



**RTFH**  
SAN DIEGO'S  
REGIONAL LEADER  
ON HOMELESSNESS

## 2024 Agency Evaluation Tool

### Contact Information

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1. Name: \*

2. Title: \*

3. Email: \*

4. Phone Number: \*

5. Agency Name: \*

6. Project Name(s): \*

### Coordinated Entry

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**1. This project utilizes the Coordinated Entry System (CES) to fill all unit openings:  
(select one)**

\*

- 100% of the time
- 90%-99% of the time
- 80%-89% of the time
- Less than 80% of the time

**2. Please explain any barriers that prevent the agency from utilizing the CES for  
openings 100% of the time.**

\*

**3. Tools this agency uses in the CES matching process include: (select all that apply)**

\*

- Reaching out to current providers the client is enrolled with
- Reaching out to the skilled assessor when we can't locate a client
- Reaching out to client's alternate contact
- Reaching out to client via means other than phone or email
- Reaching out to the outreach team when we can't locate a client
- Regularly updating a client's need status in HMIS
- Assisting a client with obtaining documentation to ensure access to housing
- Uploading a client documentation into HMIS
- Requesting a housing system navigator, when applicable
- Having a housing locator on staff
- Having case managers who are able to assist with obtaining documents
- Having case managers who are able to assist with housing location
- Other - Write In (Required)

\*

**4. What percentage of matches are declined by the participant or rejected by your program? Please explain the most common reasons for match refusals.**

\*

- 0% of the time
- 1%-20% of the time
- 21%-40% of the time
- More than 41% of the time

Comments

**5. Who completes the match requests for the agency/program and who completes the referral status updates for the matches? Please reflect on whether the right staff members are handling these tasks.**

\*

**6. Please rate how well the agency adheres to the standard of updating the referral status within 2 days after receiving the initial match.**

\*

- Very well (i.e., this always occurs)
- Average (i.e., this occurs regularly but not always)
- Low (i.e., this doesn't occur frequently)

**7. Please rate how well the agency adheres to the standard of updating the referral status once the referred participant is deemed eligible or ineligible for the program.**

\*

- Very well (i.e., this always occurs)
- Average (i.e., this occurs regularly but not always)
- Low (i.e., this doesn't occur frequently)

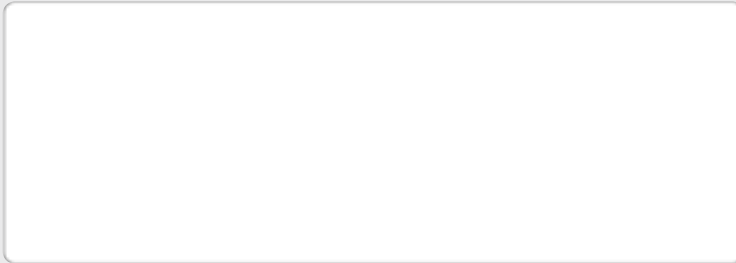
**8. Please answer Yes or No to the following question:**

- **We are aware of how and when to request a transfer**

\*

- Yes
- No

**9. If you would like to make any technical assistance requests related to coordinated entry, please explain.**



## **Homeless and Chronic Homeless Definitions and Recordkeeping**

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**10. Please rate the overall level of staff knowledge on the homeless definition as prescribed in the HEARTH Act.**

\*

- Very good (i.e., staff understand the definition and rarely need to seek help from others)
- Average (i.e., staff understand some parts of the definition but often have questions)
- Low (i.e., staff have a high need for additional training)

**11. Please rate the level of staff knowledge on the protocols for documenting homelessness (for programs that serve participants who are not chronically homeless).**

\*

- Very good (i.e., staff understand the criteria for acceptable documentation and rarely need to seek help from others)
- Average (i.e., staff understand some parts of the criteria for acceptable documentation but often have questions)
- Low (i.e., staff have a high need for additional training)
- N/A (i.e., staff work in program(s) that only serve participants meeting the chronic homeless definition)

**12. Please rate the overall level of staff knowledge on the definition of chronic homelessness.**

\*

- Very good (i.e., staff understand the definition and rarely need to seek help from others)
- Average (i.e., staff understand some parts of the definition but often have questions)
- Low (i.e., staff have a high need for additional training)

