

## Appendix I: Tools Used During Triennial Monitoring

### Contents:

#### **1) FSH Document Transmittal Form**

This form can be used to organize and transmit certain key documents to OEO in advance of monitoring.

#### **2) FSH Programmatic Monitoring Tool**

This tool is used to verify compliance with each component of triennial monitoring. It also includes a set of questions to guide conversation during the visit.

#### **3) FSH File Review Tool**

Used to guide the process of reviewing case files. OEO will pull 3 – 5 case files for review during the triennial visit.

**FSH Document Transmittal Form**

MONITORING COMPONENT	NAME of DOCUMENT(S)	LINK OR ATTACHMENT	NOTES
<b>Service Delivery / Staff Training and Support</b>			
Collaboration with Housing Partners			
Trauma Informed and Strength-Based Practice			
Collaboration with Other Service Partners			
<b>Grant Compliance</b>			
FSH Priority and Eligibility			
Staff Training			
Risk Pool Expenditures			
Family Savings Account Expenditures			
HIPAA Officers			
HIPAA Security and Privacy Training			
Organizational Medicaid Enrollment			
Workplace Violence and Crisis Response Policy			
Conflict of Interest Policy			

**FSH Programmatic Monitoring Tool**

<b>Date of last visit</b>			
<b>Current Period of Review</b>			
<b>Executive Director</b>			
<b>FSH Point-of-Contact</b>			
<b>Participants (Name &amp; role )</b>	<b>Date</b>		
<b>Items from previous visit</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Have all corrective action requirements from previous monitoring reports been addressed?			
Follow up items?			
<b>Items for OEO follow-up</b>	<b>By whom?</b>		<b>To whom?</b>

Component	Demonstration	Reference	Requirement met?	Notes
<b>Service Delivery / Staff Training and Support</b>				
<b>Is provider able to help families secure stable housing?</b>	<input type="checkbox"/> FSH performance measures <input type="checkbox"/> Housing MOUs <input type="checkbox"/> Staff interview <input type="checkbox"/> Client interview	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		
<b>Does provider use trauma-informed and strength-based approaches in serving families?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Training logs <input type="checkbox"/> Client interview <input type="checkbox"/> 360 Self Eval	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		
<b>Is provider implementing required staff onboarding procedures?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review <input type="checkbox"/> Personnel file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual (Onboarding Requirements)</li> </ul>		
<b>Are essential FSH staff positions staying filled?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file Review	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> </ul>		
<b>Does provider have a staff coverage plan in place?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• Recommended</li> </ul>		

<b>Do provider files document reported outcomes?</b>	<input type="checkbox"/> Program file review <input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>FSH Provider Manual, Recordkeeping Requirements</li> </ul>		
<b>Component</b>	<b>Demonstration</b>	<b>Reference</b>	<b>Requirement met?</b>	<b>Notes</b>
<b>Service Delivery / Staff Training and Support (Cont.)</b>				
<b>Does provider follow exit guidance?</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Staff interview	<ul style="list-style-type: none"> <li>Recommended</li> </ul>		
<b>Provision of housing transition services.</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Program file review <input type="checkbox"/> Staff interview <input type="checkbox"/> Client interview	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
<b>Provision of tenancy sustaining services.</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Program file review <input type="checkbox"/> Staff interview <input type="checkbox"/> Client interview	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
<b>Provision of service coordination and customized support services.</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Program file review <input type="checkbox"/> Staff interview <input type="checkbox"/> Client interview <input type="checkbox"/> 360 Self Eval	<ul style="list-style-type: none"> <li>FSH Provider Manual: Recordkeeping Requirements</li> </ul>		
<b>Does provider maintain a monthly meeting with enrolled families?</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Client interview	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		

Case files contain written Care Plan based on needs assessment.	<input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
<b>Component</b>	<b>Demonstration</b>	<b>Reference</b>	<b>Requirement met?</b>	<b>Notes</b>
<b>Service Delivery / Staff Training and Support (Cont.)</b>				
Case files contain written Housing Support Plan.	<input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
Case files contain initial assessment of housing barriers.	<input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
Case files contains all pertinent releases of information.	<input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
Provider aligns and coordinates services with key partners.	<input type="checkbox"/> Program file review <input type="checkbox"/> MOUs <input type="checkbox"/> Staff interview <input type="checkbox"/> 360 Self Eval	<ul style="list-style-type: none"> <li>FSH Provider Manual</li> </ul>		
Provider supports service coordinators in maintaining wellness.	<input type="checkbox"/> Staff interview	<ul style="list-style-type: none"> <li>Recommended</li> </ul>		

