**2023-2024 Homelessness Services NOFA**

**Attachment 2 – Scoring Tools**

Project Performance Measurement and Local Priorities – Street Outreach

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| ***1. Housing performance*** | | |  |
| 1a. What is the percentage of people enrolled in SO who were also enrolled in CE? | Number of individuals enrolled into CES divided by number enrolled in street outreach. | 25 | % enrolled 60%-= 25 pts  30% = 0 pts |
| 1b. What is the percentage of people engaged with SO who exit to  permanent destinations? | From APR Q 23C | 15 | % housed  10% = 15 pts  0% = 0 pts |
| 1c. What is the percentage of individuals placed into emergency  shelter/transitional housing? | From APR Q 23C | 15 | % housed  40% = 15 pts  10% = 0 pts |
| ***Local Priorities*** | | |  |
| 2. Alignment with Strategic Plan Goals | 5 points for each goal that is a focus of the project, up to 15 points. Goals include options a-c below | 15 | Full pts per narrative response |
| 1. Evidence of Project’s collaboration with healthcare providers 2. Staff training/screening for mainstream resources including Medi-Cal, Calfresh,   TANF, substance abuse programs, employment assistance   1. Alignment with National Alliance to End Homelessness’ Center for Evidence-based Solutions to Homelessness, Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. | | (5 points per response) |
| **Total Points for Performance/Local Priorities** | | **70** |  |

Agency Management and Capacity

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 3. 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 audit  1 pt: Findings in the audit during the last year  0 pts: Lack of audit |

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| **Performance Measurement** | **Scoring Methodology** | **Points** | **Scoring Key** |
| 4. 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 3pts: 85-99% spend  2 pts: 75-84% spend  1 pts: 65-74%  0pts: < 65% |
| 5. 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 |
| 6. 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 a Anti-discrimination policy (with required Equal Access/Gender Identity Final Rules), examples to review/address disparities within their programming in, full  explanation and examples |
| 7. 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 |
| 8. 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 5 days or less after  assessments are administered;  3) Data Validation Reports from HMIS are clean  Full pts for meeting all 3 criteria; pro-rated pts for missing one or  more criteria |
| **Total Agency & Management Capacity points** | | **30** |  |
| **Total Possible Points** | | **100** |  |