

Welcome!

Welcome to the Standards of Excellence Certification Evaluation! This evaluation is meant to help us understand your program's success and achievements. The results of this evaluation, along with any follow-up consultations, will be used to determine whether or not you are a "certified" high performer in our community, as well as help us identify any opportunities for capacity building, technical assistance, and training.

Please note that this evaluation is currently only meant for outreach programs / engagement services, emergency / crisis / interim housing, and permanent supportive housing programs, and not for entire agencies or other program types. Please refer to the Standards of Excellence to determine whether or not your program fits within any of these categories.

Also, for the purposes of this evaluation, a "program" is defined as the discrete arrangement of services and/or housing that your organization has historically presented as a single, "stand-alone" offering. A good rule of thumb is, if it has an official name (such as "Downtown Emergency Shelter"), then it likely fits within this criteria. Feel free to contact us if you are unsure.

As you complete this evaluation, please utilize the Standards of Excellence as a reference, as all of the questions and data points requested will be based on the outcomes and goals stated there. You can find the most recent version at:

<http://bit.ly/SoESpring2014> (PDF)

And if you have any questions or concerns, please feel free to reach out to Michael Nailat at m nailat@unitedwayla.org.

Thank you!

Your friends at Home For Good

Please click "Next" for instructions and to begin the evaluation.

Instructions

To ensure you are able to successfully complete this evaluation, please carefully read the following instructions:

-Please use only the link in your e-mail to begin or resume this evaluation.

-All responses on a page are saved when you click "Next".

-If you cannot finish the evaluation in once sitting, please complete the page you are currently on and click "Next" before closing the window. You can also click on the "Finish later" button at the top-right of the window, but again make sure you click "Next" to save all of your current responses. If there are questions on the page that require a response before you can click "Next", you can also enter in temporary placeholder text to edit later.

-All responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

-Even after submitting the survey, you can still go back in and make edits by using the link in your e-mail. However, once the Evaluation completion deadline has passed, you will no longer be able to make edits.

-For longer, narrative responses, it is recommended that you type them out first in a word processing program (such as Microsoft Word) so that you can make edits and review the responses before you submit them in the evaluation.

-Please be descriptive where appropriate! We trust that all of your responses are honest depictions of your program, but please utilize the narrative sections of the evaluation to leave nothing to doubt. We may follow up with you for further clarifications, but the more you share with us here, the better!

-We recommend submitting supporting documentation where appropriate. This may include (but is not limited to): HMIS reports, MOUs, organizational policy documents, etc. Please submit any supporting documentation to mnailat@unitedwayla.org; please do not include any confidential client data within any of the attachments.

-Depending on the type of program you are seeking to certify, and the availability of the data and information necessary to respond to all of the questions, this evaluation may take anywhere from 30 min. to 2 hours. The progress bar at the top of the page will let you know how far you are from completion, but please, be sure to set aside enough time to provide proper responses while still ensuring you can have your final submission ready in time for the deadline.

Before proceeding, it is highly recommended that you print the above text for reference as you complete this evaluation, and have immediate access to all necessary documents and reports. When you're ready, click "Next" to begin!

Contact Information

This section is NOT scored.

***What is the name of the primary agency operating the program?**

***What is the name of the program?**

***What Service Planning Area is the program primarily located in? Please select the area in which the majority of the beds and/or services are provided. If you are unsure, please use the tool available at <http://1.usa.gov/1hROUJP>**

- SPA 1: Antelope Valley
- SPA 2: San Fernando Valley
- SPA 3: San Gabriel Valley
- SPA 4: Metro LA
- SPA 5: West
- SPA 6: South
- SPA 7: East
- SPA 8: South Bay

***What is your full name? Please include at least your First and Last name.**

***What is your title?**

***What is your e-mail address?**

***What is your phone number?**

General Questions

In order to ensure that the results of this survey are both fair and accurate, please respond to the following general questions.

This section is NOT scored, but the information you provide here will be used to determine eligibility for certification and to help us better understand your responses in the scored sections.