Component	Demonstration	Reference	Requirement met?	Notes
<b>Grant Compliance</b>				
<b>Does provider adhere to FSH priority and eligibility?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Case file review <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual: Recordkeeping Requirements</li> </ul>		
<b>Does provider stay within minimum and maximum case load requirements?</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> FSH performance measures	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		
<b>Are staff up to date on required trainings?</b>	<input type="checkbox"/> Program file review <input type="checkbox"/> Personnel file review <input type="checkbox"/> Training logs	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		
<b>Do staff participate regularly in CoP meetings and phone calls?</b>	<input type="checkbox"/> OEO attendance records <input type="checkbox"/> Provider attendance records	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		

<b>Are housing MOUs up to date?</b>	<input type="checkbox"/> Program file review <input type="checkbox"/> Housing MOUs	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment A</li> <li>• FSH Provider Manual</li> </ul>		
<b>Component</b>	<b>Demonstration</b>	<b>Reference</b>	<b>Requirement met?</b>	<b>Notes</b>
<b>Grant Compliance (Cont.)</b>				
<b>Is risk pool money being used and documented according to OEO guidance?</b>	<input type="checkbox"/> Risk Pool Expenditure Report	<ul style="list-style-type: none"> <li>• FSH Provider Manual</li> <li>• OEO Risk Pool Guidance</li> </ul>		
<b>Does provider have landlord documentation to support risk pool claims for damages?</b>	<input type="checkbox"/> Program file review <input type="checkbox"/> Case file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual</li> <li>• OEO Risk Pool Guidance</li> </ul>		
<b>Family Savings Account expenditures.</b>	<input type="checkbox"/> Program file review <input type="checkbox"/> Case file review <input type="checkbox"/> Savings Expenditure Report	<ul style="list-style-type: none"> <li>• FSH Provider Manual: Family Savings Account Guidelines</li> </ul>		
<b>HIPAA Compliance and Security Officers.</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment E</li> </ul>		

<b>HIPAA security and privacy training.</b>	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Grant, Attachments A &amp; E</li> </ul>		
<b>Component</b>	<b>Demonstration</b>	<b>Reference</b>	<b>Requirement met?</b>	<b>Notes</b>
<b>Grant Compliance (Cont.)</b>				
<b>Adherence to Medicaid billing cap.</b>	<input type="checkbox"/> OEO records – Medicaid Spending Report <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual</li> </ul>		
<b>Medicaid billing documentation.</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual: Recordkeeping Requirements</li> </ul>		
<b>Is Medicaid enrollment current?</b>	<input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual</li> </ul>		
<b>Documentation of family Medicaid enrollment.</b>	<input type="checkbox"/> Case file review <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Provider Manual</li> </ul>		
<b>Workplace violence prevention / crisis response policy.</b>	<input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>• FSH Grant, Attachment F</li> </ul>		

Does provider have a process for aggrieved families?	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>Recommended</li> </ul>		
<b>Component</b>	<b>Demonstration</b>	<b>Reference</b>	<b>Requirement met?</b>	<b>Notes</b>
<b>Grant Compliance (Cont.)</b>				
Does provider have a process for non-voluntary discharge?	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>Recommended</li> </ul>		
Does provider have a formal relationship with a bank to provide Family Savings Accounts?	<input type="checkbox"/> Staff interview <input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>Recommended</li> </ul>		
Does provider have a conflict of interest policy?	<input type="checkbox"/> Program file review	<ul style="list-style-type: none"> <li>FSH Provider Manual: Recordkeeping Requirements</li> </ul>		

## **Staff Interview Questions**

### **Housing Stability**

Describe how your program gets families housed. What are your go-to resources?

If you could make one change to your local program that would help more families find stable housing, what would that change be? How would you implement it?

Describe how you support families in transitioning to new housing.

Describe how you help families retain affordable housing.

What does your most recent provider progress report tell you about how your local program is housing families? What story do the numbers tell? What should we know that isn't reflected in the numbers?

### **Trauma-Informed Practice**

Describe how your program uses Motivational Interviewing and other strength-based approaches in serving clients.

Describe how your program supports families with extensive histories of trauma. Feel free to describe an example or two of specific cases.

### **Partnering**

Describe your most important and effective partners in serving FSH families. What keeps these partnerships strong?

If you could build or strengthen one partnership that would benefit FSH participants, what would it be and why? What is one step you could take towards this?

## **Onboarding / Staffing**

Have any service coordinator positions turned over in the past year? If so, how have you used the FSH onboarding guidance in bringing staff aboard?

If you haven't experienced FSH staff turnover in more than a year, what do you think accounts for this? Has your program made changes that are resulting in better staff retention? If so, please describe.

Describe how you help service coordinators maintain wellness. What do you do to help service coordinators with the effects of vicarious trauma? How do you help service coordinators maintain appropriate boundaries with the families they serve?

How do you handle service coordinator vacancies? Do you have a staff coverage plan in place? If so, please describe.

## **Administrative**

Do you have a formal relationship with a bank to provide Family Savings Accounts? If so, please describe.

Do your computer systems have up to date malware / anti-virus coverage?

Does your organization have a written process for clients who have a grievance? If so, please describe.

