



## Introduction

The Outcome and Evaluation Tool for 2010 replaces the Alliance to End Homelessness in Suburban Cook County's Renewal Letter of Intent that was required in years past. By completing this tool, programs are signaling their intention to apply for a **renewal of HUD funds** awarded through the competitive NOFA process.

The overall purpose of this evaluation tool is to improve the quality of homeless services in Suburban Cook County. By ensuring that programs use best practices and that there are a variety of housing options available, homeless families and individuals can transition into a permanent housing situation that fits their needs.

There are several changes to the tool this year. These changes were made to establish a baseline measure of each program to use for comparison in future years. Changes were also made to increase standardization of data and to expand the capabilities of the tool to uncover information that may be useful in best practice training.

For the first time, most **questions now have points** associated with them. **A total of 78 points are possible.** The points will establish a baseline for a program to be compared to itself from year to year and to other programs across housing categories. The overall points earned by each program are not used for funding decisions. The purpose of this tool is not to penalize any program but rather to raise the quality of services we are providing to our clients. The higher the final score on the tool, the closer a program is to best practice.

**There are select questions that will be used for ranking programs according to the HUD NOFA process.** Questions regarding:

- eligibility
- low demand service model
- HMIS data completion
- client involvement and feedback
- occupancy rate and some outcomes

will be pulled from the tool and will factor into the score that renewing projects earn on the Project Review and Prioritization ranking form. These questions are **highlighted** in bold font within the tool. To see how these questions are scored, refer to the Renewal Project Review Ranking Tool, available on the NOFA page of the Alliance website, [www.suburbancook.org](http://www.suburbancook.org).

In the past, each program has turned in a copy of its most recently completed HUD Annual Progress Report (APR) based on its HUD contract year. This year **each program must run the APR from data it has been inputting into the Alliance's HMIS system** (See Part II: Capacity and Utilization section, question 2). The timeframe each program will use is **2/1/09 through 1/31/10**. Be sure to answer the questions that use APR data from the information generated by this HMIS report. Specific instructions from the Alliance HMIS staff on how to run this report and submit it with this completed tool are included in this document.

This year the tool is taking a closer look at the completeness of HMIS data. Alliance HMIS staff distributed a Data Quality Report in February to each program that shows the percentage of missing or null fields in their clients' records. Each program will then have time to correct their data prior to the **March 15, 2010 tool deadline. Points will be awarded based on data quality and completeness** (See Project Information section, question 10).

Another change pertains to the utilization rate of each program. **The Alliance staff will average point in time reports that were run on the last Wednesday of every month between 2/1/09 and 1/31/10.** This number will determine the average utilization rate for the year. The utilization rate is calculated using units of housing, not beds. Points will be awarded based on the occupancy rate of each program (See Part II: Capacity & Utilization Rate, question 1).

Please **read the instructions for each question thoroughly before answering.** Again this year there are several attachments that need to be submitted with the completed tool. A question that requires an attachment will have a number in the margin next to the question e.g. ①. These attachments should be submitted with the completed tool. At the end of this tool, you will indicate how you are submitting each attachment (via fax, email, or not applicable).

#### **Required Attachments:**

- ① Project Narrative (See Project Information section, question 9)
- ② Written Program Eligibility Criteria (See Program Eligibility section, question 1)
- ③ APR generated by HMIS report (See Capacity and Utilization Rate section, question 2)
- ④ Client Satisfaction Survey (See Client Involvement and Representation section, question 3)
- ⑤ Client Rights and Responsibilities (See Client Involvement and Representation section, question 6)
- ⑥ Client Grievance Policy (See Client Involvement and Representation section, question 7)

In addition to the required attachments listed above, please attach copies of the following if applicable:

- HUD Monitoring Visit letter and corrective actions response (see Project Information section, question 5)
- Project's tool to evaluate its compliance with HUD standards (See Project Information section, question 6)
- Project's tool to evaluate clients' progress (See Section V: Client Outcomes, question 3g)
- Financial audit findings

Members of the Outcome and Evaluation Committee are available for technical assistance or to answer any questions you have. Please contact: Magalie Oscar at (708) 586-1354 [moscar@catholiccharities.net](mailto:moscar@catholiccharities.net), Courtney Suchor at (708) 283-1421x21 [csuchor@sanctuary1.org](mailto:csuchor@sanctuary1.org) or Jeremy Heyboer at (708) 345-3045 x03 [jeremy@suburbancook.org](mailto:jeremy@suburbancook.org)



**2010**  
**Outcome and Evaluation Tool**  
**For Renewal Projects**

**Cover Page: Agency and Project Information**

Agencies need to submit ONE Outcome Evaluation Tool for EACH renewal project to be funded under the 2010 application process. Ensure that ALL questions are answered **completely**.

