



## PROGRAM MONITORING

### BACKGROUND

The SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING strives to make homelessness in San Francisco rare, brief, and one time.

The Department funds outreach, shelter, transitional housing, rapid re-housing and permanent supportive housing programs designed to serve the homeless residents of San Francisco through a combination of local, state and federal resources.

### PURPOSE OF MONITORING

Monitoring visits should ensure that the funded sub-recipients are administering homeless funding in accordance with all applicable local, state and federal laws including but not limited to the HEARTH Act, CoC Interim Rule, OMB Super Circular, local city requirements and CoC Coordinated Entry Policies and Procedures and Written Standards.

## MONITORING PROCESS

The table below outlines the monitoring process and sequence of work for initiating onsite program monitoring.

### 1. MONITORING PREPARATION

Review the following information in preparation for the monitoring visit.

- Communicate monthly monitoring schedule internally; determine if any partner departments: Finance, HMIS etc require any follow up support on open items
- Sub-recipient contract and budget
- Sub-recipient Policies and Procedures





	<ul style="list-style-type: none"> <li>• Ex. 2 application (HUD Programs only)</li> <li>• Ask HMIS department to pull an <i>active</i> client list from the HMIS that can be used to identify a sample set of files to review. Monitors should pull 20% of the active case load to review.</li> <li>• Ask finance department for A-133 audit (if applicable)</li> <li>• 501©(3) document on file</li> <li>• Match Verification Spreadsheet</li> </ul>
<p><b>2. SUB-RECIPIENT COMMUNICATION AND FORMAL NOTIFICATION OF ONSITE MONITORING</b></p>	<p>Send email notifying sub-recipient Point of Contact of onsite monitoring</p> <ul style="list-style-type: none"> <li>• Confirm the dates of the site visit</li> <li>• Identify the information that will be reviewed during the visit</li> <li>• Specify which staff should be involved and the duration of the visit</li> </ul>
<p><b>3. MONITORING ENTRANCE CONFERENCE</b></p>	<ul style="list-style-type: none"> <li>• Meet on-site with sub-recipient contact person upon arrival</li> <li>• Clarify purpose, scope and schedule of the visit</li> </ul>
<p><b>4. DOCUMENTATION REVIEW AND ANALYSIS</b></p>	<ul style="list-style-type: none"> <li>• Client record review (sample set from HMIS roster pulled at DSHS)</li> <li>• Agency policy and procedures</li> <li>• Fill out monitoring checklist</li> <li>• Conflict of Interest policy (agency)</li> </ul>



	<ul style="list-style-type: none"> <li>• A-133 Audit (If applicable)</li> <li>• Program staffing list</li> </ul>
<p><b>5. EXIT CONFERENCE</b></p>	<ul style="list-style-type: none"> <li>• Present preliminary results of the monitoring visit</li> <li>• Highlight positive Rehousing Agency attributes e.g. compliance, agency strengths, innovative or commendable practices</li> <li>• Highlight areas of weakness and improvement; Allow agency to provide any feedback or clarification on these of improvement</li> </ul>
<p><b>6. DETERMINATION OF CONCERNS</b></p>	<ul style="list-style-type: none"> <li>• Share preliminary results of the monitoring visit with DSHH leadership via email within 7 days of site visit.</li> <li>• If serious client health or safety issues were identified during the site visit, please communicate these issues to department leadership and project agency leadership via email and phone within 24 hours of the site visit.</li> <li>• If major contract or program issues were identified, co-create recommendations for improvement with Department leadership.</li> </ul>
<p><b>7. ISSUANCE OF MONITORING LETTER</b></p>	<p>Complete a monitoring letter that summarizes the site visit.</p> <ul style="list-style-type: none"> <li>• Recognize positive attributes</li> <li>• Identify concerns or areas of improvement</li> <li>• Make recommendations for</li> </ul>



	<p>improvement, if there is a concern</p> <ul style="list-style-type: none"><li>• Issue the monitoring letter within 30 days of the site visit.</li></ul>
<p>8. ISSUANCE OF MONITORING LETTER</p>	<p>Complete a monitoring letter that summarizes the site visit.</p> <ul style="list-style-type: none"><li>• Recognize positive attributes</li><li>• Identify concerns or areas of improvement</li><li>• Make recommendations for improvement, if there is a concern</li><li>• Issue the monitoring letter within 30 days of the site visit.</li></ul>



