Virginia Homeless Solution Program Monitoring
HSNH – VHSP Monitoring Form

Grantee: _____   **Email:** _____
Executive Director: _____   **Grant #:** _____
Grant Contact: _____   **Amount:** _____
Contact Title: _____   **Monitor's Name:** _____
Phone Number: _____   **Visit Date:** _____

Funded Activities:

☐ **Outreach**   ☐ **Rapid Re-housing**
☐ **Centralized/Coordinated Assessment**   ☐ **CoC Planning**
System   ☐ **HMIS**
☐ **Targeted Prevention**   ☐ **Administration**
☐ **Emergency Shelter Operations**

Previous Monitoring

Date Monitored: _____   **Monitor:** _____

Monitoring Results	Corrective Actions
#1: ☐ **Finding** ☐ **Concern** _____	**Corrective Actions:** _____
#2: ☐ **Finding** ☐ **Concern** _____	**Corrective Actions:** _____
#3: ☐ **Finding** ☐ **Concern** _____	**Corrective Actions:** _____
#4: ☐ **Finding** ☐ **Concern** _____	**Corrective Actions:** _____
#5: ☐ **Finding** ☐ **Concern** _____	**Corrective Actions:** _____

Findings Letter Mailed:	Response from Sponsor:	Monitoring Closed:
_____	_____	_____

HSNH – VHSP Requirements and Responsibilities

1. Does the organization participate in any religious activities? ☐ Yes   ☐ No

    If so, are these activities offered separately, in time or location, from the programs or services funded under HSNH? ☐ Yes   ☐ No

2. Does the agency deny services to program participants on the basis of religion or religious belief? ☐ Yes   ☐ No

3. How does the agency fulfill the requirement for participation in CoC/LPG in accordance with the community's bylaws and standards?

    _____

4. Does the agency comply with fair housing regulations to ensure that the program is open to all eligible individuals regardless of sexual orientation, gender identity, or marital status? ☐ Yes   ☐ No

5. Does the agency comply with Fair Housing and Civil Rights Laws? ☐ Yes   ☐ No

6. Does the agency affirmatively further fair housing for protected classes (race, color, national origin, religion, sex, disability, and familial status)? ☐ Yes   ☐ No

    How does the agency fulfill this requirement?

    _____

7. Is the project and/or shelter facility accessible (ADA compliant)? ☐ Yes   ☐ No

8. Are auxiliary aids and language services provided to ensure equal access to the project and/or shelter facility? ☐ Yes   ☐ No

    If restrictions/accessibility preclude a person from accessing services or shelter what is the agency/community plan for meeting the need of that specific population?

    _____

    Describe how the connection to alternative services would take place:

    _____

9. Are program participant records safeguarded to ensure confidentiality? ☐ Yes   ☐ No

10. How are the established written grievance and termination policies conveyed to participants?

_____

11. Are all records maintained for the specified timeframe? DHCD requires contractual and program participant records to be maintained for a minimum of five years. ☐ Yes   ☐ No

12. Are any fees charged to participants? ☐ Yes   ☐ No

13. How is the homeless population included in the policy-making process (i.e., involvement on the Board of Directors, etc.) within the organization?

    _____

14. How is the homeless population included in the operations (i.e., volunteering in program activities, etc.) within the organization?

    _____

15. Does the agency have partner agencies that also provide services as a part of the grant agreement? ☐ Yes   ☐ No

    If so, are these partner agencies monitored? ☐ Yes   ☐ No

    Has a copy of the monitoring tool been provided to DHCD? ☐ Yes   ☐ No

    List partner agencies:

    _____

16. What are the housing barriers in the community that make obtaining/maintaining housing difficult for participants?

    _____

Program-Specific Requirements and Responsibilities

Outreach

1. How is the program incorporated into the coordinated/centralized assessment system?
   _____

2. Are all program participants assessed with the community-based common assessment tool?
   ☐ Yes   ☐ No   If yes, provide a copy to DHCD.

3. How does the program coordinate with other homeless services providers?

   _____

4. Describe how the program shares information across outreach teams and sites:

_____

5. Describe how the program engages with other systems, including law enforcement, hospitals and emergency departments, corrections, libraries, and job centers:

_____

6. Describe how the program proactively seeks to connect with and serve all unsheltered people within the CoC:

_____

7. Describe the population primarily served:

_____

8. Describe how the program is person-centered and emphasizes building rapport and trust as a means of heling people obtain housing with appropriate services:

_____

9. Are there any barriers that would preclude eligible persons from accessing the project?
   ☐ Yes   ☐ No   If yes, describe: _____

Coordinated Entry

1. Are all program participants assessed with the community-based common assessment tool?
   ☐ Yes   ☐ No   If yes, provide a copy to DHCD.

