

Cleveland/Cuyahoga County CoC New PSH Project Proposal



Project Name:	
Lead Project Developer Name:	
Lead Property Management Agency Name:	
Lead Supportive Services Provider Name:	
Briefly describe the following in the space provided.	
Proposed Project Location (if known):	
Characteristics and service needs of population to be served:	
On-site and off-site services proposed to be provided for PSH residents:	

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<p>Plans for maximizing Medicaid funding for eligible services:</p>	
<p>Involvement of people with lived experience in planning/design and future quality improvement efforts:</p>	
<p>Other current funding commitments or identified funding sources for project development, operations, and/or services:</p> <p>Specify if CoC Program funding will be requested and for what purpose (development, operations, and/or services).</p>	
<p>Challenges or issues that might affect achievement of CoC performance and practice standards for PSH:</p> <p>See page 4 for CoC Performance Standards.</p>	

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<p>Community acceptance strategy, including current and planned efforts to engage community stakeholders and gain acceptance resulting in a Good Neighbor Agreement.</p> <p>Specify if project has secured support of elected officials and/or other key stakeholder(s).</p>	
<p>Project timeline, including overall milestones related to funding procurement, development, and initial lease-up.</p>	

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Unit Summary

Complete the following table to specify the total number of PSH units that will be available for each household type upon project completion.

Unit and Household Type	Homeless Dedicated Units		Non-Homeless Units	TOTAL UNITS
	Chronic Homeless Dedicated or Targeted	Non-Chronic Homeless Dedicated or Targeted		
Single Adults and Adult Couples				
<i>Dedicated sub-population units included in above:</i>				
Transition Age Youth (TAY)				
Seniors over 55				
DV Survivors				
Veterans				
Families w/minor children				
<i>Dedicated sub-population units included in above:</i>				
Transition Age Youth (TAY)				
Seniors over 55				
DV Survivors				
Veterans				
TOTAL UNITS				

Will the project participate in Coordinated Entry to receive referrals for homeless dedicated units?

___ Yes ___ No

If no, provide an explanation in the space below.

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CoC Performance Standards for PSH

METRIC	GOAL	COC METRIC FOR ANNUAL RATING & RANKING
Annual Households Served (Total households served (capacity + turnover))	1.2 x Capacity (monitored only)	
Occupancy (number of days in period x number of occupied units) / (number of days in period x contracted units)	95%	X
Remained in PSH or exited to PH* (percentage of all participants served during period who are still in PSH on last day of period or who exited to PH during period)	80%	X
Exits to Streets, Shelter & Unknown* (percentage of all leavers who exit to streets, shelter or unknown location during period)	10%	X
Average Number of Days in Housing (All stayers and leavers: average number of days in PSH throughout entirety of PSH enrollment)	NA (monitored only)	X
Length of time from CI slotted date until date housed (BNL Priority List) (for all new enrollments during period, average number of days from CI referral to move in; consider by subsidy type)	30 days -site based 60 days -scattered	X
Return to Homelessness within 0-6 months a. (persons who exited PSH to any destination and subsequently enrolled in a homeless project during the period) b. (persons who exited PSH to PH and subsequently enrolled in a homeless project during the period)	≤ 4%	X
Return to Homelessness within 7-12 months a. (persons who exited PSH to any destination and subsequently enrolled in a homeless project during the period) b. (persons who exited PSH to PH and subsequently enrolled in a homeless project during the period)	≤ 8%	X
Earned Income (percentage of stayers with earned income at annual assessment)	10%	X
Other Income (percentage of stayers with any other income at annual assessment)	60%	X
Non-Cash Benefits (percentage of stayers with any non-cash benefits at annual assessment)	60%	X
Health Insurance (percentage of PSH participants at annual assessment with health insurance)	NA (monitored only)	X
Consumer Surveys (percentage of residents completing surveys)	Response rate only	X
Exits to PH (excludes deceased) (percentage of all participants served during the period who exited to PH during period)	50% (monitored only)	
Negative Reason for Leaving (excludes deceased) (percentage of leavers exiting due to non-compliance or disagreement with rules)	Less than 10%	
Resident Satisfaction (percentage of residents who report overall satisfaction with service provider and model)	90%	
Unit Turnover (total leavers during the period divided by the project capacity)	20% (monitored only)	