Connecticut Supportive Housing Assessment

Introduction

This assessment identifies service needs for individuals and households both newly entering and currently housed in permanent supportive housing. It is designed to determine the level of intensity of services. It also provides information to evaluate a tenant's potential ability to move on from supportive housing to other affordable housing options that include limited follow-up supportive services.

The assessment and acuity index is also used in the Connecticut Permanent Supportive Housing Quality Assurance Program. During quality reviews the assessment and index are scored for completeness and timeliness. Reviewers also examine whether the index informs current service plan goals and that progress notes provide detailed information related to achieving service plan goals and moving an individual forward.

Training materials on the assessment can be accessed at https://cthousingacademy.myabsorb.com/#/public-dashboard - this link lets you register for the LMS managed by CCEH.

Instructions

The tool is designed to be completed by both the tenant and case manager and can be completed across multiple meetings. It should be utilized in the development of service plan goals and should include a discussion of the tenant's ability and interest in moving to a different type of unit, building, or neighborhood if applicable. Conversations should include the strength of the tenant's community connections for ongoing supportive services as needed, and ability to meet the occupancy requirements of the new housing unit, if applicable.

Fully complete this tool at initial entry and at least every six months. If information is not applicable, the section must be marked N/A in order to be deemed complete.

The acuity index, in turn, should be used to develop service plan goals. Specifically, a goal should be present on the service plan if an individual's level is a 0 or 1 on an acuity index item. If a large number of items are evaluated as a level 0 or 1, the case manager and supervisor should identify which should be presented as active goals or deferred goals in the service plan. Progress notes should also relate back to the acuity index and explain the steps taken to help meet the service plan goals and assist tenants in moving forward. In addition to informing service plan goals and progress notes, the acuity index can also be used to identify individuals who may be able to move on to another form of housing subsidy with support services provided by community providers.

☐ Initial ☐ Reassessment | Date of Last Assessment: _____ Date Initiated: _____ Date Completed: _____

Tenant Information

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ Phone: _____

DDaP Periodic Assessment

Employment Status: Unknown _____ Highest Grade Completed: _____

Number of persons dependent on income: _____ Number of minors dependent on income: _____

Principal Source of Support:

☐ None ☐ Public Assistance ☐ Retirement ☐ Salary ☐ Disability ☐Other ☐Unknown

Living Situation: Unknown _____ Homeless in last 6 months? ☐ Yes ☐ No

Number of days in last 30 that tenant has lived in a controlled environment (jail, locked or monitored facility): _____

Days in group home/ halfway housing in the past 30 days: _____ and in the past six months: _____

Number of arrests in last 30 days: ____ Number of self help meetings attended in last 30 days: ____

Client Interacted with Family/Friends supportive of recovery in past 30 days: ☐ Yes ☐ No

Substance Use History:

Substance	Age at First Use	Number of days used in past 30 days	Route of Administration
None			None
None			None
None			None

International Classification of Diseases

ICD-10 (Axis 1) Behavioral Health (primary) Diagnosis:_____ Diagnosis Date: _____

ICD-10 (Axis 2) Behavioral Health (secondary) Diagnosis:_____ Diagnosis Date: _____

ICD-10 (Axis 3) Medical (not required) Diagnosis:_____ Diagnosis Date: _____

ICD-10 (GAF Score): _____ Diagnosis Date: _____

DDaP Supportive Housing Assessment

If this is an initial assessment, percent of time homeless in past 3 years (*for example 1 year = 33%)*: _____

Community-based services connected to in past 6 months:

☐ Mental Health treatment ☐ Substance Abuse Treatment ☐ Employment Services
☐ Educational Services ☐ Volunteer Organization ☐ Health/Medical Services

Percent of time tenant has worked in the past 6 months *(for example, 3 months = 50 %)*: _____

Current Annual Household Income: _____ Number of days in jail/prison in past 6 months: _____

Days in a residential program and/or inpatient in past 6 months: _____ ER visits in past 6 months:_____

Number of tenant's children living with tenant: _____ Number of children under 18: _____

Name: _____ Date of Birth: _____

HMIS Domestic Violence History

History of Domestic Violence? ☐ Yes ☐ No If "Yes", how long ago did experience occur?

