

AIDS CT Housing Standards of Care

(Effective 2015)

AIDS CT QUALITY ASSURANCE REVIEW

Domain 1: Facilitated Access to Housing and Services

Domain 1	Measures	0	1	2	3	4	5	SCORE
(a) Housing Resource Utilization	<p>Program Occupancy Rate during the year.</p> <p>*Agencies are responsible for calculating occupancy from HMIS reports and provide documentation to verify their data.</p>	Occupancy fell below 60 percent for a period of > 2 consecutive months	Occupancy did not fall below 60% for a period of > 2 consecutive months	Occupancy did not fall below 70% for a period of > 2 consecutive months	Occupancy did not fall below 80% for a period of > 2 consecutive months	Occupancy did not fall below 90% for a period of > 2 consecutive months	Occupancy did not fall below 100% for a period of > 2 consecutive months	4
(b) Application Process	<ul style="list-style-type: none"> • Application process and eligibility criteria are clear. • Application process is fully accessible to persons with disabilities. • Individuals receive a formal notice of approval or denial. • Individuals are notified that they can grieve a denial and are told how to do it. • Applicants come from a variety of sources including hard-to-reach persons. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5
(c) Client Selection Research on client selection	<ul style="list-style-type: none"> • The program has clearly stated eligibility criteria for admission into the program that are in compliance with funders requirements. • The program uses consistent intake process. • Client selection is first come - first served or based on identified waitlist priorities. • Name, date and referral source are documented in intake forms. • HIV status is provided with original doctor signature and license number. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5
(d) Client Eligibility	Housing and services are for individuals or heads of household who are homeless, or at-risk of homelessness, and have an HIV or AIDS diagnosis.	Verification of homeless and disability status not present	Verification of homeless and disability status present in ≥20% of files	Verification of homeless and disability status present in ≥40% of files	Verification of homeless and disability status present in ≥60% of files	Verification of homeless and disability status present in ≥80% of files	Verification of homeless and disability status present in 100% of files	5

AIDS CT QUALITY ASSURANCE REVIEW
Domain 2: Client Rights, Input and Leadership

Domain 2	Measures	0	1	2	3	4	5	Score
(a) Client Lease	Client lease or housing agreement conforms to fair housing laws. (A program agreement for shelters and skilled nursing facilities)	Not present	Lease or agreement present in ≥20% of files	Lease or agreement present in ≥40% of files	Lease or agreement present in ≥60% of files	Lease or agreement present in ≥80% of files	Lease or agreement present in 100% of files	5
(b) Client Guide	There is signed verification of receipt of resident manual.	No Statement	Signed statement in at least 20% of Client files	Signed statement in at least 40% of Client files	Signed statement in at least 60% of Client files	Signed statement in at least 80% of Client files	Receipt in at 100% of Client files	5
(c) Client Input	<ul style="list-style-type: none"> • Client groups and individuals have regular opportunities to provide input into program operations and rules, and to voice complaints. • Rules are communicated clearly, consistently enforced, and are distributed to Clients at intake. • There are clearly defined grievance procedures that are communicated to Clients that include review, disposition and decision completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the Client is notified. • Resident satisfaction surveys are completed annually and program respond to the information provided. • Clients are proactively notified of their rights including how to obtain legal services. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5
(d) Client Rights	<ul style="list-style-type: none"> • Client files and charts are securely maintained to ensure protection of confidential information. • Staff advocate with landlords and/or property managers regarding Clients' rights. • Staff understands the expectation regarding Client rights and has signed staff confidentiality pledges annually. • All partners involved in the program understand the expectations regarding Client rights and confidentiality. • Protected information is shared only with Client consent. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5

AIDS CT QUALITY ASSURANCE REVIEW
Domain 3: Housing Quality, Health & Safety

Domain 3	Measures	0	1	2	3	4	5	Score
(a) Health and Safety	<ul style="list-style-type: none"> The program complies with the federal Department of Labor Occupational Safety and Health Administration (OSHA) "Enforcement Procedures for the Occupational Exposure to Blood-borne Pathogen Standards", as set forth in 29 CFR 1910. 1030. The program facilities, in compliance with all state and local health, fire and building codes including offices, fire, alarm, <i>if applicable</i> elevator has been inspected and Qualified Food Operator certificate available, <i>if applicable</i>. The program (a) adheres to a policy and procedure that includes the annual testing of Tuberculosis of all program staff (b) offers immunizations for Hepatitis B to all program staff and (c) has protocols for educating residents about health issues including but not limited to Tuberculosis, Hepatitis B and C. Community based services and transportation are easily accessible. There is adequate space for service delivery, community-building, meetings and property management activities. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5
(b) Assessment of Housing	<p>Staff meet with Clients in their apartments at least every six months and review maintenance, health, safety and quality.</p> <p>Initial inspection will satisfy lead-free housing requirement if children 6 or younger present and if the housing unit was build before 1978.</p> <p>(For Shelters and skilled nursing facilities if this does not apply please rate "5")</p>	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	in at least 80% of Client files	in 100% of Client files	5

Domain 3	Measures	0	1	2	3	4	5	Score
(c) Emergencies and Critical Incidents	Most critical or reportable incident, by the agency policy 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.	Not present	at least 20% of Client files where applicable	at least 40% of Client files where applicable	at least 60% of Client files where applicable	at least 80% of Client files where applicable	in 100% of Client files where applicable	5
(d) Child Abuse and neglect	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.	Not present	at least 20% of Client files where applicable	at least 40% of Client files where applicable	at least 60% of Client files where applicable	at least 80% of Client files where applicable	in 100% of Client files where applicable	5