***What time period will you be reporting on for the purposes of this evaluation? Please note that the time period must be at least 12 months long in length and have ended sometime in the last 6 months.**

MM DD YYYY
Start Date / /
End Date / /

***How do you collect and verify data for the program you are seeking to evaluate? (Select all that apply)**

- Through a Homeless Management Information System (HMIS) that is compliant with HUD Standards
- Through a data system maintained by a funder or partner agency
- Through an internal database or series of spreadsheets

Other (please specify)

***Of the data systems you selected above, which one would you say is where you primarily store the majority of your client and service provision data?**

- Through a Homeless Management Information System (HMIS) that is compliant with HUD Standards
- Through a data system maintained by a funder or partner agency
- Through an internal database or series of spreadsheets

Other (please specify)

***Does the program you're seeking to evaluate participate in a Coordinated Entry System (CES)? This may include (but is not limited to): Using a centralized assessment tool (such as the VI-SPDAT), setting aside beds/units for those matched to housing through coordinated entry, receiving funding through LAHSA's HFSS program, etc.**

- Yes
- No
- Not Sure

***How would you describe the population this program primarily serves? Please indicate any target populations this program is particularly designed for.**

***How many people were served by this program? Please indicate both number of persons AND total households.**

Persons (including all adults and youth)

Households (including singles and families)

***How many households were served that fall within the following categories? Please count each household only once.**

Chronically Homeless Veterans

Other chronically homeless households (singles and families)

Non-Chronically Homeless Veterans

***If applicable, how many beds and units were provided by this program? If this does not apply to your program, please enter "0" in each box.**

Beds (including beds in separate housing units)

Units

***What type of program are you seeking to evaluate? Please note that your selection here will determine which set of questions you will need to answer moving forward.**

- Outreach Program / Engagement Services
- Emergency / Crisis / Interim Housing
- Permanent Supportive Housing

Outreach Programs / Engagement Services - Performance Goals and Indicators

The following questions are based on the "Performance Goals and Indicators" section of the Standards for Outreach Programs / Engagement Services. Please use your program's service and performance data to answer these questions where appropriate.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

For any questions on this page for which there is no response, please enter the number "0".

This section is scored.

***How many unduplicated persons has your program engaged at least once?
Engagements include any interactions with a homeless person that results in an assessment or the beginning of a case plan.**

***Where did you get this data?**

HMIS

Other (please specify)

***How many total engagements has your program made?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those that were engaged, how many were assessed for housing needs through Coordinated Entry using the VI-SPDAT?**

***Where did you get this data?**

HMIS

Other (please specify)

***How many unduplicated clients were engaged at least 5 or more times?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those engaged 5 or more times, how many clients were assessed as needing permanent supportive housing (e.g. scored as a "3" or "4" in the VI-SPDAT)?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those identified as needing permanent supportive housing, how many were successfully assisted in collecting all housing documents within 30 days of full engagement?**

***Where did you get this data?**

HMIS

Other (please specify)

Outreach Programs / Engagement Services - Operating Standards

The following questions are based on the "Operating Standards" section of the Standards for Outreach Programs / Engagement Services. They will be used to determine the extent to which your program provides services in a manner that is aligned with community-defined best practices.

For each question, please indicate whether or not your program follows the listed practice, and in the accompanying text boxes, please explain how it specifically goes about implementing that practice.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

This section is scored.

*** Does your program participate in the local coordinated entry system by (please select all that apply):**

- Working as housing navigators and assessors
- Using the VI-SPDAT
- Preparing necessary documents for housing placement
- None of these

*** Please explain your response(s).**

*** Does your outreach program send out teams that are (please select all that apply):**

- Of 2 staff persons or more
- All 18 years old and older
- None of these

*** Please explain your response(s).**

***Does your program train your staff on (please select all that apply):**

- Your organization's core values
- Physical health & safety (including on blood borne pathogens)
- Boundaries
- Ethical guidelines
- Triageing
- Mental health & substance abuse symptoms
- Housing assessment
- None of these

***Please explain your response(s), including how regularly staff is trained in each area and how compliance/competence is evaluated.**

