**2024-2025 Homelessness Services NOFA**

**Attachment 2 Scoring Tools**

Project Performance Measurement and Local Priorities – RRH

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| **Performance Measurement** | **Scoring Methodology** | **Points** | | **Scoring Key** |
| ***1. Housing performance*** | | | | |
| 1a. RRH Housing Outcome: % of exits to permanent destinations | From APR:  23c- Exit Destination: Section, Total persons exiting to positive housing destinations = “Percentage Total”  . Prorated up to 10 points for 89% or higher - Staﬀ scored | 10 | | % exits to permanent destinations prorated 89% = 10 pts  to a minimum threshold of 49% = 0 pts |
| 1b. Percent exiting to permanent housing returning to homelessness in 12 months | TBD | 8 | | Pro-rated by % between 5%  returns to 25% returns  5% = 8 points |
| 1c. Length of time between projects start and housing move in date | From HMIS APR Q 22C | 3 | 7 – 60 days = 3 pts  61 – 180 = 2 pts | |
| ***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 annual and exit ÷ Q5a Total Adults - Staﬀ scored | 8 | | Pro-rated by % exiting w/ increased income 100% =8 pts  0% = 0 pts |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 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 | 8 | Pro-rated by % exiting w/ increased income 100% =8 pts  0% = 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% = 8pts  50% = 0 pts |
| 4. Housing First Practice and Implementation | Full points awarded for compliance with responses to Questionnaire Section 2: Housing First Practice and HUD Housing | 8 | 6 pts total awarded 1 pt per question Housing First Practice Section;  2 pts for Housing First Assessment Tool |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 5. Coordinated Entry Participation (Total 9pts) | Percentage of accepted eligible referrals from Coordinated Entry- P/Y Reporting Period-  2022-2023  (HMIS  Coordinator will score)  (does not include rejections due to ineligibility or program being over-referred | 2 | 2 pts- 50% accepted or above 1 pts- 25% accepted or above 0 pt less than 25% accepted |
| Percentage of enrollments that were referred by Coordinated Entry- P/Y Reporting Period-  2022-2023  (SCDHS Staﬀ and HMIS  Coordinator will score. Providers will be notiﬁed of ﬁndings prior to ensure ﬁndings do not include any enrollments following the Internal Emergency Transfer Priority- as permitted through HUD, required by VAWA. Those identiﬁed as ETPs will not impact scoring | 7 | 7 pts- 100% referrals accepted from CES- in compliance;  0 pts- 99% or below of referrals accepted from CES- not in compliance with contract |
| ***3. Local Priorities*** | | | |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 6. 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. PSH Case Management/ Services Ratio of 20:1/RRH 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. | |
| **Total Points for Performance/Local Priorities** | | **70** |  |

Agency Management and Capacity

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 7. Financial/Audit: process, timeliness; ﬁndings/management letter, overall ﬁscal health | Review of ﬁnancial documents by SCDHS/ Accounting staﬀ & Questionnaire: Financial Management Section | 3 | 3 pts: No ﬁndings, timely audit, etc  2 pts: Findings from agency audits in past 2 years, late audit   1. pts: Lack of audit 2. pt: Findings in the audit |
| 8. Spend down of funds | Review of APR by SCDHS Staﬀ (staﬀ scored)  Questionnaire Section 7:  Contract Spenddown of Funds and Match Informational Review only | 4 | 4 pts: full spenddown 3pts: 85-99% spend  2 pts: 75-84% spend  1 pt: 65-74%  0pts: < 65% |
| 9. 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 examples |
| 10. Racial Equity and Anti- discrimination Practices & Policies | Narrti5ve Questionnaire: Racial Equity and Anti- Discrimina5on 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 |
| 11. 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 |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 12. 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 insurance  2) Assessment data is entered in HMIS 6 days or less after assessments are  administered;  3) Data Validation Reports from HMIS are reasonable  for project type  Full pts for meeting all 3 criteria; pro- rated pts for missing |
| **Total Agency & Management Capacity points** | | **30** |  |
| **Total Possible Points** | | **100** |  |