AIDS CT ASSURANCE REVIEW

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

Domain 4	Measures	0	1	2	3	4	5	Score
(a) Client Education and Engagement	Percent of Clients who agree or strongly agree with "Staff helped me obtain information I needed so that I could take charge of managing my illness" on consumer survey.	0 – 49%	50-59%	60-69%	70-79%	80-89%	90-100%	5
(b) Assessment and Acuity	The most recent assessment is completed, contains all information necessary to plan and provide services, and the Acuity Index is complete.	0 to 20 % are complete	21-39% are complete	40-59% are complete	60-79% are complete	80-99% are complete	All are complete	5
(c) Service Plan	Service plan goals are based on the results of the assessment and Acuity Index and/or person-centered identified goals.	No service plan goals are present or goals not based on the assessment/ Acuity Index	Service plan goals based on assessment and Acuity Index in ≥20% of plans	Service plan goals based on assessment and Acuity Index in ≥40% of plans	Service plan goals based on assessment and Acuity Index in ≥60% of plans	Service plan goals based on assessment and Acuity Index in ≥80% of plans	Service plan goals based on assessment and Acuity Index in 100% of plans	4
(d) Service Provision	<ul style="list-style-type: none"> Case manager contacts Clients at least 2 times per month (including at least one face-to-face) or for Clients with less intensive needs an alternate plan of contact approved by supervisor is implemented. Case managers are flexible in their response to Client meeting times/locations and services provided. Staff make regular attempts using different methods to engage clients who refuse services, to increase likelihood of service participation. 	Not present	at least 20% of Client files	at least 40% of Client files	in at least 60% of Client files	at least 80% of Client files	in 100% of Client files	5

AIDS CT QUALITY ASSURANCE REVIEW

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

Domain 5	Measures	0	1	2	3	4	5	Score
(a) Connection to Benefits and Income	Percent of Clients who maintained or increased their income from all sources during the year.	0 – 49%	50-59%	60-69%	70-79%	80-89%	90-100%	5
(b) Connection to Primary Healthcare	Percent of Clients who have a primary healthcare provider.	0 – 49%	50-59%	60-69%	70-79%	80-89%	90-100%	5
(c) Evaluating Service Progress	Progress notes reflect activities taken to meet service plan goals.	not present or do not reflect actions taken to meet goals plan goals in < 20 percent of files	Progress notes reflect activities taken to meet service plan goals in at least 20% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 40% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 60% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 80% of Client files	Progress notes reflect activities taken to meet service plan goals in all Client files	5
(d) Service Coordination and Connection to Resources	<ul style="list-style-type: none"> Case managers assist Clients in identifying and accessing community providers and resources. Services are well-coordinated with other providers and referrals are documented and tracked in a defined process. 	Not present	at least 20% of Client files	at least 40% of Client files	Documented in at least 60% of Client files	at least 80% of Client files	in 100% of Client files	5

AIDS CT QUALITY ASSURANCE REVIEW

Domain 6: Focus on Housing Stability

Domain 6	Measures	0	1	2	3	4	5	Score
(a) Housing Stability	Percent of Clients who remained in housing or exited to housing – (to non-homelessness). (For shelters and skilled nursing facilities please rate “5” if this is not applicable. Also indicate how many clients were placed in housing during the year).	0 – 59%	60-69%	70-79%	80-89%	90-99%	100%	5
(b) Client Retention	Of the clients who have been in facility for a year, percent of Clients who have remained in supportive housing for more than one year. (Discharge occurs more than 12 months after intake). <i>(For shelters circle 5 if not applicable)</i>	0 – 49%	50-59%	60-69%	70-79%	80-89%	90-100%	5
(c) Discharge Practices	<ul style="list-style-type: none"> Discharged Clients given information regarding discharge grievance procedure. 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 Client is notified. Clients are not removed from housing without legal eviction proceedings, if a tenant holds the lease. For tenants of programs with agreements this discharge is in accordance with program discharge policy. For all discharges, appropriate communication exists with providers, landlord, and others as appropriate. Program has a comprehensive discharge policy. 	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5

Domain 6	Measures	0	1	2	3	4	5	Score
(d) Continuity of Support	<ul style="list-style-type: none"> The discharge summary includes identification of providers continuing services, reason for discharge, location of new residence if known or feasible, assessment of ongoing needs, and ability to maintain housing. Client discharge planning occurs at least 3 months in advance of discharge date where possible regardless of the reason for discharge. There are at least three attempts to follow-up with discharged Clients to determine status regardless of the reason for discharge. 	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files OR no discharges occurred within the review timeframe	4