***Does your program have policies in place that ensure that outreach staff maintain their own physical and mental well-being?**

- Yes
- No
- Only Partially / Not Sure

***If "Yes", please explain how this is implemented. If "No" or "Not Sure", please explain your response.**

***Are outreach services provided on (please select all that apply):**

- Nights
- Weekends
- None of these

***Please explain your response(s).**

***Does your program offer any of the following services, based on client choice and without prerequisites (such as sobriety, program completion, medication compliance, etc.)? (Please select all that apply)**

- Referrals
- Access to shelter beds
- IDs
- Physical Health Care
- Mental Health Care
- Substance Use Treatment
- Benefits
- Employment Assistance
- None of these

***Please explain your response(s), including a list of any partner agencies or relevant community linkages that helps facilitate the provision of these services.**

***Is your program on any Continuum of Care probation list?**

- Yes
- No
- Not sure

***Please explain your response.**

***Does your program have a clearly-defined catchment area?**

- Yes
- No
- Not sure

***If "Yes", please describe the catchment area, including any relevant cities, service planning areas, and/or identified neighborhoods / regions. You may also submit a map to mailat@unitedwayla.org (Subject: "CERTIFICATION ATTACHMENT"). If "No" or "Not Sure", please explain your response.**

Emergency / Crisis / Interim Housing - Performance Goals and Indicators

The following questions are based on the "Performance Goals and Indicators" section of the Standards for Emergency / Crisis / Interim Housing. Please use your program's service and performance data to answer these questions where appropriate.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

For any questions on this page for which there is no response, please enter the number "0".

This section is scored.

*How many unduplicated persons have stayed at the shelter for 1 week or more?

*Where did you get this data?

HMIS

Other (please specify)

*Of those persons who stayed 1 week or more, how many were assessed for housing needs through the Coordinated Entry System using the VI-SPDAT?

*Where did you get this data?

HMIS

Other (please specify)

*How many unduplicated persons exited from the program during the reported time period?

*Where did you get this data?

HMIS

Other (please specify)

*Of those that exited, how many moved on to:

Permanent Supportive
Housing

Permanent Housing (with no
on-going supportive
services)

***Where did you get this data?**

HMIS

Other (please specify)

***Out of those that exited to permanent supportive housing, how many were successfully assisted in collecting all housing documents within 30 days of full engagement?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those that exited, how many moved on to any of the following "next-step housing" destinations within 120 days? Next-step housing includes any destination (including transitional housing or treatment) that was determined to be appropriate based upon each person's specific needs.**

Transitional Housing	<input type="text"/>
Safe Haven	<input type="text"/>
Permanent Supportive Housing	<input type="text"/>
Substance Abuse Treatment / Detox Center	<input type="text"/>
Rental by Client (no ongoing subsidy)	<input type="text"/>
Rental by Client (with ongoing housing subsidy)	<input type="text"/>
Owned by Client (no ongoing subsidy)	<input type="text"/>
Owned by Client (with ongoing housing subsidy)	<input type="text"/>
Temporary Stay with Family or Friends	<input type="text"/>
Permanent Stay with Family or Friends	<input type="text"/>
Deceased	<input type="text"/>

***Where did you get this data?**

HMIS

Other (please specify)

***How many persons have been surveyed on their satisfaction with the shelter?**

***Where did you get this data?**

HMIS

Other (please specify)

***Out of those surveyed, how many would recommend the shelter to someone else in need?**

***Where did you get this data?**

HMIS

Other (please specify)

Emergency / Crisis / Interim Housing - Operating Standards

The following questions are based on the "Operating Standards" section of the Standards for Emergency / Crisis / Interim Housing. They will be used to determine the extent to which your program provides services in a manner that is aligned with community-defined best practices.

For each question, please indicate whether or not your program follows the listed practice, and in the accompanying text boxes, please explain how it specifically goes about implementing that practice.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

This section is scored.

