

Toledo & Lucas County 2008 Continuum of Care Priorities & Process

Background

Each year, the U.S. Department of Housing and Urban Development (HUD) makes resources available to communities through a national competition for its Continuum of Care Homeless Assistance Programs.

The Toledo-Lucas County Homelessness Board (TLCHB) is the Lead Organization of the Toledo Lucas County Continuum of Care and will as part of its responsibilities prepare a 2008 Consolidated Application to submit to HUD for all Toledo and Lucas County eligible projects. The City of Toledo, Department of Neighborhoods (DON), at the request of TLCHB has agreed to continue to provide technical assistance to the TLCHB staff as needed and requested by TLCHB staff.

The TLCHB CASE Committee continues to develop local continuum of care priorities and will appoint a Citizens Review Committee to review and rank projects for recommendation to be included in the Consolidated Application submission. The Citizens Review Committee includes representatives of the City of Toledo, Toledo Area Alliance to End Homelessness, Veterans Administration, The University of Toledo, The 12 Inc., and homeless or formerly homeless persons.

The 2008 Continuum of Care Priorities and Process will be used to assist in the review and ranking of projects and is based on feedback from past practices, *A Comprehensive Community Needs Assessment and Action Plan* (released in October 2004), *Updated Needs Assessment 2007*, *emerging 2008 Plan to Prevent, Reduce and End Homelessness* and other information on the continuum of care for homeless persons in Toledo and Lucas County.

The priorities and process take into account the growing number and dollar amount of existing projects that need renewal funding each year.

These are likely to exceed the annual funding level that the community can expect to receive from HUD for this year and into the foreseeable future. As a result, the 2008 Continuum of Care Priorities and Process focuses on carefully ranking renewal projects, taking into full and serious consideration the measurable outcomes for each project and access to mainstream resources, so as to fund new projects that promote permanent housing, a favored HUD priority.

I. Review & Ranking Principles

The process and criteria for reviewing and ranking projects for the 2008 Continuum of Care application are intended to take maximum advantage of the current HUD funding system in the short-term, while keeping our options open for the long-term. The following are the principles for the 2007 process:

- A. Samaritan Housing Initiative Bonus (15% addition of pro rata share) is available if a *new* permanent housing project qualifies as the number one project of the application. Project must *exclusively serve the chronically homeless*. The only eligible activities that will be counted toward this incentive are permanent housing activities with no more than 20% case management costs. Greatest emphasis will be placed upon those applications with limited renewal burden (i.e capital improvements / acquisition / rehabilitation).
- B. Rapid Re-housing for Families Demonstration Program for families with dependent children. Program is to be in accordance with the requirements of the Supportive Housing Program, transitional housing component, with eligible components limited to administration, leasing (up to 18 months), and support services; and the grantee must participate in the evaluation process (see Federal Register / Vol. 73. No. 133 / Thursday, July 10, 2008) Each CoC may submit one project in this area. It shall be eligible for a bonus amount of up to 30% of pro-rata need
- C. Renewal projects determined to be high performing and have a high community impact will be ranked above any new project, except in the case of a “bonus award” that HUD provides to communities that rank a new permanent housing project as first on their priority list.
- D. With rare exception, renewals will be for one year only.
- E. The renewal list will include a combination of Shelter Plus Care and Supportive Housing Program projects. One program will not be included to the exclusion of the other.
- F. New projects other than that described in A or B will likely not be added without the addition of the bonus project and qualifying applicants' renewal burdens are met
- G. The Continuum of Care Review Committee reserves the right to reduce the total amount of funding for both new and renewal projects from the amount requested.
- H. HUD has determined that a priority funding emphasis will be placed on projects that provide housing as a primary activity. Projects that provide supportive services only, or projects that provide supportive services available through other community resources will not receive priority order in ranking or funding allocations.
- I. The Continuum of Care Review Committee and TLCHB *CASE* Committee will use the review and ranking criteria in this document to the extent feasible, but in the end will develop a project list that makes sense in terms of the ranking and split of projects that has the potential to attract the greatest funding for the community.

II. Criteria for Project Evaluation & Ranking

The following three factors will be used to review and rank projects for the 2008 Continuum of Care application:

- A. Community Impact**
- B. Performance Evaluation**
- C. Addressing Local Priorities**

Flow chart on page seven illustrates how the three categories of evaluation criteria will be used to determine project ranking for the submission to HUD.

A. Community Impact

After reviewing the program evaluation, project application and other written information, each project will be assessed for its impact on the community's continuum of care in relationship to the other projects seeking HUD funding, using the following two categories:

1) High Community Impact-projects with the greatest impact on the Continuum of Care and the community if they do not continue to receive HUD funding. This includes:

- Projects that effectively serve a greater number of persons.
- Projects that leverage new or existing funds from other sources.
- Projects integral to the operation of other community programs.
- Housing and services unavailable elsewhere for the population served.

2) Low Community Impact-projects for which loss of HUD funding in the long-term will have a relatively low impact on the Continuum of Care and the community. To reduce the community impact of removing or reducing HUD funding, projects with low community impact may receive one-year, phase-out funding and/or be asked to consolidate with another project.

B. Performance Evaluation

1. Effectiveness in achieving project goals.

All projects requesting renewal funding will initially be evaluated to determine their effectiveness in achieving the stated goals of the project. This evaluation will include:

- Review: original HUD proposal, contract, annual performance reports;
- A review by a member of the Continuum of Care Committee; and
- Other relevant information and data about the project.