☐ Within the past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ More than a year ago

Members in household other than tenant *(if applicable)

Name	Age	Gender	Relationship	Name/address of school or readiness program or day care	Service Needs

*Additional family members can be identified on page 8 in "additional information"

Nearest relative or friend not living with tenant and others to contact for emergencies or to reach

Name	Address	Phone	Relationship

Current Medications

Medication	Prescribed For	Dose/Frequency	Prescriber

Housing History and Information

History of housing/homelessness in the past 5 years (if first assessment):

Current landlord: _____ Phone:_____

Length of time currently housed: _____ Number of times rent paid late for past 12 months:_____

Total length of time lease(s) have been continuously maintained: _____

Issues with landlord and/or neighbors *(for example complaints, damage)* for past 12 months:

Circumstances that impact ability to maintain housing:

Daily Living Skills Challenges

☐ Paying rent/utilities ☐ Lease compliance ☐ Housekeeping

☐ Money management ☐ Driving/using public transportation ☐ Arranging apartment repairs

☐ Use of mental health services ☐ Securing/Maintaining Benefits ☐ Meal preparation

☐ Use of health services ☐ Socialization ☐ Hygiene

☐ Shopping for food/necessities ☐ Taking medication as prescribed ☐ Filling prescriptions

☐ Other (specify):_____

☐ Other (specify):_____

Employment and Education

Worked in the past 6 months: Yes ☐ No ☐ Currently Employed: Yes ☐ No ☐

Note employer, type of job, length of employment and hours worked per week:

Currently enrolled in an education program: Yes ☐ No ☐ If yes, note program: _____

Employment and/or education goals:

Name: _____ Date of Birth: _____

Medical and Health

Provider	Name	Phone	Last Appointment	Next Appointment
Primary Care				
Dental				
Specialist:				
Specialist:				

Medical insurance:

Current health challenges, medical problems and known allergies:

Medical treatment history including hospitalizations *(indicate past or current)*:

Behavioral Health, Substance Use and Trauma

Provider	Name	Phone	Last Appointment	Next Appointment
Clinician				
Case Manager				
Other:				

Other:

Behavioral health/substance use diagnosis (es) *(indicate past or current)*:

Behavioral health treatment history including inpatient *(indicate past or current)*:

Trauma history:

Introduction – we're going to talk about things that you may have seen or experienced at different points in your life. You don't have to answer any questions or tell me anything you don't want to, and we can stop this part of the assessment at any time you would like. We can also talk about any concerns you may have in this area.

Substance use treatment history including inpatient and detox *(indicate past or current)*:

Currently using substances? Yes ☐ No ☐ If yes, current harm reduction goals:

Name: _____ Date of Birth: _____

Financial Resources and Obligations

Income Sources

Recipient Name	Source/Type	$ Per Month	Effective Date	Change? Yes/No

Outstanding Debts/Obligations (outstanding utility bills, child support, medical bills, etc.)

Type	Creditor	Total Amount

Conservator/Representative Payee *(if applicable)*

Type	Name	Address	Phone
Conservator of Person			
Conservator of Finance			
Representative Payee			

Legal Involvement

Provider	Name	Phone
Attorney		
Probation Officer		
DCF Worker		
Other:		

History of legal involvement: Include arrests, convictions, incarcerations, pending court dates, involvement with child welfare, attorney and current status:

Name: _____ Date of Birth: _____

Services

Services individual would like to participate in/access:

Natural Supports

List supportive persons/groups:

Involvement with community-based activities:

List person(s) tenant would like to involve in developing service plans goals and the provision of services:

Name: Phone number:

Name: Phone number:

Interests and Hobbies

Interests, hobbies:

Strengths and Barriers to Accessing Resources and/or Services

Strengths (including skills, support and motivation) & Barriers (including physical, motivation, language difficulties, etc):