***How many beds does your program have?**

***How many of these beds are prioritized for those who have been matched to housing through coordinated entry and are awaiting placement?**

***Please explain your response.**

***Within 24 hours of arriving at the shelter, are all guests:**

- Screened for diversion
- Provided basic intake services
- None of these

***Please explain your response(s).**

***To enter the shelter, are guests required to:**

- Be clean & sober
- Have completed a treatment program
- Be employed or earning a specific level of income
- Be med-compliant
- None of these

***Please explain your response(s).**

***What is the program's case manager / housing specialist to client ratio?**

***Please explain your response.**

***Do avenues exist for "alumni" and/or peer support in the delivery of supportive services to current participants?**

- Yes
- No
- Not sure

***If "Yes", please describe how peers or "alumni" are integrated. If "No" or "Not Sure", please explain your response.**

***Does the organization's board of directors include at least one currently or formerly homeless individual?**

- Yes
- No
- Not sure

***Please explain your response.**

***Are guests that have an individual housing and service plan (IHSP) assisted in receiving eligible benefits and or achieving earned income?**

- Yes
- No
- Not sure

***If "Yes", please describe how benefits / income are sought. If "No" or "Not Sure", please explain your response.**

***Are resources or referrals in place that will shelter families without separation?**

- Yes
- No
- Not Sure

***If "Yes", please describe how families are kept together. If "No" or "Not Sure", please explain your response.**

***Is the shelter:**

- Compliant with the American Disabilities Act
- On any Continuum of Care probation list
- Neither of these

***Please explain your response(s).**

***Has the shelter's food preparation and serving staff completed the County's Safe Serve certification?**

- Yes
- No
- Not sure

***Please explain your response.**

***Does the shelter maintain documentation of every guest's stay for purposes of homeless certification and provided a designated point of contact for such information?**

- Yes
- No
- Not sure

***Please explain your response.**

***Are guests given protocols for expressing grievances?**

- Yes
- No
- Not sure

***If "Yes", please describe these protocols. If "No" or "Not Sure", please explain your response.**

***Are each client's Individualized Housing & Service Plans designed to facilitate the shortest possible shelter stays?**

- Yes
- No
- Not sure

***If "Yes", please describe how the plans achieve this. If "No" or "Not Sure", please explain your response.**

***Do case managers assist clients throughout the duration of their stay at the shelter?**

- Yes
- No
- Not sure

***If "Yes", please describe how consistent assistance is ensured. If "No" or "Not Sure", please explain your response.**

Permanent Supportive Housing - Performance Goals and Indicators

The following questions are based on the "Performance Goals and Indicators" section of the Standards for Permanent Supportive Housing. Please use your program's service and performance data to answer these questions where appropriate.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

For any questions on this page for which there is no response, please enter the number "0".

This section is scored.

***How many households were housed during the time period? This includes all those who were in housing at the beginning of the time period as well as those who entered during the time period measured.**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those housed, how many stayed housed for at least 6 months? This includes those who may have moved on to another permanent housing situation during the 6 month time period.**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those housed, how many stayed housed for at least 12 months? This includes those who may have moved on to another permanent housing situation during the 12 month time period.**

***Where did you get this data?**

HMIS

Other (please specify)

***How many units of new or turnover housing were provided throughout the time period?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of the new and turnover units provided throughout the time period, how many were occupied by persons who met the criteria for needing Permanent Supportive Housing established in the VI-SPDAT (i.e. were scored as a "3" or "4") AND are drawn from the coordinated entry system?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those housed, how many were assessed for eligible benefits?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those assessed for eligible benefits, how many received them within 12 months?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those housed, how many completed a housing or service evaluation?**

***Where did you get this data?**

HMIS

Other (please specify)

***Of those who completed a housing or service evaluation, how many expressed satisfaction with the provided housing or services?**

***Where did you get this data?**

HMIS

Other (please specify)

Permanent Supportive Housing - Operating Standards

The following questions are based on the "Operating Standards" section of the Standards for Permanent Supportive Housing. They will be used to determine the extent to which your program provides services in a manner that is aligned with community-defined best practices.

For each question, please indicate whether or not your program follows the listed practice, and in the accompanying text boxes, please explain how it specifically goes about implementing that practice.