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

Domain 7	Measures	0	1	2	3	4	5	Score
(a) Documentation Quality	<ul style="list-style-type: none"> • Assessment and Acuity Index signed and dated by case manager and supervisor. • Discharge summaries signed and dated by case manager and supervisor. • Service plans signed and dated by Client, case manager and supervisor. • Progress notes entered within 1 week of services. • Progress notes include date of service, type of contact, date of note, and person entering note. 	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	5
(b) Standards for Planning and Documenting Services	<ul style="list-style-type: none"> • Service plan goals are measurable. • Client input is a part of service plan design. • There is a collaborative relationship which exists and is documented between case managers and other providers and landlord. 	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	4
(c) Timeliness of Service Provision	<ul style="list-style-type: none"> • Assessment and Acuity Index completed within 30 days of entry and repeated at least every 6 months. • The service plan based on the assessment and Acuity I • ndex developed within 30 days of admission. • Service plans updated/amended at least every six months based upon the most recent assessment. • Progress toward meeting service plan goals and/or person-centered identified goals is documented at least 2 times per month based on Acuity Index results. 	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	5
(d) Staffing	<ul style="list-style-type: none"> • Staffing meets the current caseload requirements. • Staff with case management responsibilities attend 10 hours or more of case management training during the year. • Coverage hours clearly defined and include 24 hour on-call supervision. • Case manager and program supervisor job descriptions and qualifications are standardized and contain clearly defined roles and responsibilities. • There is a clear and ongoing evaluation of employee performance. 	Not present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	5

AIDS CT QUALITY ASSURANCE REVIEW

Scoring

Domain	Available Points	High Quality	Meets Quality	Stronger Focus on Quality Needed
1: Facilitated Access to Housing and Services	20	19-20	17-18	0-16
2: Client Rights, Input and Leadership	20	19-20	17-18	0-16
3: Housing Quality, Health & Safety	20	19-20	17-18	0-16
4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Client Engagement	20	19-20	17-18	0-16
5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration	20	19-20	17-18	0-16
6: Focus on Housing Stability	20	19-20	17-18	0-16
7: Building Internal Quality Assurance Practices, Key Staffing and Coordination	20	19-20	17-18	0-16

TOTAL SCORE:

High Quality = Total Score of 133 – 140 with no domains needing stronger focus

Meets Quality = Total Score of 119 – 132 with no more than one domain needing stronger focus

Needs Stronger Quality Focus = Score of 118 or below or 2 or more domains needing stronger focus

If score = High Quality (133-140) the agency will not be reviewed the following year.

AIDS CT QUALITY ASSURANCE PROGRAM
Supportive Housing Quality Assurance Review

Agency/Provider: St Philip House
Program: Scattered Site/Transitional Program
Date: 4/13/2015
Reviewers: Sheryl Horowitz
Observer: Maribel Santana, Tess Dudek
Staff Interviewed: Rich Baraglia, Joyce Sioch
Consumer Group: 5 clients

Purpose

The AIDS CT Quality Assurance Review gives agencies information regarding how a housing program meets identified quality standards overall with specific information categorized across seven domains. It is intended to provide agencies with information to plan and evaluate practice improvement activities and to strengthen areas of high performance.

Methodology

The review was conducted according to the methods described in the AIDS CT Quality Assurance Review Manual version 2015.

Summary Results

Results for the entire program are presented across three categories; High Quality; Meets Quality; and Needs Stronger Quality Focus. Based on the review conducted on Monday, the 13 of April has been evaluated as:

- High Quality: Total Score of 133 – 140 with no domains needing stronger focus
- Meets Quality: Total Score of 119 – 132 with no more than 1 domain needing stronger focus
- Needs Stronger Quality Focus: Score of 118 or below or 2 or more domains needing stronger focus

Domain	Available Points	Program Points	State Average	Category High Quality, Meets Quality or Needs Stronger Quality
Entire Program	140	136	-	
1: Facilitated Access to Housing and Services	20	19	-	
2: Client Rights, Input and Leadership	20	20	-	
3: Housing Quality, Health, & Safety	20	20	-	
4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Client Engagement	20	19	-	
5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration	20	20	-	
6: Focus on Housing Stability	20	19	-	
7: Building Internal Quality Assurance Practices, Key Staffing and Coordination	20	19	-	

Domain 1: Facilitated Access to Housing and Services. 19 of 20

Housing Resource Utilization: 4 of 5

Program Occupancy Rate during the year

Comments: Occupancy did not fall below 92% for greater than two consecutive months. There was an overall 98% monthly occupancy

Application Process: 5 of 5

- Application process and eligibility criteria are clear.
- Application process is fully accessible to persons with disabilities.
- Applicants come from a variety of sources including hard to reach person
- Individuals receive a formal notice of approval or denial.
- Individuals are notified that they can grieve a denial and are told how to do it.

Comments: The application is very thorough and conducted in a personalized way. Information is provided to the client, signed by the client and documented in their files so that they can refer back to the information they received and agreed upon .

Client Selection: 5 of 5

- Service participation is not a condition of receiving housing.
- Housing readiness is not a criteria for receiving housing.
- Eligibility does not include requirements beyond housing/homeless status, disability status and below poverty level.
- Client selection is first come - first served or based on identified waitlist priorities.
- Name, date and referral source are documented in intake forms.

Comments: Every one is accepted into the program except for registered sex offenders which was deemed appropriate because of the families they also serve. Those referring to St. Phillip know of this restriction.

Client Eligibility: 5 of 5

Housing and services are for individuals or heads of household who are homeless, or at risk of homelessness, and have a mental illness, substance use disorder and/or other disabling or chronic health conditions.

Comments: Verifications are present in files

Domain 2: Client Rights, Input and Leadership. 20 of 20

Client Lease: 5 of 5

Clients have a copy of their signed lease or housing agreement and it conforms to fair housing laws

Comments: No leases are in place.