Name of Lead Agency	
Program Name	
HUD Grant Number (From the current grant year)	
Annual HUD SHP Grant Amount (From the current grant year)	
End Date of Renewal Contract Year	/2011
HUD Grant Type (SSO, TH, PH, SH, or S+C)	
Contact Person for this Application	
Telephone	
E-Mail	
Address of Agency	
Address of Project	

**Project Information**

1. **Populations Served by the Project:** *Include ALL populations your project serves regardless of whether or not any one fit that category during the contact year (i.e. if your project accepts fathers with children check that box, even if none were served during the contract year.)*

- |                                                                  |                                                                                           |                                                                    |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Single Women                            | <input type="checkbox"/> Single Men                                                       | <input type="checkbox"/> Unaccompanied Youth (17 & under)          |
| <input type="checkbox"/> Unmarried* couples with children        | <input type="checkbox"/> Married* couples with children                                   | <input type="checkbox"/> Pregnant and Parenting Youth (17 & under) |
| <input type="checkbox"/> Fathers with children                   | <input type="checkbox"/> Mothers with children                                            | <input type="checkbox"/> Multi-generational Families               |
| <input type="checkbox"/> Persons with a mental health disability | <input type="checkbox"/> GLBTQ- (gay/lesbian/bisexual/transgender/questioning) population | <input type="checkbox"/> Persons living with HIV/AIDS              |
| <input type="checkbox"/> Persons with substance abuse issues     | <input type="checkbox"/> Veterans                                                         | <input type="checkbox"/> Youth (age        to        )             |
| <input type="checkbox"/> Formerly incarcerated (ex-offender)     | <input type="checkbox"/> Victims of Domestic Violence                                     | <input type="checkbox"/> Chronically homeless individuals          |
| <input type="checkbox"/> Physical Disability                     | <input type="checkbox"/> Other:                                                           | <input type="checkbox"/> Other:                                    |

\*self-identified

2. Project Type: Which of the following project type best describes this project? (Check only one.)

- Supportive Services Only (no housing)
- Transitional Housing – Project Based (One site/bldg; graduate must move out)
- Transitional Housing – Rolling Stock (scattered apartments; graduates may stay in apt)
- Transitional Housing/Leasing – Temporary (scattered sites; graduates must move out)
- Permanent Supportive Housing/Leasing – Scattered Apartments
- Permanent Supportive Housing – Project Based (One site/building)
- Safe Haven

3. Handicap Accessibility of Services: Is your service site handicapped accessible?

Yes (2pts)                      No (1pts)

4. Handicap Accessibility:  Not Applicable (SSO only 2 pts.)

A. *Project based programs only*: is/are your housing site/s handicapped accessible? (Check only one.)

Yes (2 pts.)                      No (0 pts.)                      Some (1 pt.)

B. *Scattered site programs only*: are you able to provide handicapped accessible housing for clients who need it?

Yes (2pts)                      No (1pts)

5. HUD Visit: Did your program have a site visit by HUD within the past 3 years? (If yes, attach the recommendation sheet and corrective measures put in place by program.)

Yes (2pts)                      No (1pts)

6. Program Compliance: Do you use a specific tool to evaluate program compliance with HUD's standards? Specify:

HUD's Self Monitoring Guide (2 pts.)

Other, specify (Attach a copy) (1 pt.)

None used (0 pts.)

7. Foreign Language: Does your program have direct service staff who speak languages other than English?

Yes (2 pts.)                      No (1 pt.)