<b>DATE:</b>		
<b>AGENCY NAME:</b>		
<b>PROGRAM NAME:</b>		
<b>CONTRACT MONITORED:</b>		
<b>PERIOD OF PERFORMANCE:</b>		
<b>HHS MONITOR:</b>		
<b>PROGRAM STAFF PARTICIPANTS NAME AND TITLE:</b>		
<b>PARTICIPANT FILE REVIEW: 10 % of roster</b>		
<b>PROGRAM COMPONENT</b>	<input type="checkbox"/> Outreach <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Shelter/Navigation Center <input type="checkbox"/> Diversion/Prevention <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Re-housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other Permanent Housing (Not HUD funded) <input type="checkbox"/> Supportive Service Only	
<b>PLEASE DOCUMENT THE CLIENT ID NUMBER IN HMIS FOR THE FILES REVIEWED:</b>		
<b>PROGRAM MANAGEMENT &amp; OVERSIGHT</b>	<b>TRACKING</b>	<b>NOTES</b>
1. Does the staffing list provided by the program match the staff levels onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Does the staffing level appear adequate to serve the participant population? Local Requirement	<input type="checkbox"/> YES <input type="checkbox"/> NO	



<p>3. Are all records regarding the program participant centrally located and secure? (24 CFR 578.103(b) &amp; (c))</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>4. Are the records pertaining to the program participant's qualification for the CoC Program being retained for 5 years after the expenditure of all funds from the grant under which the program participant was served? (24 CFR 578.103(c)(1))</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>5. Is the number of participants currently being served consistent with the service number in the approved application? The sub-recipient must serve at least as many program participants as shown in its application for assistance (24 CFR 578.51(h)(3)).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>6. Is there a written termination process? Does it include providing the participant with written program rules upon entering the program? Is the participant given a notice of termination that includes written justification? Is there a process that recognizes the due process rights of individuals receiving assistance? 24 CFR 578.103(a)(8)(ii)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>7. Is there a written grievance policy and does it provide multiple levels of grievance? (Local Requirement)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>8. Forms for reasonable accommodation are available to clients? (Local Requirement)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>9. Does the agency have homeless/ formerly homeless individuals on the board of directors? (24 CFR 578.75 (g))</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>10. Is there a policy in place to ensure that families with children under the age of 18 are not denied admission or separated when entering housing?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	



11. <i>FAMILY PROGRAMS ONLY</i>		
12. Does the agency have a staff person to ensure that the children are enrolled in school? 24 CFR part § 578.23 (c)(iv)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. <i>FAMILY PROGRAMS ONLY</i>		
14. Does the program have signed conflict of interest statements by staff and the board that affirm that employees, agents, consultants, officers, and elected or appointed officials ensured that they rendered impartial assistance in the provision of any type or amount of assistance because of activities or relationships with other persons or organizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. [24 CFR 578.95(c)		
16. Notice of Rights for People with Disabilities is publicly displayed? Local requirement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ELIGIBILITY 24 CFR § 578.103 &amp; 578.37(a)(1)(ii)(F)</b>	<b>TRACKING</b>	<b>NOTES</b>
17. SF HOMELESS ELIGIBILITY FORM Completed and correct <a href="#">24 CFR § 583.5</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Client Release of Information (Signed) 24 CFR § 583.301	<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. Client Rights and Responsibilities/Program Rules (Signed) (Local Requirement)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. Client Intake or application present in the file 24 CFR § 583.301	<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. Copy of Identification for participant and children	<input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Full participation in Coordinated Entry System 24 CFR § 578.7(a)(8)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Target population being served matches the Ex. 2 application	<input type="checkbox"/> YES	