Client Guide: 5 of 5

There is signed verification of receipt of Client guide

Comments: The handbook for clients is provided on the day that their service plan is created.

Client Input: 5 of 5

- A Client group meets and is supported by staff.
- Client groups and individuals have regular opportunities to provide input into program operations and rules, and to voice complaints.
- Rules are communicated clearly, consistently enforced and are distributed to Clients at intake.
- There are clearly defined grievance procedures that are communicated to Clients that include review, disposition and decision completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the Client is notified.
- Clients are proactively notified of their rights including how to obtain legal services.

Comments: Clients feel empowered to voice their opinions and concerns. In notice of legal counsel for grievance, there could be more specific information on the form itself as to how to obtain that counsel. The grievance panel composition of multiple members from different perspectives is commendable.

Client Rights: 5 of 5

- Client files and charts are securely maintained to ensure protection of confidential information.
- Staff advocate with landlords and/or property managers regarding Clients' rights.
- Staff understands the expectations regarding Client rights and confidentiality.
- All partners involved in the program understand the expectations regarding Client rights and confidentiality.
- Protected information is shared only with Client consent.

Comments: Cabinets with confidential client information are locked and an alarm system is in place. Client rights and responsibilities are conveyed at all levels of the organization including BOD and volunteers.

Domain 3: Housing Quality, Health & Safety. 20 of 20

Single Site Environment: 5 of 5

- Supportive service files and property management files are kept in separate and secured storage.
- Community based services and transportation are easily accessible.
- There is adequate space for service delivery, community-building, meetings and property management activities.
- Areas limited to staff are clearly defined and do not interfere with the home-like atmosphere.
- Common areas are clean and well maintained.

Comments: See comment above concerning security of files. Transportation is a need that is addressed well by St. Phillip House. A van, bus passes and car assistance show their very personalized way of helping clients with mobility needs. The central office is attached to one of the housing units and the staff and resident common spaces are separate and both are warm and welcoming.

Assessment of Housing: 5 of 5

Staff meet with Clients in their apartments at least every six months and review maintenance, health, safety and quality.

Comments: Staff have created a form and modified one from HOPWA to assure that residences are in compliance on all necessary health and safety standards. The client signs off on the form as well as the staff

Emergencies and Critical Incidents: 5 of 5

Agencies most defined 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.

Comments: No critical incidents occurred (NA)

Child Abuse and Neglect: 5 of 5

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.

Comments: NA

Domain 4: Support Design/Delivery - Client-Focused/Client-Centered Services & Engagement. 19 of 20

Client Education and Engagement: 5 of 5

Percent of Clients who agree or strongly agree with "Staff helped me obtain information I needed so that I could take charge of managing my illness" on consumer survey.

Comments: The current survey is constructed with open-ended answers making it difficult to compare answers across respondents. 10 surveys were submitted which is around 40% of the occupancy. Of those 90% responded positively. This standard can be waived for this year, but going forward you might consider using a standardized response format for all questions for purposes of comparability. Also consider adding demographic questions into the survey such as the length of time the client has been with the program and with their caseworker as well as some other characteristics that may be useful in understanding the answers (e.g. do certain people want more or less contact with their case worker- for example by length of stay or ethnicity or age. It would also be useful to know your process of administering the survey and determining ways to get more complete responses.

Assessment and Acuity: 5 of 5

The most recent assessment is complete, contains all information necessary to plan and provide services, the Acuity Index is complete.

Comments: All cases had the requisite materials

Service Plan: 4 of 5

Service plan goals are based on the results of the assessment and Acuity Index.

Comments: The format of the service plan is well structured and captures important information on the actions necessary to achieve the goals. The section for referrals makes it easy to see the services that are recommended. What is difficult to ascertain however, is how well or if the client is using these services since it is hard to see progress plan to plan which makes it hard to determine the progress over longer periods of time. There also seems to be differences in the styles of documentation of different staff.

Service Provision: 5 of 5

- Case manager contacts Clients at least 2 times per month (including at least one face-to-face) or for Clients with less intensive needs an alternate plan of contact approved by supervisor is implemented.
- Case managers are flexible in their response to Client meeting times/locations and services provided.
- Clients who refuse services are regularly engaged using different methods in an attempt to increase likelihood of service participation.

Comments: Case managers are accommodating to the client's need. Since most clients visit the office each month to pay rent access is ongoing and on a regular basis. Progress notes indicate regular contact and clients in the focus groups felt that staff was also very responsive to their needs.

Domain 5: Support Design/Delivery - Services Promote Recovery, Wellness and Community Integration. 20 of 20

Connection to Benefits and Income: 5 of 5

Percent of Clients who maintained or increased their income from all sources during the year.

Comments: 100% had increased or maintained income.

Connection to Primary Healthcare: 5 of 5

Percent of Clients who have a primary healthcare provider.

Comments: All cases viewed had documentation of providers in their records

Evaluating Service Progress: 5 of 5

Progress notes reflect activities taken to meet service plan goals.

Comments: Notes were very detailed and regularly documented some or all of the activity made toward the client's goals. The site visit form has been noted as a best practice and we would encourage including the signature of the client on the form.

Service Coordination and Connection to Resources: 5 of 5

- Case managers assist Clients in identifying and accessing community providers and resources.
- Services are well-coordinated with other providers and referrals are documented and tracked in a defined process.
- There is no indication that service participation is required or mandatory.