Does your program have a written non-voluntary discharge policy for clients? If so, please describe.

Who is your HIPAA security officer?

### **Client Interview Questions**

Please describe your experiences working with Family Supportive Housing staff. Did staff treat you with sensitivity and respect? Did staff listen and include you in goal setting and decision making?

Please describe how your service coordinator supported you in finding and keeping housing. We'd like to hear about:

- Assistance you received to apply for vouchers.
- Assistance you received to budget for paying your rent.
- Assistance you received with moving into your new housing.
- Support you received communicating with your landlord or property manager.
- Other kinds of support you received that helped you find and keep your housing.
- Anything else you'd like to tell us about your experiences in this area.

Please describe how your service coordinator helped you meet your goals and connect with the services you needed. We'd like to hear about:

- Help you received setting and meeting your goals.
- Help you received accessing services you needed.
- Help you received communicating with service providers and coordinating appointments.
- Team meetings between you, your service coordinator and other providers who worked with you.
- Follow up you received on goals, appointments and services.
- Services you received that supported you or your family's wellbeing.

- Anything else you'd like to tell us about your experiences in this area.

What goal are you most proud of accomplishing during your time in the Family Supportive Housing program?

What is one thing you would change about the Family Supportive Housing program?

What else would you like to discuss about the Family Supportive Housing program that we haven't talked about so far?

## Family Supportive Housing - File Review Worksheet

Grantee: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

<b>Client Initials and Start Date</b>					
<b>Initial Evaluation</b> (Date, Staff)					
<b>Narrative Case Overview</b> (provided by FSH staff) <sup>i</sup>					
<b>ELIGIBILITY / PRIORITY DOCUMENTATION</b>			<b>Case File</b>	<b>HMIS</b>	<b>Notes</b>
<b>Eligibility</b>	<input type="checkbox"/> Coordinated Entry Verification <input type="checkbox"/> Documentation of Homelessness <sup>ii</sup>				
<b>Priority</b>	<input type="checkbox"/> Coordinated Entry Verification				
<b>Medicaid Enrollment</b> <sup>iii</sup>	<input type="checkbox"/> Copy of Medicaid cards or enrollment letters <input type="checkbox"/> Client report documented in case notes <input type="checkbox"/> Other (describe in notes)				
<b>DOCUMENTATION OF SERVICES AND ASSISTANCE PROVIDED TO THE PARTICIPANT</b> <sup>iv</sup>					
<b>Housing Transition Services</b>	<ul style="list-style-type: none"> <li>Initial assessment of housing barriers (Required)</li> <li>Housing Support Plan (Required)</li> <li>Documentation of safety and livability of housing</li> <li>Housing search, application and placement assistance</li> <li>Identification of financial resources to cover housing expenses</li> <li>Moving support and arrangement</li> </ul>				

<b>Tenancy Sustaining Services</b>	<ul style="list-style-type: none"> <li>• Identification of and intervention in behaviors that jeopardize housing</li> <li>• Tenant / landlord rights and responsibilities training</li> <li>• Landlord / property manager relationship coaching</li> <li>• Housing dispute resolution</li> <li>• Eviction prevention assistance</li> <li>• Housing recertification assistance</li> <li>• Review and modification of Housing Support Plan</li> </ul>			
<b>Service Coordination</b>	<ul style="list-style-type: none"> <li>• Documentation of monthly meetings (Required)</li> <li>• Care Plan based on needs assessment (Required)</li> <li>• Pertinent release(s) of information (Required)</li> <li>• Assessment / reassessment of medical, educational, social and other needs</li> <li>• Documentation of service referrals</li> <li>• Case notes showing implementation of and follow up on Care Plan and service referrals</li> </ul>			
<b>Financial Assistance<sup>v</sup></b>	<input type="checkbox"/> Risk pool expenditures <input type="checkbox"/> Family savings expenditures <input type="checkbox"/> Mini-goal expenditures			
<b>Voluntary Exit</b>	<input type="checkbox"/> Documentation of good standing with landlord/property manager <input type="checkbox"/> Documentation of housing inspection (where applicable) <input type="checkbox"/> Stability Plan <input type="checkbox"/> Landlord/property manager notification of exit			

<sup>i</sup> Provides context for file review. Include here a summary of the case that gives housing history and timeline, high priority goals and needs expressed by participants and current status / engagement with program.

<sup>ii</sup> Refer to “Homeless Recordkeeping Requirements” *FSH Provider Manual*

<sup>iii</sup> Enrollment in Medicaid is not a strict eligibility requirement for FSH. Non-Medicaid eligible families may be supported for a limited period with general funds.

<sup>iv</sup> During the case file review we will note evidence of adequate housing transition services, tenancy sustaining services and service coordination as pertinent to the specific details of the case being reviewed. Required components for which specific documentation should be present in every file are noted.

<sup>v</sup> Components in this section may be kept in program files rather than client files.