**2024-2025 Homelessness Services NOFA**

**Attachment 2 Scoring Tools**

Project Performance Measurement and Local Priorities – ES/Interim Housing

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| ***1. Housing performance*** |  |
| 1a. ES/Interim Housing Outcome: % of exits to permanent destinations | Staﬀ scored23c- Exit Destination: Section, Total persons exiting to positive housing destinations = “Percentage Total” | 10 | % exits to permanent destinations prorated 30% = 10 ptsto a minimum threshold of 5% = 0 pts |
| 1b. Percent exiting to permanent housing returning to homelessness in 6 months | HMIS Coordinator will score | 8 | Pro-rated by % between 5% returns to 25% returns5% = 8 points |
| 1c. The projects average enrollment year-end utilization | APR: % of average enrollment utilization rate, quarterly in one year | 8 | Pro-rated between 90% = 8 points78% = 0 points |
| 1d. Enrollment into CES | Enrollments into CES/ Number of unique individuals served | 8 | Pro-rated between 100% - 8 points76% = 0 points |
| ***2. Income performance*** |  |
| 2b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4) | From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit)÷ Q5a Total Adults - Staﬀ scored | 6 | Pro-rated by % exiting w/ increased income 100% =6 pts0% = 0 pts |
| 2b2. % who increased income from sources other than employment(HUD System Performance Measure 4) | From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit)÷ Q5a Total Adults - Staﬀ scored | 6 | Pro-rated by % increased other income 100% = 6 pts0% = 0 pts |
| 3. Mainstream resources:% of clients accessing mainstream resources (HUD System Performance Measure 4) | From APR: (1 - (Q20b. Number of clients accessing Non-Cash Beneﬁt Sources, Adults with No sources) ÷ Q5a., total number of adults. - Staﬀ scored | 8 | Pro-rated by # of people accessing mainstream resources 100% = 8 pts;50% = 0 pts |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 4. Housing First Practice and Implementation | Full points awarded for compliance with responses to Questionnaire Section 2: Housing First Practice and HUD Housing First Assessment Tool | 8 | 6pts total awarded 1 pt per question Housing First Practice Section; 2 pts for Housing FirstAssessment Tool |
| ***Local Priorities*** |  |
| 5. Alignment with Strategic Plan Goals | 2 points for each goal that is a focus of the project, up to 8 points. Goals include (options a-d below): | 8 | Full pts per narrative response |
| 1. Evidence of Project’s collaboration with healthcare providers
2. Case Management/Services Ratio of 30:1
3. Staﬀ training/client screening for mainstream resources including. Medi-Cal, CalFresh, TANF, substance abuse programs, employment assistance
4. Implement best practices gathered from National Alliance to End Homelessness’ Center for Evidence-based Solutions to Homelessness, State of California ICF, and alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases.
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| **Total Points for Performance/Local Priorities** | **70** |  |

Agency Management and Capacity

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 6. Financial/Audit: process,timeliness; ﬁndings/management letter, overall ﬁscal health | Review of ﬁnancial documents by SCDHS Staﬀ/ Accounting staﬀ & Questionnaire: Financial Management Section | 3 | 3 pts: No ﬁndings, timely audit, etc.2 pts: Findings from agency audit in past 2 years, late audit1. pts: Lack of audit
2. pts: Findings in the audit during the last year
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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 7. Spend down of funds | Review of APR by SCDHS (staﬀ scored)Questionnaire Section 7: Contract Spenddown of Funds and Match Informational Review only | 4 | 4 pts: full spenddown 3 pts: 85-99% spend2 pts: 75-84% spend1 pts: 65-74%0 pts: < 65% |
| 8. Client/lived experience Feedback Process | Narrative Questionnaire: Lived Experience Feedback Process | 6 | 1 pt per question, full pts for having a client advisory board, full explanation and |
| 9. Racial Equity and Anti- discrimination Practices & Policies | Narrative Questionnaire: Racial Equity and Anti- Discrimination Practices & Policies | 6 | 1 pt per question, full pts for having an Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/ address disparities within their programming in, full explanation and examples |
| 10. Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staﬀ changes take place. | Questionnaire Section 12: Change Management and Institutionalization of Knowledge | 3 | Full pts for plan and procedure for management change and turnover and evidence of Program training; Pro-rated pts for lack of formal procedures |
| 11. High data quality and timeliness of assessments. | HMIS Coordinator Score | 8 | There are 3 criteria:1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; Data Quality Score: Income and Beneﬁts health insurance2) Assessment data is entered in HMIS 6 days or less after assessments areadministered;3) Data Validation Reports from HMIS are reasonablefor project typeFull pts for meeting all 3 criteria; pro-rated pts for missing |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| **Total Agency & Management Capacity points** | **30** |  |
| **Total Possible Points** | **100** |  |