**2024-2025 Homelessness Services NOFA**

**Attachment 2 Scoring Tools**

Project Performance Measurement and Local Priorities –PSH

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| **Performance** | **Scoring Methodology** | **Points** | **Scoring Key** |
| ***1. Housing performance*** | | |  |
| 1a. PSH Housing Outcome:  % of exits to and retention of permanent destinations | From APR:  (Q5a. stayers (housed)+ Q23c PH Exits)/ (Q5a. Total Served – Q23c deceased).  *\*Project participants for housing stability measures exclude deceased clients.*  Prorated up to 10 points for 89% or higher - Staﬀ scored | 10 | % exits to and retention of 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 |
| ***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 /Exit  + and annual. Did Not Have the Income Category at Entry and Gained the Income Category at annual and exit ÷ Q5a Total Adults - Staﬀ scored | 6 | Pro-rated by % exiting w/ increased income 100% =6 pts;  0% = 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 Exit  + and annual. 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 other 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% = 8 pts  50% = 0 pts |
| 4. The projects average unit Year-end Utilization | From APR PSH/RRH:Q02. % of avg. unit utilization rate (quarterly). - Staﬀ Scored | 5 | Pro-rated by % #of beds utilized  100% = 5 pts  50% = 0 pts |

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| **Performance** | **Scoring Methodology** | **Point** | **Scoring Key** |
| 5. 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 | 6 pts total awarded 0.75 pts per question Housing First Practice Section;  2 pts for Housing First Assessment Tool |
| 6. Coordinated Entry Participation (Total 9 pts) | 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 |
| ***Local Priorities*** | | |  |
| 7. 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 or lower 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** |
| 8. 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. pts: Findings in the audit |
| 9. 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 pts: 65-74%  0pts: < 65% |
| 10. 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 |
| 11. 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 |
| 12. 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** |
| 13. 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   1. Assessment data is entered in HMIS 6 days or less after assessments are administered; 2. Data Validation Reports from HMIS are reasonable for project type   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** |  |