Additional Information

Summary Notes

Tenant Name:_____ Date of birth: _____

Acuity Index

Housing and Lease	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Rent Payment	Rep Payee/Tenant has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months	Rep Payee/Tenant has paid rent on-time 4-6 times in last 12 months	Rep Payee/Tenant has paid rent on-time 7-9 times in last 12 months	Rep Payee/Tenant has paid rent on-time every month for the last 12 months			☐	☐
Utility Bill Payment	Tenant has paid utility bills on-time for 1-3 months in last 12 months	Tenant has paid utility bills on-time for 4-6 months in last 12 months	Tenant has paid utility bills on-time for 7-9 months in the last 12 months	Tenant has paid utility bills on-time for 10-12 months in last 12 months OR utilities are included in rent.			☐	☐
Lease *(include all leases if tenant moved)*	Tenant has been in supportive housing less than 12 months OR has held a lease less than 12 months	Tenant has been in a supportive housing program and has held lease for 12-23 consecutive months	Tenant has been in a supportive housing program and has held lease for 24-36 consecutive months	Tenant has been in a supportive housing program and has held lease for over 36 consecutive months			☐	☐
				Housing Subtotal	0			

Comments:

Tenant Name:_____ Date of birth: _____

Arrears and Debt	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Rent Arrears	Tenant has outstanding rent arrears and is not willing to set up payment plan	Tenant has 3 or more months of rent arrears and has set up a payment plan	Tenant has 1-2 months of rent arrears and is current on payment plan	Tenant has no rent arrears			☐	☐
Utility Arrears	Tenant has utility arrears and is not willing to set up payment plan	Tenant has more than $500 in utility arrears and has set up a payment plan	Tenant has less than $500 in utility arrears and is current on payment plan	Tenant has no utility arrears			☐	☐
Debt	Tenant debt greater than 50 percent of income and tenant is unable to meet these obligations	Tenant debt is greater than 50 percent of income and tenant is able to meet these obligations	Tenant debt is less than 50 percent of income and tenant is able to meet these obligations	Tenant debt is between 0 and 10 percent of income and tenant is able to meet these obligations			☐	☐
				Arrears and Debt Subtotal	0			

Comments:

Tenant Name:_____ Date of birth: _____

Income and Benefits	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Stable/Consistent Source of Cash Income	Tenant has no stable/consistent source of cash income	Tenant has cash income but it is not stable/consistent	Tenant has had stable/consistent cash income for the last 1 – 6 months	Tenant has had stable/consistent cash income for the last 7 or more months			☐	☐
Benefits	Tenant has no benefits and has not yet applied for benefits	Tenant has applied for benefits but has not yet received them	Tenant has received all benefits entitled to for the last 1-6 months	Tenant has received all benefits entitled to for the last 7 or more months OR is not eligible for benefits			☐	☐
Employment	Tenant is not employed, is able to work but not seeking employment OR tenant is not able to work and has not received disability benefits	Tenant is not employed, is able to work and is seeking employment or participating in employment services (training, job readiness, etc.)	Tenant is able to work and has been employed for less than 6 months	Tenant is able to work and has been employed for more than 6 months OR tenant is not able to work and receiving disability benefits			☐	☐
				Income and Benefits Subtotal	0			
Comments:								

Tenant Name:_____ Date of birth: _____

Support Services and Resources	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Crisis Intervention	Tenant has required has required over 5 crisis interventions in the past 12 months	Tenant required 3-5 crisis interventions in the past 12 months and did not work quickly with case manager to identify needs/help	Tenant required 3-5 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help	Tenant required less than 3 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help			☐	☐
Life Skills	Tenant is unable to independently meet basic needs such as hygiene, food, activities of daily living	Tenant can independently meet a few basic needs such as hygiene, food, activities of daily living	Tenant can independently meet most but not all basic needs such as hygiene, food, activities of daily living	Tenant is able to independently meet all basic needs			☐	☐
Legal	Tenant has outstanding warrants or has been incarcerated for more than 90 days in the prior year	Tenant has current charges or trial pending, or is noncompliant with current criminal justice supervision	Tenant has been fully compliant with criminal justice supervision for less than 12 months	Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements			☐	☐
Mobility & Transportation	Tenant has no access to public or private transportation	Transportation is available, but is unreliable or unaffordable	Transportation is available and reliable, but limited and/or inconvenient	Transportation is generally accessible to meet basic travel needs			☐	☐
Safe Living Environment	Tenant had over 5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 3-5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 1-2 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had no contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months			☐	☐
				Support Services and Resources Subtotal	0			
Comments:								