Comments: St Philip's House does an excellent job of connecting clients with the community and cultivating independence of their clients and these are well documented on the service plans and in the progress notes. This compilation could also be used to help the client organize and expand their own outreach to build connections – like a rolodex of resources. In the focus group, we came across a client who spoke of his frustration on having to quit a job because of loss of benefit. The DOH representative noted that this did not seem correct and urged that staff should explore advocacy on his behalf.

Domain 6: Focus on Housing Stability. 19 of 20

Housing Stability: 5 of 5

Percent of Clients who remained in permanent housing or exited to permanent housing – either subsidized or unsubsidized.

Comments: 100% remained or exited to permanent housing. It was noted that 1 of these had exited and the rest remained in their present housing situation.

Client Retention: 5 of 5

Percent of Clients who have remained in supportive housing for more than one year. (Discharge occurs more than 12 months after intake)

Comments: 100% had remained in housing for one year.

Discharge Practices: 5 of 5

- Discharged Clients given information regarding discharge grievance procedure.
- 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 Client is notified.
- Clients are not removed from housing without legal eviction proceedings or in accordance with your discharge policy (housing/ program agreement).
- Refusal to participate in services is not a reason for discharge.
- If eviction occurs, there is evidence of communication between service provider and property manager/landlord including evidence of prevention efforts.

Comments: Of the two discharges reviewed one left to go to a nursing facility and the other left for new housing. Discharges were documented with requisite forms and procedures.

Continuity of Support: 4 of 5

- 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.
- Client discharge planning occurs at least 3 months in advance of discharge date where possible.
- There are at least three attempts to follow-up with discharged Clients to determine status regardless of the reason for discharge.

Comments: In the case of the person discharged to a nursing home discharge was not followed up.

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination. 19 of 20

Documentation Quality: 5 of 5

- Assessment and Acuity Index signed and dated by case manager and supervisor.
- Discharge summaries signed and dated by case manager and supervisor.
- Service plans signed and dated by Client, case manager and supervisor.
- Progress notes entered within 1 week of services.
- Progress notes include date of service, type of contact, date of note, and person entering note.

Comments: Assessment, discharge, service plans and progress notes conform to standards of documentation.

Standards for Planning and Documenting Services: 4 of 5

- Service plan goals are measurable.
- Client input is a part of service plan design.
- There is a collaborative relationship between case managers and landlords/property management including formal communication.

Comments: There is a concerted effort to involve the client and to grow and increase their independence in their activities and goals. In the case of the landlord the client is encouraged to build their own relationships and staff act to coach them in this growth. More attention needs to be made to design goals that are not only measurable but are actually measured in the progress notes and successive service plans

Timeliness of Service Provision 5 of 5

- Assessment and Acuity Index completed within 30 days of entry and repeated at least every 6 months.
- The service plan based on the assessment and Acuity Index developed within 60 days of move in.
- Service plans updated/amended at least every six months based upon the most recent assessment.
- Progress toward meeting service plan goals is documented at least 2 times per month.

Comments: Staff are timely in their provision and documentation of services

Staffing: 5 of 5

- Staff meets or exceeds the current caseload requirements.
- New staff complete supportive housing core courses and all staff complete at least 10 hrs of training per year.
- Coverage hours clearly defined and include 24 on-call supervision.
- Case manager and program supervisor job descriptions and qualifications are standardized and contain clearly defined roles and responsibilities.
- There is a clear and ongoing evaluation of employee performance.

Comments: Staff is clearly valued by clients and the ED and there are clear lines of communication. Their employee evaluation Performance Now program uses a standardized process and appears thorough and regular.

Program Highlights

St. Phillip House takes a holistic approach to their program and offers a number of ancillary services that show their insight into the range of needs that may impede the growth and progress of their participants. That holism is illustrated in a number of ways. For example, by their interest in the HIV continuum beginning at HIV prevention as evidenced by their educational video. By their focus on facilitating client access to healthy food by not only directing people to farmers markets but also by subsidizing their use of this resource through vouchers and by their understanding of the basic need for mobility and subsequent attention to transportation reliability. In addition, there are a number of policies and approaches to documentation that can be considered best practices including a home visit form that includes a checklist of items that should be observed, their client assessment form and their lead pamphlet promoting an awareness of lead in housing and a form for clients to sign off.

- DOH (primary) & HOPWA: Braided, some receive just paid for by DOH

Identified Challenges

- Loss of funding
- Too many standards—too much paper work.
- The creation of a standard mandating site visits which pose a safety issue for staff.
- A loss of attendance in consumer groups- the last meeting held in March had no attendance. We noted however, in the focus group that several clients seemed fearful about their future because of the possible loss of funding. There is a need to bring these issues to the surface and increase communication.

Identified TA needs

HMIS training to better understand the ways that the data can be used beyond the basics. Help with the mechanics and interpretation of this information.