2. Describe the centralized or coordinated intake process:

_____

3. Describe the process for referral of eligible households for homeless prevention and rapid rehousing services. Include the timeframe for referral.

_____

4. Are households seeking homeless assistance screened for diversion and referred to prevention or other mainstream resources? ☐ Yes   ☐ No

5. On average, how many calls does Coordinated Entry receive per month?

_____

6. On average, how many households contacting Coordinated Entry are successfully diverted from homelessness?

    _____
        Provide some examples of the creative problem-solving conversations and/or connections with mainstream resources that have been successful.

        _____

7. Describe the population primarily served:

    _____

8. How are persons ensured access to emergency services during hours when coordinated entry's intake and assessment processes are not operating?

    _____

9. Are there any barriers that would preclude eligible persons from accessing the project/facility? ☐ Yes   ☐ No   If yes, describe:

    _____

10. Are training protocols provided at least annually to organizations that serve as access points or otherwise conduct assessments? ☐ Yes   ☐ No
        When was the most recent training conducted?

    _____

11. Describe the process for conducting evaluations to determine overall system effectiveness for process improvement measures:

    _____

Targeted Prevention

1. How is the program incorporated into the coordinated/centralized assessment system?

    _____

2. Are all program participants assessed with the community-based common assessment tool?
    ☐ Yes   ☐ No

3. How does the system ensure that prevention financial assistance is targeted to households most likely to enter shelter but for the financial assistance?

   _____

4. How does the program coordinate with other homeless services providers?

   _____

5. Describe the centralized or coordinated intake process (beginning with the initial point that a person attempts to access services through entering your agency's project):

   _____

6. Are records maintained for clients that are ineligible for services after the initial screening? (review record to identify cause of denial) ☐ Yes   ☐ No

7. How is diversion practiced in this program?
   _____

8. On average, how many households seeking prevention assistance are successfully diverted?
   _____
   Provide some examples of the creative problem-solving conversations and/or connections with mainstream resources that have been successful.

   _____

9. Describe the population primarily served:

   _____

10. Are there any barriers that would preclude eligible persons from accessing the project/facility? ☐ Yes   ☐ No   If yes, describe:

    _____

11. Are there sobriety requirements? ☐ Yes   ☐ No

12. What is the average length of service provision for program participants in this program?

    _____

13. Describe how the provision of assistance is determined. Include information on how length of assistance and participant subsidies are evaluated:

_____

14. Does the agency provide case management at least monthly to project participants?
☐ Yes ☐ No If yes, describe the process for scheduling and ensuring the meetings take place: _____

15. Does the staff complete a housing barriers assessment for each program participant? (review/get copy) ☐ Yes ☐ No Describe the process and timeframe for the completion of the housing barriers assessment:

_____

16. Does the staff complete a housing plan for each program participant? ☐ Yes ☐ No Describe the process and timeframe for the creation of the housing plan:

_____

17. Describe how mainstream resources (Medicaid, SSDI/SSI, WIC, etc.) are used to ensure all participants to remain stably housed:

_____

18. Describe the process for re-certification:

_____

19. Does the agency conduct follow-up interviews with clients who have exited the program to ensure long-term stability? ☐ Yes ☐ No If so, describe:

_____

Emergency Shelter

1. How is the program incorporated into the coordinated/centralized assessment system?

_____

2. Are all program participants assessed with the community-based common assessment tool?
☐ Yes ☐ No

3. How does the program coordinate with other homeless services providers?

_____

4. In decisions regarding eligibility or placement into single-sex emergency shelters or other facilities, how does the agency ensure that potential program participants or current program participants seeking new shelter assignment are placed in a shelter or facility that corresponds to the gender with which the person identified?