If yes, which language(s) \_\_\_\_\_

8. Foreign Language: Has your program served any non-English speaking clients?

Currently                      Past                      No

①

9. Narrative: Include a narrative (500 words or less) summarizing your project. (Please attach a copy, 1 pt. for completion of narrative)

*The narrative should include the following:*

- a. Geographic service area of the project
- b. Number of clients, populations served
- c. The problem or need the project addresses (related to Alliance Priorities)
- d. Overview of the program
- e. Major barriers faced by the clients and how the project addresses these issues
- f. How the program ensures clients are systematically assessed for and enrolled in mainstream benefits
- g. List of partner agencies and their roles

**10. The Alliance will run a null data report by 2/15/10 and distribute it. Programs have until the due date of 3/15/10 to correct the data. The Alliance will run a new, corrected null data report which will be considered as a part of this tool.**

- Program has an average of 5% or less missing data elements (5 pts.)
- Program has an average of 10% or less missing data elements (3 pts.)
- Program has an average of 15% or less missing data elements (1 pt)
- All reviewed data elements are missing 15% or less (1pt added to above score for possible total of 6 points).

**Part I – Program Eligibility**

- ② 1. **Written Eligibility Criteria:** Does the project have written eligibility criteria? *(If yes, please attach a copy)*
- Yes (2 pts.)                      No (1 pt.)
2. **Intake Criteria: Please respond “yes” or “no” to questions “A” thru “F”.** A “yes” indicates that it is your practice to accept client with these issues 100% of the time (i.e., answering “Yes” to letter B indicates that your program accepts all clients with mental illness regardless of diagnosis and/or treatment compliance)

**Intake Criteria Questions**

	<b>Question</b>	<b>Response</b>	
A	Program accepts clients at intake regardless of length of sobriety and history of substance abuse	Yes (2 pts.)	No (1 pt.)
B	Program accepts clients regardless of mental illness	Yes (2 pts.)	No (1 pt.)
C	Program accepts clients regardless of criminal history or background ( <b>Exceptions</b> for sex offenders, if dictated by law)	Yes (2 pts.)	No (1 pt.)
D	Program accepts clients regardless of poor rental history or past evictions	Yes (2 pts.)	No (1 pt.)
E	Program accepts clients regardless of employment or income status	Yes (2 pts.)	No (1 pt.)
F	Program accepts clients with past history in subsidized housing or other HUD funded program	Yes (2 pts.)	No (1 pt.)

3. **Intake Criteria:** Please expand on any “no” answers to clarify the practice of your program.

4. **Harm Reduction: Will program retain a spot for clients who experience relapse/treatment intervention, brief hospitalization, or brief incarceration (less than 30 days)?**

Yes (2 pts.)                      No (1 pt.)

**5. Harm Reduction: Will your program continue to serve current clients using a harm reduction model who are actively using substances?**

Yes (2 pts.)                      No (1 pt.)

Please expand on any “no” answers to clarify the practice of your program.

**6. Harm Reduction: Will your program continue to serve current clients using a harm reduction model who are non-compliant with mental health treatment?**

Yes (2 pts.) No                      (1 pt.)

Please expand on any “no” answers to clarify the practice of your program.

**Part II – Capacity & Utilization Rate**

**1. Utilization Rate: Alliance HMIS staff will average point in time reports that were run on the last Wednesday of every month between 2/1/09 and 1/31/10. This will determine an average utilization rate for the year. The average will be based on units, not on beds. Points will be awarded as follows:**

- Program average utilization was 90% - 100% of capacity (5 pts.)
- Program average utilization was 80% - 89.99% of capacity (3 pts.)
- Program average utilization was 70% - 79.99% of capacity (1 pt.)
- Program average utilization was below 60% of capacity (0 pts.)

③ 2. Annual Progress Report: APR report run from HMIS using time frame of:

**2/1/2009 to 1/31/2010** (2pts.)

3. Breakdown of Beds: *(Complete the following chart using the HMIS based APR you ran to complete this tool.)*

		Number of Persons Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number who left the program during the operating year				
b.	Number on the last day of the operating year				
c.	Number proposed in the application (from 1a, columns 1 and 4)				
d.	Capacity Rate (divide d by c = %)				

4. Turnaways: Do you track turnaways?  
                     Yes (2 pts.)                      No (1 pt.)
5. Turnaways: If yes, do you record data from:  
                     Every call received regarding housing.  
                     Only from those who could potentially qualify for your program.
6. Turnaways: Do you refer turnaways to the homeless prevention hotline?  
                     Yes (2 pts.)                      No (1 pt.)