**13. Please rate the overall performance of staff on collecting information and answering the chronic homeless determination questions accurately.**

\*

- Very good (i.e., staff apply the definition accurately a high percentage of the time)
- Average (i.e., staff sometimes have difficulty applying the definition accurately)
- Low (i.e., staff have a high need for additional training)

**14. Please rate the level of staff knowledge on the protocols for verifying chronic homelessness.**

*(PSH projects only)*

\*

- Very good (i.e., staff understand how to obtain verification, the time frames for verification, and rarely need to seek help from others)
- Average (i.e., staff understand some parts of the verification process but often have questions)
- Low (i.e., staff have a high need for additional training)
- N/A (i.e., staff work in a program that is not required to verify chronic homelessness)

**15. This project ensures all new participants meet the definition of chronic homelessness, if applicable: (select one)**

\*

- 100% of the time
- 90% - 99% of the time
- 80% - 89% of the time
- Less than 80% of the time
- Not applicable

**16. Tools this agency uses in the process to verify chronic homelessness include: (select all that apply)**

\*

- HUD's Chronic Homelessness Flow Chart
- Trainings on the chronic homeless definition
- Other - Write In (Required)

\*

- Not applicable

**17. If you would like to make any technical assistance requests related to the homeless or chronic homeless definitions or recordkeeping requirements, please explain.**



**18. Does the agency have any questions about who can be served in any of its projects?**

\*

**19. To what extent do you agree or disagree with the following statement: This agency expedites the admission process to the greatest extent possible and makes it person- centered and flexible.**

\*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**20. In practice, how well do you feel this agency eliminates barriers to entry (i.e., screening in versus screening out)?**

\*

- Very strong
- Strong
- Average
- Weak
- Very Weak

**21. If you would like to make any technical assistance requests related to enrollment, please explain.**

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## Housing

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**22. How would you rate the agency in promoting participant choice in housing?**

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**23. How would you rate the agency in providing education to participants about their lease or occupancy agreement terms?**

\*

**24. How would you rate the agency in helping participants build relationships and connections to their community (to help foster housing stability)?**

\*

**25. Please explain any high or low ratings in the previous three questions.**

\*

**26. How does the agency inform participants of the right to request reasonable accommodations related to disabilities?**

\*

**27. What kind of support may participants expect from program staff in their search for housing? Select all that apply.**

\*

- Participants do not have a choice of units because the project has established buildings or units
- Staff locate potential units for participants
- Participants receive help from dedicated housing department staff
- Participants locate their own units
- Participants have access to a computer lab to use to conduct the housing search
- Staff counsel or train participants on methods to use in the housing search process (such as websites to visit, listings, etc.)
- Staff prepare or support participants in meeting and interviewing with landlords
- Other - Write In (Required)

\*

**28. If you would like to make any technical assistance requests related to housing, please explain.**

\*

**29. Tools this agency uses to help participants avoid eviction include: (select all that apply)**

- Relocation to another unit
- An in-house Eviction Prevention program
- Regular meetings involving property management and clinical services staff
- Assisting tenants with obtaining a payee
- Offering multiple payment plan options to tenants
- Transfers to another program/agency when necessary to avoid eviction
- Other - Write In (Required)

\*

**30. How often does a participant at this agency lose their housing due to not making rent payments?**

- At least once a month
- At least once every two months
- At least once every three months
- At least once every six months
- At least once a year
- Less than once a year or never

**31. In cases where all efforts to avoid eviction are unsuccessful, please share the most common reasons that participants are evicted.**

**32. If you would like to make any technical assistance requests related to eviction prevention, please explain.**

### **HMIS Data Collection/Quality and Performance Improvement**

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33. Does your agency have an internal process for onboarding new employees into HMIS (i.e., helping them understand who the HMIS TA is, what project types they need to be trained on, how to sign up for trainings, etc.)?

