additional or alternate contacts for Review/Feedback:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVIEW LOCATION**

Please provide the address where reviewers should report on the day of the site review: Include any special parking considerations.

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**Programs To Be Reviewed**

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| --- | --- | --- | --- | --- |
| **Program** | **DDaP Program Name** | **DDaP Capacity** | **Current Census** | **Scattered Site or Single Site?** |
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|  |  |  |  |  |
|  | **Total Service Slots** |  |  | **Total Single=****Total Scattered=** |

**Tenant Application**

[ ]  **APPLICATION FORM:** Please attach the most recent application form used by your agency/Coordinated Access Network

[ ]  **APPLICATION PROCESS:**

Please indicate the Coordinated Access Network in which your agency participates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your agency’s role within the CAN:

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[ ]  **ADMISSION REQUIREMENTS:** Please describe here or attach information regarding all admission and eligibility requirements for your supportive housing program (s).

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**Tenant Data**

[ ]  For all tenants (heads of household) served in the past 12 months from your review date, please provide the following by program:

| **Supportive Housing Program** | **Tenant Initials** | **Date Entered****Program**  | **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)** |
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**Service Planning**

[ ]  Please describe here or attach any information regarding service planning and case conferencing (policy/procedure).

**Staffing**

[ ]  **STAFFING STRUCTURE:** Please attach an organizational chart for your agency and all supportive housing program(s).

[ ]  **JOB DESCRIPTIONS:** Please attach the standard job descriptions for case manager/support specialist and supervisor.

[ ]  **EMPLOYEE EVALUATIONS:** Please attach a description of how employee performance is evaluated and a blank copy of the standard form used to evaluate employee performance.

[ ]  **PROGRAM MANAGER(S)**

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| --- | --- | --- |
| **Name** | **Program/Team** | **Email** |
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[ ]  **SUPERVISION:** Please 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.

[ ]  **COVERAGE SCHEDULE:**

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| --- |
| 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**

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| --- | --- | --- | --- | --- | --- |
| **Case Manager or Support Specialist** | **Program** | **Start Date (mm/yyyy)** | **% FTE** | **Case****load****Size** | **Hours of training in past 12 months** |
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**Program Service Slots**

[ ]  Please complete the following chart for each open service slot for the past 12 months:

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| **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** |
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**Tenant Guide and Group(s)**

[ ]  **HANDBOOK:** Please attach the current tenant guide.

[ ]  **GROUPS:** Please 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.

**TENANT GRIEVANCE PROCEDURES**

[ ]  **TENANT GRIEVANCE PROCEDURES:** Please attach a description of your agency tenant grievance procedure.

[ ]  **TENANT DISCHARGE GRIEVANCE PROCEDURES:** Please 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? Yes \_\_\_ No \_\_\_

[ ]  **INTERNAL INCIDENTS:** Please attach a description of your agency process regarding reporting and responding to incidents other than what is reported to DMHAS; include any information regarding how your agency internally reviews incidents.

[ ]  **EMERGENCIES:** Please attach a 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? Yes \_\_\_ No \_\_\_

 (Please attach a copy of your agency policy/procedure regarding mandated reporting to DCF)

**Charting**

[ ]  Please attach a 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:

|  |  |
| --- | --- |
| **Program** | **Property Management Company** |
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[ ]  Please attach a copy of all current MOUs with property management companies listed above.

[ ]  If your agency provides its own property management, please attach a description of how property management services are delivered and by whom (title).

[ ]  Please attach any meeting notes (appropriately redacted if necessary) from meetings between service provider and property management.

**Tenant Assessments**

[ ]  Does your agency use the standard Connecticut Supportive Housing Assessment/Acuity Index? Yes \_\_ No \_\_

If No, please attach a blank copy of the assessment that your agency uses.

**Housing First**

[ ]  The review team will be assessing through many different inputs that all DMHAS-funded supportive housing programs are operating under Housing First principles. If your agency is unfamiliar with the standards for Housing First please explore the links provided here to review:

1) SAMHSA Housing First principles at <http://homeless.samhsa.gov/channel/housing-first-447.aspx>

2) CT Balance of State Housing First principles @ <http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/> under article *V. Program Operating Standards*

**Additional Information**

Please indicate here or attach any additional information that you would like reviewers to know.