**Part III – Outreach to Participants**

1. Prior Living Situation:

*(Complete the following chart based on the HMIS based APR you ran to complete this tool. You may skip letter h)*

a.	Non-housing (street, park, car, bus station, etc.)	
b.	Emergency shelter	
c.	Transitional housing for homeless persons	
d.	Psychiatric facility*	
e.	Substance abuse treatment facility*	
f.	Hospital*	
g.	Jail/prison*	
<del>h.</del>	<del>Domestic violence situation</del>	
i.	Living with relatives/friends	
j.	Rental housing	
k.	Other (please specify)	

2. Outreach: Does your program do street outreach to the homeless population?  
                     Yes                      No
3. Outreach: If so, please describe:

**Part IV – Client Involvement and Representation**

1. Client Involvement: Does the agency currently (or in the past year) employ clients or former clients of homeless services and/or does any client or former client serve as a volunteer in the agency/program?  
                     Yes (2 pts.)                      No (1 pt.)
  - a. Client Involvement: If yes, in what capacity? *(Check all that apply)*  
                      Employee                       Volunteer                       Member of the board

2. **Client Input:** Does the program have a client/resident council/advisory board that meets regularly?

Yes (2 pts.)

No (1 pt.)

a. **Client Input:** If yes, please describe issues addressed and the frequency of meetings.

④

3. **Client Satisfaction: Does the agency conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?** (*Attach a copy of survey/feedback tool. Evidence should show that clients can provide negative feedback without negative consequences. A maximum of 2 points is available for this section.*)

Clients do not have opportunities for anonymous feedback at this time. (0 pts.)

Clients have opportunity to provide anonymous feedback via survey. (2 pts.)

Clients have opportunity to provide anonymous feedback via alternative method. (2 pts.)

Please describe:

4. **Client Satisfaction: Does the program provide an opportunity for feedback from all clients *at exit* regardless of reason for leaving?**

Yes (2 pts.)

No (1 pt.)

5. **Client Satisfaction: How has client feedback affected program and service delivery?** (*Please provide a brief description and example*)

⑤

6. **Rights and Responsibilities: Does agency/program provide client with a *copy of his/her rights and responsibilities*?** (*“Rights and Responsibilities” is a written document describing the roles and expectations of the program and the client. If yes, attach a copy.*)

Yes (2 pts.)

No (1 pt.)

⑥

7. **Grievance Policy: Does agency/program have a *grievance policy* in place?** (*A “Grievance Policy” is a written document that outlines the procedures through which a client can file a complaint/concern. If yes, attach a copy.*)

Yes (2 pts.)

No (1 pt.)

**Part V – Client Outcomes** (Complete the following information using the HMIS based APR you ran to complete this tool)

1. **Residential Stability:**

a. **How many clients (adults) exited between Feb. 1, 2009 and Jan. 31, 2010?**

\_\_\_\_\_

b. **How many clients (adults) were still in the program on January 31, 2010?**

\_\_\_\_\_

c. **Housing Outcomes: How many exiting clients obtained permanent housing at exit?**

\_\_\_\_\_ (For this Section Enter Number of Clients, we will calculate percentages)

73% and higher (5 pts.)

65% - 72.99% (3 pts.)

Below 65% (0 pts.)

d. **Permanent Housing (PSH Only): How many current clients as of January 31<sup>st</sup> have remained housed in this program six (6) months or longer?**

\_\_\_\_\_

e. **Permanent Housing (PSH Only): How many exiting clients were housed in this program six (6) months or longer before exiting?**

\_\_\_\_\_

81% and higher (5 pts.)

77% - 80.99 (3 pts.)

Below 77% (0pts.)

f. **Housing (SSO and SH Only): How many households obtained transitional, permanent, or some other type of housing that ended their homelessness at exit?**

\_\_\_\_\_

31% and higher (5 pts.)

25% - 30.99% (3 pts.)