Review Feedback and Recommendations

- St Phillip House is a well-run and very valued supportive housing organization. There are many areas where they are doing cutting edge work with clients and achieving outcomes.
- While there were a number of excellent forms in use, we noted a need for a fillable Excel worksheet to regularly track viral load and quickly access this information longitudinally.
- The consumer survey is in a format that makes analysis complicated and therefore its usability more difficult. Going forward a standardized response form should be considered for all questions for purposes of comparability. Also consider adding demographic questions into the survey such as the length of time the client has been with the program or with their caseworker as well as some other characteristics that may be useful in interpreting responses (e.g. do certain people want more or less contact with their case worker- for example by length of stay or ethnicity or age). It would also be useful to know how often and when the survey is administered and determining ways to get more clients to complete the surveys.
- The service plan documentation form is a well-organized tool to record their goals, progress and direction given by staff. This compilation could also be used to help the client organize and expand their own outreach to build connections—like a rolodex of resources. Consider a way to better connect the information in the service plans over time to better assess progress from plan to plan and therefore over time. There also seems to be differences in the styles of documentation between staff. More attention could be paid to making sure that measurable goals are measured in the progress notes and successive service plans.
- The promotion of client-landlord relationships mediated by staff coaching seems like an effective way to build independence behaviors in clients.
- St Phillips House does an excellent job of connecting clients with the community and cultivating independence of their clients as documented in the progress notes. We would encourage creating a separate form that helps

the client organize and control their individual outreach contacts so as to be able to build and take ownership of their connections (e.g. a rolodex of resources).

- Concerning the help given to clients with their independence, we heard in the focus group of a client's frustration with having to quit a job because of his loss of benefits. The DOH representative present noted that there might be something that could be done on his behalf and urged that staff explore this situation.

Domain 1: Facilitated Access to Housing and Services. 19 of 20

Housing Resource Utilization:

1 point was lost because Program Occupancy Rate during the year fell below 100% for greater than two consecutive months.

Domain 4: Support Design/Delivery - Client-Focused/Client-Centered Services & Engagement. 19 of 20

Service Plan

1 point was lost because the continuity between plans is not clear and it is hard to determine a client's progression when they are in the program for longer periods of time. There were also inconsistencies in the documentation styles for different staff with one more complete than another.

Domain 6: Focus on Housing Stability. 19 of 20

Continuity of Support

1 point was lost due to an absence of follow up In the case of the person discharged to a nursing home.

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination. 19 of 20

Standards for Planning and Documenting Services

1 point was lost because not all goals were being measured in the progress notes and successive service plans.

Client Focus Group/Interview:

Client Focus Group: 5 Consumers

Ethnicity	# Black: 1	# White: 3	# Latino/a: 1
Gender	# Male: 3	# Female: 2	# Trans: 0
Length of time in Program	<6 Months: 0	6 mos.- 1 year:	> 1 year: 5

1. Describe your experience in this program.

- They're really nice here. Recently I've been sick, they do everything they possibly can to help me, good case management.
- They check up on you to see if you're all right. They don't see you for a couple days they check up on you.
- I can't ask for anything else. I have lots of medical problems and the only problems we're facing is how prices and energy are affecting our lives. The high prices and everything, that's the only part of my life that's hard. Even if you're working you're screwed. If you're working then your services get cut off. They do all the services here and they'll help you out if you need it. The outside is really coming down on us and like if you have a car, there's a \$200 fund in case you need to work on your car. So out of all my concerns, that's what hitting me in the face. There's so much Rich did for me and I couldn't ask for more from this place. They're squeezing everything they can out of the services available. It's not like it was 20 years ago, there were more people donating. It seems like it faded away since.
- Every 6 months Joyce asks me what my goals are. And mine was always get a job, then I got a job, and my rent went up because I had the job. I had to give up the job because my rent went up. And I like

working, it's therapy for me. That job got me through the winter because I'm a manic depressive and being out and around people it helps me. If I were to find a job it'd have to be under the table. If I got another job, then they'll cut my food stamps, they'll cut my benefits.

- Under the table work is almost unheard of now.
- My social security is adequate but there's no frills.
- Even with volunteer work it still costs you gas.
- Joyce wants to know what your long term goal is.

2. How do case managers work with you to connect you to services that you need?

- Joyce is good. It's excellent. I can't get out of this chair without help and they take me to the doctors and they do everything they need for me.
- Rich asks how I'm feeling and he meant it. Here they do above and beyond what they can. They go out and get private funds. I'm really appreciative of that.
- There's a safety net for me to have that little bit of help and I had a way to take care of myself. And we do die! Don't feel like there aren't people dying.
- If you don't have food, can't get to the pantry, they'll get you a gift card to Stop and Shop.
- Staff and the CM are very knowledgeable and efficient at what they do. They are thorough and make sure they get you every service you need.
- My biggest thing is paying my credit cards and with electric and heat assistance and phone bills. We're not looking for handouts. We want to work for it.
-

3. What rights do you have in this program?

- That's the book right there!
Confidentiality, respect, grievances.
- Our rights are adequate and protected. (Everyone).
- They make sure the doors are shut. You're the only one who can tell anyone anything.
- They're real good with your privacy.

4. Does your case manager work with your landlord or property manager to make sure your rights are protected?

- I haven't run into any problems, and if I did I know Joyce would take care of it.
- I got a reminder for my rent. And I don't owe anything and they get their check on time! And I called Rich right away, and he knew I was mad, and he made a phone call and he took care of it right away and it was their mistake!
- Everything I got going for me is backed up by St. Philip House.

5. Where and at what times does your case manager meet with you?

- We can. Sometimes we make appointments. We'll make an appointment or sometimes we'll just walk in.
- If I'm up there, they'll bring me my meds. They'll pick me up, they'll bring me.
- You can always just walk in.
- When they know you need to go to the hospital, you let them know in advance and they give you a ride.
- Even if you live off site and going through something, then they always check in on me. If she don't hear from you she checks in on you.