_____

5. Describe the centralized or coordinated intake process (beginning with the initial point that a person attempts to access services through entering your agency's project):

_____

6. Are records maintained for clients that are ineligible for services after the initial screening? (review record to identify cause of denial) ☐ Yes ☐ No

7. How is diversion practiced in this program?

_____

8. Are there sobriety requirements? ☐ Yes ☐ No

9. Describe the population primarily served:

_____

10. Are there any barriers that would preclude eligible persons from accessing the project/facility? ☐ Yes ☐ No If yes, describe:

_____

11. What is the average length of service provision for program participants in this program?

_____

12. Does the staff complete a housing barriers assessment for each program participant? (review/get copy) ☐ Yes ☐ No Describe the process and timeframe for the completion of the housing barriers assessment:

_____

13. Does the staff complete a housing plan for each program participant? ☐ Yes ☐ No Describe the process and timeframe for the creation of the housing plan:

_____

14. Describe the process to quickly transition program participants into permanent housing:

_____

15. Describe how the agency adheres to the Prohibition Against Involuntary Family Separation requirement:

   _____

16. Describe how mainstream resources (Medicaid, SSDI/SSI, WIC, etc.) are used to transition all participants to permanent housing:

   _____

Rapid Rehousing

1. How is the program incorporated into the coordinated/centralized assessment system?

   _____

2. Are all program participants assessed with the community-based common assessment tool?
    ☐ Yes   ☐ No

3. How does the program coordinate with other homeless services providers?

   _____

4. Describe the centralized or coordinated intake process (beginning with the initial point that a person attempts to access services through entering your agency's project):

   _____

5. Are records maintained for clients that are ineligible for services after the initial screening? (review record to identify cause of denial)   ☐ Yes   ☐ No

6. How is diversion practiced in this program (problem solving conversations)?

   _____

7. Describe the population primarily served:

   _____

8. Are there any barriers that would preclude eligible persons from accessing the project/facility: ☐ Yes   ☐ No   If yes, describe:

   _____

9. Are there sobriety requirements? ☐ Yes   ☐ No

10. What is the average length of service provision for program participants in this program?

_____

11. Describe the process to quickly transition program participants into permanent housing:

    _____

12. Describe how the provision of assistance is determined. Include information on how length of assistance and participant subsidies are evaluated:

    _____

13. Does the agency provide case management at least monthly to project participants?
    ☐ Yes   ☐ No   If yes, describe the process for scheduling and ensuring the meetings take place: _____

14. Does the staff complete a housing barriers assessment for each program participant? (review/get copy) ☐ Yes   ☐ No   Describe the process and timeframe for the completion of the housing barriers assessment:

    _____

15. Does the staff complete a housing plan for each program participant? ☐ Yes   ☐ No
    Describe the process and timeframe for the creation of the housing plan:

    _____

16. Describe how mainstream resources (Medicaid, SSDI/SSI, WIC, etc.) are used to transition all participants to permanent housing:

    _____

17. Describe the process for re-certification:

    _____

18. Does the agency have a copy of the certificate verifying that the appropriate staff has completed the lead based visual assessment training? ☐ Yes   ☐ No   If yes, provide a copy to DHCD.

19. Does the agency conduct follow-up interviews with clients who have exited the program to ensure long-term stability? ☐ Yes   ☐ No   If so, describe:

    _____

CoC Planning

1. How does this CoC/LPG coordinate with publicly funded institutions to prevent, where possible, individuals from becoming homeless?

    _____

2. Is there a process in place to refer individuals being imminently discharged into homelessness from publicly funded institutions to the following: Veterans Administration, Department of Social Services, Community Services Boards, or other mainstream resources as needed? ☐ Yes ☐ No If so, describe:

_____

3. Describe the centralized or coordinated intake process (beginning with the initial point that a person attempts to access services through entering your agency's project):

_____

Board of Directors

How many members on the Board? (Obtain a copy of Board list) _____

How often does the Board meet? _____

Are Board meeting minutes kept? ☐ Yes ☐ No

List Board committees/subcommittees:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Financial Management

*Get a copy of the chart of accounts

Does the agency have written financial management policies and procedures? ☐ Yes ☐ No

What mechanism is in place to prevent duplicative payment(s)?

_____

Are bank reconciliations performed monthly? ☐ Yes ☐ No
    By whom? _____

Does the agency keep time sheets that reflect actual times, dates, and signatures for the staff person and supervisor? ☐ Yes   ☐ No

Does the agency have written policies and procedures related to internal controls and separation of duties? (Request a copy) ☐ Yes   ☐ No

Who is responsible for writing checks and paying bills? Is more than one signature required for any check? _____

Who is responsible for generating/maintaining financial statements and records?

_____

How often does the Board review financial statements and reports?

_____

Findings and Concerns: _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____

Findings and Concerns: _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____

Findings and Concerns: _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____

☐ **FINDING**   ☐ **CONCERN:** _____