Please remember that all responses must be based on the services/housing provided during a contiguous 12-month operating cycle that ended within the 6 months prior to this evaluation.

This section is scored.

*** Do tenants have easy access to a comprehensive array of services designed to assist them in sustaining stability and leading productive lives in the community?**

- Yes
- No
- Not sure

*** If "Yes", please describe the services offered, including any relevant services provided on-site and through community linkages. If "No" or "Not Sure", please explain your response.**

*** Are service coordination and case management services offered to every tenant?**

- Yes
- No
- Not sure

*** If "Yes", please describe the service coordination and case management services provided, including relevant staff-to-client-ratios. If "No" or "Not Sure", please explain your response.**

*** Do all tenants have a lease or similar form of occupancy agreement that:**

- Have no limits on length of tenancy as long as the terms and conditions of the agreement are met
- Do not require participation in services as a condition of tenancy
- Do not impose curfews or guest fees
- None of these

***Please explain your response(s).**

***To obtain or retain housing, are tenants required to:**

- Complete a program
- Have had a shelter stay
- Be clean and sober
- Be med compliant
- Have a clean housing history
- Have a clean credit history
- Have a clean evictions history
- None of these

***Please explain your response(s).**

***Do all tenants receive a list of California Tenant's Rights and Responsibilities?**

- Yes
- No
- Not sure

***Please explain your response.**

***What is the average percent of income clients pay towards their rent? Please enter the percentage number but do not include the "%" symbol.**

***Please explain your response.**

***Is the program on any Continuum of Care probation list?**

- Yes
- No
- Not sure

***Please explain your response.**

***Are all of the housing units included in an HMIS?**

- Yes
- No
- Not sure

***Please explain your response.**

***Are wellness and quality of life issues for each tenant measured through a standard assessment tool?**

- Yes
- No
- Not sure

***If "Yes", please describe how you use this tool and submit a copy of it along with any other attachments to mmailat@unitedwayla.org (Subject: "CERTIFICATION ATTACHMENT"). If "No" or "Not Sure", please explain your response.**

Final Thoughts, Comments, Questions

This final section is meant to give you an opportunity to provide further context to your responses, give us feedback on this process, and let us know if you have any final questions or thoughts.

This section is NOT scored.

***Please use the space below to provide any other information about your program that you feel may help us better understand your program's performance and the responses you provided to the preceding questions.**

***Do you have any thoughts or feedback on the evaluation itself? Please let us know if there was anything that we missed, was confusing, or that we should include in a future evaluation.**

Finally, if you have any other questions or general comments, please feel free to share them here (OPTIONAL):

Final Authorization and Submission

Thank you for completing the Standards of Excellence Certification evaluation!

Again, if you would like to submit any supporting documentation, please e-mail it to mnailat@unitedwayla.org.

The final set of statements on this page are meant to ensure that the information you've shared with us is an accurate representation of your program's achievements, and that your submission of this information has been authorized by any relevant members of your organization's leadership.

Please note that any "NO" responses to these questions after the evaluation deadline has passed will automatically exclude your program from the certification process. If you need more time to review your entries, feel free to click the "Prev" button to make changes now, or click on the link in the original e-mail sent to you regarding this evaluation to make revisions at a later time. Edits WILL be allowed to submissions up until the final certification deadline date; after that date has passed, no further revisions can be made.

Again, thank you for completing this evaluation, and we will be reaching out to you for any questions and next steps.

***I fully certify that this completed evaluation accurately represents my program's performance and its operations as measured by the Standards of Excellence.**

Yes

No

***Your name (this will serve as your signature):**

***Your e-mail address:**

***Our program's participation in this evaluation been fully authorized and approved by a representative of our organization's key leadership.**

Yes

No

***Name of key leadership representative (this will serve as that person's signature):**

***Contact e-mail for key leadership representative:**

***My organization fully consents to allowing the information shared here to be reviewed by an approved evaluating committee for the purposes of certification and aggregate community evaluation.**

Yes

No

Thank you, and good luck!