In evaluating achievement of project goals, emphasis will be placed on:

- a) Number and type of clients served;
- b) Extent to which admission and termination policies pose barriers to achieving project goals;
- c) Cost per client served;
- d) Type and quality of services provided; and
- e) Permanent housing outcomes.

2. Effectiveness in addressing previously identified issues.

Projects that have previously received renewal funding through the community's Continuum of Care process will be evaluated to determine the extent to which they have addressed:

- a) Any issues identified as weaknesses in a previous Continuum of Care evaluation;
- b) Any issues identified by Continuum of Care Committee representatives in past ranking deliberations.

3. Performance categories.

Based on the performance evaluation steps described above, each renewal project will be assigned one of the following performance categories:

- **High Performers**-Projects that have substantially met or exceeded *all* goals and addressed *all* issues and recommendations.
- **Medium Performers**-Projects that have met *most* goals and addressed *most* issues and recommendations.
- **Low Performers**-Projects that have met *few or no* goals and *did not adequately address* significant issues and recommendations.

In general, high performing projects will be ranked above medium performing projects and will have a greater percentage of their project budget in the top tier of the project-ranking list. Low performers will be ranked at the bottom of the list of projects submitted to HUD.

C. Addressing Local Priorities

All projects that are evaluated to be high or medium performers will also be reviewed to determine the extent to which they address local Continuum of Care priorities. This will be used to determine the ranking of projects in the same performance category (i.e. ranking *within* the group of high performers or medium performers). The Continuum of Care Committee will place particular emphasis on the items outlined below:

Priorities for Persons Served

Higher priority will be given to projects that effectively serve at least one of the priority populations described below:

1. Chronically homeless adults

Single homeless adults needing some level of supportive services to transition into a safe, secure living situation and meeting *one or more* of the following definitions of chronic homelessness:

- a. Using the emergency shelter system for more than a total of 160 days over a period of two years; *or*
- b. Living on the street for a total of more than six months; *or*
- c. Repeated emergency shelter use (three or more times)

2. Homeless Families

Any household unit comprised of adults and children, including single-parent-headed families (male or female); two-parent families; multi-generational families; extended

families; and families with teenagers. Priority may be assigned to projects that serve large families with six or more members.

3. Homeless Youth

Unaccompanied youth/young adults (ages 16-21) with serious emotional and/or substance abuse problems and repeat episodes of homelessness.

Priorities for Delivery of Services

Higher priority will be given to projects that effectively address the greatest number of Priorities for Innovative Delivery of Services as detailed below.

Higher priority will be given to projects that provide permanent housing, either directly by the project sponsor, or in collaboration with other housing providers.

- 1. Providing services for those with the greatest needs and greatest difficulty accessing the current homeless service system, with particular emphasis on:**
 - a) Providing services for persons with disabilities, including mental health problems, substance abuse problems, HIV/AIDS and physical disabilities.
 - b) Developing proactive inclusion and nonrestrictive admission requirements and processes that are appropriate for the population being served, including “no sobriety” requirements for persons with substance abuse problems.
 - c) Providing services in a way that affirmatively furthers access to facilities and services for racial and ethnic minorities and persons with all types of physical disabilities.
- 2. Reducing dependency on the shelter system, repeat incidences of homelessness and chronic homelessness, with particular emphasis on:**
 - a) Accelerated and increased permanent housing outcomes for persons living on the streets, in emergency shelter or in transitional housing.
 - b) Formulating individualized service delivery approaches that follow customers through the continuum of care.
 - c) Providing services designed to enable persons to successfully maintain permanent housing.
 - d) Enabling homeless adults to be successfully employed and to have wages, benefits and other resources that support independent living.
- 3. Creating greater geographic dispersion of facilities and services throughout Lucas County, with particular emphasis on:**
 - a) Developing flexible (non-facility based) housing subsidies.
 - b) Enabling homeless persons to access employment and housing outside of the central city.
 - c) Providing facilities and services in locations outside of the central city of Toledo if appropriate for the population being served.
- 4. Including homeless persons in the design, implementation and evaluation of programs and services.**
 - a) Providing services in a way that is respectful of the customer and treats customers in a dignified manner

Priorities for Effective Use of Community Resources

Higher priority will be given to projects that effectively address the greatest number of the Priorities for Effective Use of Community Resources as detailed below.

Higher priority will be given to projects for which HUD Continuum of Care funding is a smaller percentage of their total project budget.

Higher priority will be given to projects that effectively provide services at or below the average per household/unit cost of other similar projects in the community.

- 1. Collaboration with and accessing resources from communitywide service systems appropriate to the consumer population, with particular emphasis on:**
 - a) AOD and SMD programs and services
 - b) Lucas County Department of Human Services
 - c) Workforce Development Agency contractors
 - d) Lucas County Children Services
 - e) Toledo Public Schools and other Lucas County schools
 - f) Veteran's Administration, services
 - g) Juvenile Court and Youth Services
 - h) Area Office on Aging and other services for the elderly
 - i) Transportation services
 - j) Job readiness, training and placement services
 - k) Health care services

- 2. Collaboration with other parts of the continuum of care system, with particular emphasis on:**
 - a) Collaboration with the emergency shelter system.
 - b) Systematic sharing of consumer information among service providers.
 - c) Avoiding duplication of existing community services and programs.

- 3. Reasonable costs to the community for the number of persons served and the type of housing and services being provided, with particular emphasis on:**
 - a) Maximizing the use and effectiveness of continuum of care resources (funds, facilities and services) that currently exist in the community.
 - b) Leveraging other public, private and nonprofit sector community resources.

III. 2008 Project Ranking Decision Flowchart

