# Agency Evaluation Tool

## Introduction

The intent of the Agency Evaluation Tool is for the agency to honestly evaluate the current state of their own organization in several key areas such as participation in coordinated entry, verification of chronic homelessness, utilization of data, and services provided.

Due to the range of topics covered in the self-assessment, more than one staff person may need to be involved in its completion so it is recommended to review the list of sections on the next page and plan accordingly.

Please complete Evaluation Tool per project type.

## Instruction

All monitoring tools are due May 26 via email to [aburton-alliance@oaklandhomeless.org](mailto:aburton-alliance@oaklandhomeless.org). The agency will receive a summary report with final results after the on-site visit has been completed.

## Sections

The following sections are included in this tool.

* Coordinated entry (5)
* Homeless and chronic homeless definitions and recordkeeping (8)
* Enrollment (4)
* Housing (7)
* Eviction prevention (4)
* Staff development and training (2)
* Policies and procedures (5)
* Service provision (8)
* General summary questions (1)

## Contact Information

|  |  |
| --- | --- |
| 1. | Your Name: |
| 2. | Your Title: |
| 3. | Your Email: |
| 4. | Your Phone Number: |
| 5. | Agency Name: |
| 6. | Project Name: |

## Coordinated Entry

### The CoC projects utilize 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

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

1. **Tools your agency uses to connect with participant once pulled from CES (Housing Registry): (select all that apply)**

[ ] Reaching out to current providers that client is enrolled with

[ ] Reaching out to client’s alternate contact

[ ] Reaching out to the client via means other than phone and email

[ ] Reaching out to the outreach team when we can’t locate a client

[ ] Assisting a client with obtaining documentation to ensure access to housing (ex, verifying chronicity)

[ ] Uploading client documentation into HMIS

[ ] Other – Write In:

### What percentage of matches (match means assigned program participant to agency program) 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

1. **If you would like to make any technical assistance requests for HMIS please explain.**

## Homeless and Chronic Homeless Definitions and Recordkeeping

### Please rate the overall level of staff knowledge on the homeless definition as prescribed on 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)

### 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)

### 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 sometimes have difficulty applying the definition but often have questions)

[ ] Low (i.e., staff have a high need for additional training)

### 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)

### 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)

1. **The project ensures all new participations 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

### Tools your 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: [ ] Not Applicable

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

**Enrollment**

### Does your agency have any questions about who can be served in any of its projects?

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

[ ] Strongly agree

[ ] Agree

[ ] Neutral

[ ] Disagree

[ ] Strongly disagree

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

[ ] Very strong

[ ] Strong

[ ] Average

[ ] Weak

[ ] Very weak

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

**Housing**

**Please rate your agency on the following questions using a scale from 1 to 5, where 1 is the lowest and 5 is the highest.**

1. **How would you rate your agency in promoting participant choice in housing?**
2. **How would you rate your agency in providing education to participants about their lease or occupancy agreement terms?**
3. **How would you rate your agency in helping participants build relationships and connections to their community (to help foster housing stability)?**
4. **Please explain any high or low ratings in the previous three questions.**
5. **How does your agency inform participants of the right to request reasonable accommodations related to disabilities?**
6. **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 receive transportation

[ ] Participate locate their own units

[ ] Participate 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:

### If you would like to make any technical assistance request related to housing, please explain.

**Eviction Prevention**

1. **Tools your 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:

### How often does a participant at your 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

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

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

**Staff Development and Training**

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

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

**Policies and Procedures**

1. **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.**

### 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

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

1. **Please rate your 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)

[ ] N/A

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

**Service Provision**

### 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

[ ] Are developmentally appropriate for family 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

### How do agency staff engage with SOAR to help connect individuals to cash benefits?

1. **How do agency staff connect participants to employment or workforce development opportunities?**
2. **What is the typical caseload ratio?**

### What strategies does your agency use to encourage participation in services without making participation a requirement?

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

### What practices does the program utilize to monitor spending and identifying ways to spend funds in order to avoid unnecessary recapture of funds?

1. **If you would like to make any technical assistance request related to**

**grant management, please explain.**

## General Summary Questions

1. **What assistance or guidance would help your 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?**