6. Do you feel like your case manager involves you in the development of service plans?

- Yeah. Definitely. We got a big say. They put it right in front of you. You go over it, they go over it, we sign it.
- IT's not a one-way street with them. If you're doing what you're doing, they'll stand behind you. They'll put the time in.

- 7. Do you ever have an opportunity to provide feedback about how this program works including the development of program rules?**
- Yeah they have a group here. They have an HIV support group. It's more of a jam session.
 - They started a focus group.
 - If something comes up you go through it with Rich and them. You're living with different kinds of people and it can be difficult. Somehow Rich always smooths everything out. To be here you have to clean and sober.
- 8. Do you participate in a client group that meets regularly? If yes, what are the meetings like? If not, what would make you more likely to participate?**
- Yes. Not a lot of people show up. A few people here, then a couple from outside. They have social functions here too.
 - They have the HIV support group. People have gotten so independent in off-site housing it's kinda gone by the wayside. The new focus group is run by HRA and has to do with social issues.
 - We have picnics in the summer but it's open to everyone.
 - I don't know how productive that would be to try and get people together. Because people are busy with their own lives.
 - I'm played out when it comes to groups. I was in a position of being a counselor.
 - I don't think there's a better place in the state.
 - I would recommend this place to anyone who is going through something.
- 9. Do you feel that your personal information is protected?**
- (All yes).
- 10. Do you feel pressured to participate in services?**
- (No.) We volunteer.
- 11. Do you feel like your CM listens to you?**
- Absolutely. Yes (All).
 - Of the two, one is more present because one has her own physical issues and isn't always around. That has been a problem because trying to get things done it's hard to know when she's here. I know the case worker who *is* here is doing overtime.
- 12. Do you feel comfortable in your apartment?**
- Yes. (All agreed).
 - Could be bigger. I know we're not allowed to have pets but I feel that would be beneficial.
 - Science supports having an animal.
 - Even if we could have stipulations to allow us to have a cat and make sure it's taken care of.
- 13. Is there anything else about your experience in this program that you would change?**
- Not that I know of.
 - I went through a lot of programs, and when people came to visit me they couldn't believe how nice it is. I had surgery and when I woke up, I opened my eyes and it was Rich standing over me with flowers.
 - All my trust is with them. And I don't trust too many people.
 - This place saved my life.
- 14. Where do you see yourself in 3 years? How is this program helping you get there?**
- I'm going to say it is helping me get there.
 - - I can't think of anything. They and I am doing everything I need to move forward. I'm on a waiting list for section 8, and that would be the next step for me.

- I think in the future part of it is waiting to get on section 8. In the long run, in 2-3 years depending on my doctors, I would like to feel better than I am now. A lot of things are out of their hands. Anything that comes is gonna have to come out of what I have to do.
- If they retrained us, if you went to a computer or something or if they could have some sort of program.

Staff Interviews:

Staff Interviews: Case manager

1. Describe your role in the supportive housing program.

- Case manager. To assist clients with their service needs. Benefits, medical services, for their children. I always tell them if I don't know the answer they know I'll find out for them.
- We have a 20 page intake process and I meet with them I ask them questions and then I write things down.
- They initial if they have

I generally start a service plan within the first week of their being there. I give the hand book the first day.

2. How and where do you recruit potential new clients?

- I don't recruit that's not how they come to me.
- Mostly they come from social workers from hospitals, from other programs, like HRA. We have housing programs in Hartford that help us. There's a nursing home program in New Haven that refers us. We have an HIV support group where clients refer them here.
- We do a lot of HIV education and they come to us through the community.

3. What is the process for placing someone on the waitlist?

- There is a wait list.
- We set up an intake interview and that day they get a letter of acceptance after meeting with me. They have to call me once a month to check in with me. What I need from them is a phone number if they're no longer at the agency in case there's an opening.
- Someone who is homeless gets precedence over someone who lives in an apartment and doesn't like their place.

4. Are there any situations where an individual who meets program requirements would not be admitted to the program?

- Everyone is accepted to the program.
- There is only one. If someone is a registered sex offender because we have children in a program. The people who know us know that so they don't even refer people.

5. What rights do clients have in this program?

- Dignity, respect, to have program goals met, to see grievance procedure, confidentiality, services in a timely manner, to have a lawyer present, etc. Clients also sign a form to have a right for fair housing so they have information for how to contact fair housing. We use CT legal services a lot.

6. How do you interact with landlords or property management to make sure that client rights are protected?

- Our involvement is at a level that is asked for by the client. I don't like to get between a landlord and a tenant unless I have to. If I have a client whose furnace goes, and they have no heat, then I will get involved. We work with a lot of the same landlords so we have a good rapport with the landlords but only on an as-needed basis.
- We teach them how to advocate for themselves.
- I had a client transition out of the program. I referred them to an agency to get help with a security deposit, but it got a voucher to pay for expenses if there's an issue, but then a landlord was hounding him for money, so we referred to fair housing...dealt with the issue after discharge the clients know that there's rights.

7. How do you engage individuals and try to connect them to services?

- (On a community service group).
- We treat everyone the same, differently. When someone comes in we get a lot of information from them. During that process and when I do the initial assessment, I have a pretty good sense of that program. I ask them to tell me what they want to work on, and then we try to build that into services for them.