	<input type="checkbox"/> NO	
24. Are participant files easily accessible and clearly organized according to a sample file? Local Requirement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SERVICE PROVISION</b>	<b>TRACKING</b>	<b>NOTES</b>
25. Are the supportive services being provided consistent with those described in the Ex. 2 application?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
26. Are referrals being made to needed services e.g. mainstream services (24 CFR 578.1(b)(3))	<input type="checkbox"/> YES <input type="checkbox"/> NO	
27. If the program is serving a disabled population that requires documentation for housing, file contains proof of eligibility. (24 CFR 578.37 (a)(1)(i))	<input type="checkbox"/> YES <input type="checkbox"/> NO	
28. For programs serving participants for 1 year or more, is there evidence of an annual assessment of needs? (24 CFR 578.53(a)(2)) & 578.75(e)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
29. Is the standard SF Rent calculation form filled out annually and completed correctly? 24 CFR 578.49(b)(6); <i>RENTAL ASSISTANCE PROGRAMS ONLY</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
30. Rent is at or below Fair Market Rent standards for the household composition? (24 CFR 578.77(c)(1)) <i>RENTAL ASSISTANCE PROGRAMS ONLY</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
31. Rental lease or lease/occupancy agreement (sponsor based programs) signed by client annually (24 CFR § 578.77 a&b)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
32. Habitability Standards Inspection documented and	<input type="checkbox"/> YES	





signed <i>RENTAL ASSISTANCE PROGRAM ONLY</i> 24 CFR 982.401	<input type="checkbox"/> NO	
<b>HMIS &amp; REPORTING 24 CFR 578.57(a)(1)(vii)(F)</b>	<b>TRACKING</b>	<b>NOTES</b>
33. Program participant data entered into HMIS/COMPARABLE DATABASE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
34. HMIS Privacy Policy posted in the program common areas or offices	<input type="checkbox"/> YES <input type="checkbox"/> NO	
35. HMIS/CD consent (Release of Information) present in file & signed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
36. Monitor was able to pull a client level roster of participants that is up to date? (HMIS Data quality validation)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
37. Was the most recent APR submitted correctly and on time? (Program performance validation)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
38. Has the agency had an audit completed within the last year by an independent certified auditor?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
39. If applicable, has the agency completed an A-133? 24 CFR 84.21(a)-(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PERFORMANCE &amp; COMPLIANCE</b>	<b>TRACKING</b>	<b>NOTES</b>
40. The program has maintained an occupancy average of 85% or higher throughout the program year. (Local requirement, NOFA requirement)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
41. Data entry is completed in accordance with timeliness standards set forth in the SF HMIS Policies and Procedures	<input type="checkbox"/> YES <input type="checkbox"/> NO	



24 CFR 578.57(a)(1)(vii)(A)		
<p>42. The program has none of these requirements in place to enter:</p> <ul style="list-style-type: none"> <li>-Sobriety</li> <li>-Required participation in supportive services e.g. Mandatory disability related service participation</li> <li>-Income thresholds (Housing First Validation)</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>43. Does program have method for customers to evaluate services received (e.g. surveys)? Results were reviewed? Local Requirement</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><b>MATCH 24 CFR 578.73</b></p>	<p><b>TRACKING</b></p>	<p><b>NOTES</b></p>
<p>44. Sub recipient must provide evidence of Match resources as described in the Match verification worksheet submitted to HSH with their NOFA application.</p> <p>Can the sub-recipient provide evidence that all of the match resources reported on the Match Verification Worksheet available?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>45. If the sub-recipient reports <u>Cash Match</u> do they have a written commitment that includes</p> <ul style="list-style-type: none"> <li>a. Amount of cash to be provided to the recipient for the project;</li> <li>b. Specific date the cash will be made available;</li> <li>c. The actual grant and fiscal year to which the cash match will be contributed;</li> <li>d. Time period during which funding will be available; and</li> <li>e. Allowable activities to be</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	



funded by the cash match.		
46. If sub-recipient reports <u>Cash Match as Program Income</u> are they documenting use of this income on their general ledger?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
47. If sub-recipient reports <u>Non-Cash Match Services</u> do they have a written MOU with a partner a. Description of professional or volunteer services provided b. The period within which the services will be provided c. The value of the service d. Qualifications of person providing the service e. Signed and dated by the CoC Project and the partnering agency	<input type="checkbox"/> YES <input type="checkbox"/> NO	
48. If sub-recipient reports <u>Non-Cash Match Donation: Property, Goods, Equipment</u> they should have documentation that includes the following information: a. Value of donated goods to be provided to the recipient for the project; b. Specific date the goods will be made available; c. The actual grant and fiscal year to which the match will be contributed; d. Time period during which the donation will be available; e. Allowable activities to be provided by the donation; 24 CFR Parts 84 and 85	<input type="checkbox"/> YES <input type="checkbox"/> NO	