\*

- Yes
- No

**34. Does your agency have a system for preserving institutional knowledge of your internal HMIS procedures?**

\*

- Yes
- No

**35. What personnel primarily enters participant universal data elements in HMIS? (select all that apply)**

\*

- Administrative Staff
- Supervisors
- Case Managers/Frontline staff
- Interns or Temporary Staff
- Other - Write In (Required)

\*

**36. Once a participant is entered into HMIS and the universal data elements are completed, what personnel primarily maintains the record in HMIS (i.e., such as entering client level updates)? (select all that apply)**

\*

- Administrative Staff
- Supervisors
- Case Managers/Frontline staff
- Interns or Temporary Staff
- Other - Write In (Required)

\*

**37. How many databases does this agency input program/service-related participant data into? Does the agency experience any challenges related to data accuracy or timely data input stemming from multiple database usage?**

\*

**38. How often does this agency utilize the HMIS Help Desk: (select one)**

\*

- Daily
- Weekly
- Monthly
- Other - Write In (Required)

**39. What does the agency most frequently use the HMIS Help Desk for?**

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**40. How often does this agency review participant data and evaluate outcomes:  
(select one)**

\*

- Monthly
- Quarterly
- Bi-annually
- Annually
- Other - Write In (Required)

**41. Please explain any ways in which this agency utilizes HMIS data in program planning.**

\*

**42. If you would like to make any technical assistance requests related to data collection/quality and performance improvement, please explain:**

**43. In what content area(s) is there the greatest need for staff training or development at this agency?**

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**44. If you would like to make any technical assistance requests related to staff development and training, please explain.**

## **Policies and Procedures**

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**7. 45. Do you provide opportunities for people with lived experience to share their expert advice and opinions on policy, procedures, and service delivery? If so, please provide us with more information as to how people with lived experience collaborate with your agency. \***

**8. 46. Does your agency currently have hired staff with lived experience?**

\*

- Yes
- No

**47. This agency has Human Resource policies in place regarding the following:  
(select all that apply)**

\*

- Sexual harassment
- Non-discrimination
- Whistle blower
- Employee code of conduct
- Employee grievance procedures
- Confidentiality
- Conflict of Interest
- Explanation of employee benefits
- Employee expectations
- Safety/evacuation procedures

**48. Please explain the methods used by the agency to inform and/or train employees on the policies mentioned in the preceding question.**

\*

**49. Please rate the agency on VAWA implementation. \***

- Very good (i.e., agency understands VAWA requirements and has procedures and forms)
- Average (i.e., agency understands VAWA requirements but there is progress to be made)
- Low (i.e., agency has a high need for assistance related to VAWA requirements)
- Not applicable

**50. If you would like to make any technical assistance requests related to policies and procedures, please explain.**

**51. Supportive services at our agency: (select all that apply)**

- Are voluntary and are not a requirement for tenancy
- Focuses on helping tenants create a plan for obtaining or maintaining housing
- Are developmentally appropriate for youth needs
- Take safety into account when orienting new tenants
- Incorporate conversations about harm reduction when talking about tenant behavior
- Utilize the goal planning process to review and set short-term goals
- Utilize the goal planning process to review and set long-term goals
- Review and update goal plans annually
- Review and update goal plans every six months
- Review and update goal plans quarterly
- Review and update goal plans monthly

**52. How do agency staff engage with SOAR to help connect individuals with cash benefits?**

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**53. How do agency staff connect participants to employment or workforce development opportunities?**

\*

**54. What is the typical caseload ratio?**

(Project-specific question; can be completed more than once in Alchemer)

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**55. What strategies does the agency use to encourage participation in services without making participation a requirement? \***

**56. If you would like to make any technical assistance requests related to service provision, please explain.**

## **Grant Management**

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**57. The agency has a tracking system in place that tracks the following: (select all that apply)**

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- Technical submission
- Grant Agreement
- Development activities
- Start of operations
- End of operations
- Amendments
- Renewal
- APR deadlines
- Audits/monitoring

**58. What practices does the program utilize to monitor spending and identify ways to spend funds in order to avoid unnecessary recapture of funds?**

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**59. If you would like to make any technical assistance requests related to grant management, please explain.**

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### **General Summary Questions**

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**60. Please identify whether the agency would like to request any additional feedback or technical assistance related to areas that were flagged as “pass with findings” in the Intent to Renew.**

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**61. Please identify whether the agency would like to request any technical assistance related to questions in which low scores were received in the Local Evaluation.**

\*

**62. What assistance or guidance would help the agency improve in any of the areas covered in this self-assessment? For areas in which you would like assistance, what is the highest priority for you at this time?**

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