Below 25% (0 pts.)

g. **Follow-Up: After participants leave the program, do you do follow-up?**

Yes

No

i. If so, at what intervals? \_\_\_\_\_

ii. How many clients exited the program at least six months ago? \_\_\_\_\_

iii. How many responded to follow-up attempts? \_\_\_\_\_

h. **Follow-Up: Do you measure how many clients remain housed six months or longer after leaving your program?**

Yes

No

i. If yes, how many remained housed 6 months or longer? \_\_\_\_\_

## 2. Increased Skills or Income

- a. Public Benefits: How many exiting clients received public benefits within the 2/1/09 to 1/31/10 timeframe?

\_\_\_\_\_

- b. Increased Income/Resources: How many exiting clients increased their income or resources through employment or public benefits while in the program?

\_\_\_\_\_

- c. **Employment: How many exiting clients had income through employment at exit?**

\_\_\_\_\_ (For this Section, Enter Number of Clients, we will calculate percentages)

20% or more (5 pts.)

Below 20% (0 pts.)

- d. No Resources: How many exiting clients had no resources (neither income nor benefits) at exit?

\_\_\_\_\_

## 3. Greater Self Determination

- a. Goals: Of the participants who exited during the timeframe (2/1/09 to 1/31/10), how many achieved at least 50% of the goals in their service plan at exit?

\_\_\_\_\_

70% or more (2 pts.)

50% - 69.99% (1 pt.)

Below 50% (0 pts.)

- b. Housing Duration (*TH Only*): Were any clients who were served during the timeframe (2/1/09 to 1/31/10) in Transitional Housing for more than 24 months?

Yes

No

Not Applicable

If "yes", please explain:

- c. Client Progress: Do you use a specific tool to evaluate clients' progress? Specify?

Family Self Sufficiency Scale

Other Specify (*Attach a copy*): \_\_\_\_\_

None used



5. Proposed Budget: Please complete the budget amounts in the chart below. If you have amended your budget with HUD or submitted a request to amend it, please enter the amended amounts and note the change under "Project Changes" below. The amount requested in your renewal application may not exceed the amount of your previous year's award. *(When HUD asks the Alliance to approve budget amounts in the Grant Inventory Worksheet, we will use the amounts given in this chart unless you tell us otherwise, so please be accurate. 2 pts.)*

<u>Project Activities</u>	<u>SHP, Shelter+Care, or SRO Funding</u>	<u>Cash Match</u>	<u>Total estimated Project Budget</u>
Real Property Leasing			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration (not to exceed 5% of Subtotal)			
Total			

6. Project Changes: If you will be making changes to your project or budget, please explain them in detail. Please describe any changes in allocations to leasing, supportive services, or operations. *(If you are expanding a project or "swapping" funds from a TH project to fund a PSH project, you must submit a New Project LOI for those projects in addition to this renewal OE Tool.)*

7. Training Attendance: Did project representative attend mandatory Outcome and Evaluation Tool training on February 26<sup>th</sup>?

Yes (2 pts.)

No (0 pts.)



**2010**  
**Evaluation and Outcome Tool**

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**Certificate and Acknowledgement**

*Submit one copy per program*

- By submitting this application electronically, you certify that you are authorized to submit this application and that the information provided is correct.

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Preparer's Name

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Date

## ATTACHMENTS

*You have the option to fax or email your attachments to the Alliance. Please indicate below if you Faxed or Emailed the attachment or N/A if it is "Not Applicable."*

Email: [nofa@suburbancook.org](mailto:nofa@suburbancook.org)

Fax: 708-345-7855

Faxed	Emailed	NA
		Project Narrative (See Project Information section, question 9)
		Written Program Eligibility Criteria (See Program Eligibility section, question 1)
		APR generated by HMIS report (See Capacity and Utilization Rate section, question 2)
		Client Satisfaction Survey (See Client Involvement and Representation section, question 3)
		Client Rights and Responsibilities (See Client Involvement and Representation section, question 6)
		Client Grievance Policy (See Client Involvement and Representation section, question 7)
		HUD Monitoring Visit letter and corrective actions response (see Project Information section, question 5)
		Project's tool to evaluate its compliance with HUD standards (See Project Information section, question 6)
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		Financial audit findings