Tenant Name:_____ Date of birth: _____

Health	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Mental Health Care Use	Tenant has not had contact with a mental health provider in the past 12 months	Tenant has contact with a mental health provider and has kept less than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 90 percent of appointments in the last 12 months OR Tenant has no need for mental health services			☐	☐
Primary/Specialty Health Care Use	Tenant has not had contact with a primary and/or specialty health care provider in the past 12 months	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations less than 50 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations 50 to 90 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations more than 90 percent of the time			☐	☐
Medication Adherence	Tenant self-reports never taking prescribed medications	Tenant self-reports rarely taking prescribed medications	Tenant self-reports sometimes taking prescribed medications	Tenant self-reports regularly taking prescribed medications OR has no prescribed medications			☐	☐
Harm Reduction (such as substance use, gambling, risky sexual and other behaviors)	Tenant does not see behavior(s) as harmful	Tenant acknowledges behavior(s) may be harmful and is contemplating adoption of harm reduction goals	Tenant has set harm reduction goals and has taken some action to achieve them	Tenant has adopted behaviors to achieve harm reduction goals OR does not engage in harmful behaviors			☐	☐
Connection to Community Supports	Tenant has no community supports outside of supportive housing program	Tenant has limited community supports and is not interested in attaining others	Tenant has adequate community supports or has limited supports but is interested in attaining others	Tenant seeks out community supports and has many connections including specialized services			☐	☐
				Health Subtotal	0			

Comments:

Tenant Name:_____ Date of birth: _____

Parenting and Child Services	Levels				Tenant Score		Service Plan Goal	
	0	1	2	3	New	Last	Active	Deferred
Childcare	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate, supervision is a problem for childcare that is available	Affordable subsidized childcare is available, but limited	Reliable, affordable childcare is available, no need for subsidies			☐	☐
Children's Education	One or more school aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes. Parent is unaware and/or has difficulty addressing children issues without significant case management involvement	One or more school-aged children enrolled in school, but only occasionally attending classes. Parent is aware and/or has difficulty addressing children issues without case management involvement.	Enrolled in school and attending classes most of the time. Parent is aware and addressing children issues.			☐	☐
Parenting	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate			☐	☐
Child Welfare Involvement	High level of mandated involvement with child welfare system	Current involvement with child welfare system, no resolution of matter/case	Recent involvement with child welfare but matter resolved and closed	No history of child welfare involvement OR involvement was more than 2 years ago			☐	☐
Children with Special Needs	Children not connected with services	Children connected with limited services and/or participation minimal with prompting	Children connected with services but participation minimal with prompting	Children with special needs fully participate in services OR children have no special needs			☐	☐
				Parenting and Child Services Subtotal	0			

Comments:

Tenant Name:_____ Date of birth: _____

Acuity Index Interpretation

Domain	Score Range			Tenant Score
	High Acuity	Medium Acuity	Low Acuity	
Housing and Lease	**0-3**	**4-7**	**8-9**	0
Arrears and Debts	**0-3**	**4-7**	**8-9**	0
Income and Benefits	**0-3**	**4-7**	**8-9**	0
Support Services and Resources	**0-6**	**7-12**	**13-15**	0
Health	**0-6**	**7-12**	**13-15**	0
Parenting and Child Services	**0-6**	**7-12**	**13-15**	0

Interpretation:

- **All domains fall in Low Acuity range:** Other housing options with community supports should be considered as a short term goal. Client is a candidate for "Moving-On" from Supportive Housing.
- **One or more domains scores in Medium Acuity range but no domains score in High Acuity range:** Other housing options with community-based supports should be considered as a long term goal.
- **One or more domains falls in High Acuity range:** Tenant should remain in supportive housing.

Signatures

The information in this assessment was collected in good faith and is as accurate as possible.

_____ _____

Case Manager Signature *Date* *Supervisor Signature* *Date*