

PERMANENT SUPPORTIVE HOUSING SELF EVALUATION FORM

Agency and Program Name: _____

Form Completed by: _____ **Agency Title:** _____

Date Completed: _____ **Type of PSH Program** _____

** Check the Rating that most accurately describes your PSH Program's Outcomes **

Quality Indicator	Rating		
	Below Average	Average	Gold Standard
Rates of significant alcohol/substance abuse requiring hospitalization	Approx. 20% or more	Approx. 10%	Less than 5%
Rates of psychiatric hospitalization	Approx. 20% or more	Approx. 10%	Less than 5%
Loss of Permanent Housing and return to homelessness	Approx. 20% or more	Approx. 10%	Less than 5%
Percentage of participants with less than six months occupancy	<u>NYC:</u> Approx. 25% or more <u>Rest of State:</u> Approx. 35% or more	<u>NYC:</u> Approx. 15% <u>Rest of State:</u> Approx. 25%	<u>NYC:</u> Less than 10% <u>Rest of State:</u> Less than 15%
Percentage employed after first year in program	Approx. 30% or less	Approx. 40%	50% or more
Percentage of families in program who have children placed in kinship or formal foster care	Approx. 20% or more	Approx. 10%	Less than 5%
Percentage of participants with new criminal justice involvement since entering the program	Approx. 20% or more	Approx. 10%	Less than 5%
Percentage of participants who have re-established positive family ties	Approx. 50% or less	Approx. 65%	75% or more
Occupancy rate for your PSH program	Approx. 80% or less	Approx. 90%	100% or more (over contract # of units)
Rapid drop-out rate (leaving housing within first month of placement)	Approx. 25% or more	Approx. 15%	Less than 10%

Programs should carefully consider where the rating falls within the above chart. For example, a 19% rate of significant alcohol/substance abuse requiring hospitalization would be considered below average, whereas a 12% rate would be considered average.