8. Where and at what times do you meet with your clients?

- There supposed to make appointments sometimes they just drop by. I see my clients in the beginning in the month. Some clients have transportation and some don't, some I'm bringing to appointments and I see them then. Sometimes they come here, then sometimes I go see them. For clients who have a lot going on and they'll come see me once a month and I'll call them once a month.

9. How are clients involved in service plan design?

- When we do an initial interview, we have a second interview and we have the entire staff here and we help him...
- I try to have three types of goals. Long term (6 months) (Short term, something to achieve). Then the third is something that is more personal that maybe is more neutral like building supports or building self esteem. There's always going to be success in the plan.

10. How are clients involved in program operations including development of program rules?

- We've had consumer groups/house meetings.... I don't want to say they don't want to say bothered...or forget.... But we tell them we're interested in their input. They call me up and wanna talk about something they can bring it to us and we will bring it up in a staff meeting. It happens, but not that much. That's how it all comes up with the farmer's market.

11. Is there a client group that meets regularly? If so, how are they organized and do staff assist them in running the group?

- (see above). We had one in February, one person came, in March, no one came.

12. What is the process involved in sharing information about clients with other providers?

- Release of Information. A lot of times while the client is here we make that initial call.

13. What are the challenges you face in providing services?

- I feel I get less and less time with my clients. There's just more and more paperwork heaped on. (Doesn't find HMIS useful, it's a burden).

14. Where do you want your clients to be in 3 years? Does this program offer the programming to get them there? What would you change?

- The easiest clients to work with are the new ones who haven't had 40 service plans. With clients I've had for 13 years, they've had 26 service plans and what more can we do that we haven't done?
- I'd like to see them be more independent, more successful.
- I think we're getting them to look ahead instead of just working on worry about right now. I have clients who are developing skills to plan ahead. We hope that things go well, but we'll be ready if they don't.
- I don't think it comes down to money and resources. I don't like people to feel entitled I don't want them to think things should be handed. I want them to want more for themselves.

15. What technical assistance and training would you like to have?

- I can't think of anything!
- As far of the new standards, I think a lot of things came off the old standards that shouldn't have been taken off. One of the things is for the clients to have a new TB every year. They should have that and they should require to have a CD4 and Viral Load every 6 months. Putting in the standards that people must do site visits in putting staff at risk.

Staff interviews: Executive Director

1. Describe your role in the supportive housing program.

- I'm executive director and co-founder of this program. I keep the place running and make sure everything is in line and that the funding reports are in and the funds are in and the case managers are doing the job. I do have involvement with the clients and sometimes clients need to go some place I'll pick them up. Sometimes we do activities with clients and I host those.

2. How and where do you recruit potential new clients?

- Agencies all around know us, ACT knows us, Wheeler knows us, other programs know us.
- We've been around for 26 years people know us.

3. What is the process for placing someone on the waitlist?

- Basically they do a phone interview, then they meet with her, then we meet with them as a group then they go on the waitlist and then it's up to them to contact us once a month to let us know they're interested. Sometimes people want to come to the program, they're on the waitlist and then we lost them. We have a waitlist book that we could probably track to see how many we've had on the list and how many have actually called.

4. Are there any situations where an individual who meets program requirements would not be admitted to the program?

- Only if we had no room and it's just waitlisted.

5. What rights do clients have in this program?

- We have a whole list posted! Our respect for them, and understanding where they're coming from and meeting them where they're coming from.

6. How do you interact with landlords or property management to make sure that client rights are protected?

- The case managers pretty much take care of this piece.

7. How do you engage individuals and try to connect them to services?

- That's more case management. I encourage people if they're talking about something I encourage it but I don't have a lot to do with it.
- 8. Where and at what times do you meet with your clients?**
- N/A
- 9. How are clients involved in service plan design?**
- They work with Janet and Joyce and if they've got a problem or anything they can come talk to me.
 - We help with school, car repairs, clothes, etc.
 - We bend over backwards to help people meet what they're supposed to do. We do whatever we have to do to help them keep on track.
- 10. How are clients involved in program operations including development of program rules?**
- We don't get them involved in program rules. We do have a monthly client meeting. It has been very poorly attended but we're thinking of putting a suggestion box in place. They're not involved in putting things in something like the resident manual.
- 11. Is there a client group that meets regularly? If so, how are they organized and do staff assist them in running the group?**
- There is a client group once a month.
- 12. What is the process involved in sharing information about clients with other providers?**
- They share or don't share using the Release of Information.
- 13. What are the challenges you face in providing services?**
- The funding is always the issue. You just never know. Funding is always tentative. Maintaining the facility is a challenge so we're looking for a grant to do that.
- 14. Where do you want your clients to be in 3 years? Does this program offer the programming to get them there?**
- I'd like them all to be on their own and if possible to be employed. I think Janet and Joyce work with them to develop the service plan and encourage them to look into things like working, some refuse, some can't... and the housing piece. We do the education piece and the housing piece. We go out in the community and the education piece is a lot because HIV is now on the back burner. We do the prevention piece to one day hope this place closes, you hope it will one day be an office building. It's amazing what people really don't understand about HIV.
 - I think we are able to integrate services to reach out and connect people wherever they are with the services they need.
- 15. What technical assistance and training would you like to have?**
- I'm not computer savvy and the HMIS piece we could use help on. I do the reports, and I fill them out and I have the data but there's probably more I can do with it. The mechanics and interpretation of this information I could use help with.