

## Sonoma County 2024 Continuum of Care Competition Permanent Supportive Housing New Project Scoring Tool

		New Project Scoring roof	
Section	Measure	Scoring Methodology	Points Possible
1.	Housing Stability (System	Proposed percentage of clients served in project to meet this outcome.	6
	Performance Measure)	Highest percentage of project participants remaining permanently housed at year-end earns full points.	
		Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	
2.	Exits to Permanent Housing (System	Proposed percentage of clients served in project to meet this outcome.	6
	Performance Measure)	Highest rate of proposed exits to permanent housing destinations earns full points.  Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	
3.	Increase in Earned Income (System	Proposed percentage of clients served in the project to meet this outcome.  Highest rate of income growth for participants at annual assessment	3
	Performance Measure)	and exit earns full points.  Scoring: 100-80%= 6 points, 79-60%= 4 points, 59-40%= 2 points, 39%	
		and below= 0 points	
4.	Increase in Non- Employment Income (System	Proposed percentage of clients served in project to meet this outcome Highest rate of other income growth for participants at annual assessment and exit earns full points.	7
	Performance Measure)	Scoring: 100-80%= 6 points, 79-60%= 4 points, 59-40%= 2 points, 39% and below= 0 points	
5.	Maximizing the use of mainstream	Proposed percentage of clients served in the project receiving outcome mainstream health, social, and employment programs. (e.g., regular monthly benefits: examples-cash benefits provided	7
	resources (System Performance Measure)	outside the provider's project such as calfresh, Housing Voucher, TANF, child care services, government paid cell phone, monthly	
	,	bus basses provided by another agency, employment services, etc.) Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	
6.	Housing First Approach and	A Housing First approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need	6
	Coordinated Entry	our help the most, utilizing the Coordinated Entry System as the sole source for referrals. The extent to which the narrative reflects	
		how the agency is working to implement a Housing First approach and the use of Coordinated Entry.  • Supplemental Scoring questionnaire 6 points	
7.	Improving Assistance for LGBTQ+ Individuals	Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies.	4
		<ul> <li>Full points for addressing service needs, employment opportunities at the organization, training for current staff,</li> </ul>	

		1	
		<ul> <li>hiring practices, and having an agency anti-discrimination policy;</li> <li>Half points for addressing the needs, but do not have an</li> </ul>	
		anti-discrimination policy; and	
		<ul> <li>zero points for no action/work pertaining to meeting</li> </ul>	
		the needs of this population.	
8.	Racial Equity	Emphasizing system and program changes to address racial equity using proven approaches and partnerships with racially diverse stakeholders who have experience serving underserved populations. The extent to which the narrative reflects how agency is working to eliminate barriers to improve racial equity and to address disparities. Such as review procedures, and processes with attention to identifying barriers that result in racial disparities and taking steps to eliminate barriers to improve racial equity and to address disparities.  • Full points for reviewing data and implementing a plan to address these needs as an agency;  • half points for reviewing the data without implementing a plan; and  • zero points for no action/work completed to address racial	5
		inequities in the agency's programming.	
9.	Persons with lived	Incorporating Persons with lived experience or those who have	4
<b>J</b> .	Experience	formerly experienced homelessness in program planning, policy development, employment, decision-making bodies, etc.  • Full points for the inclusion of those with lived experience on decision-making bodies and with employment opportunities at the organization, training for current staff;  • half points for only meeting one of the two options for full points;  • and zero points for no participation from those with lived experience.	<b>-</b>
10.	Project Narrative/Design	Narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible.  • *Domestic violence projects will be evaluated based on the degree they improve safety for the population they serve and employ trauma-informed victim-centered approaches to service delivery.	8
11.	Coordination with	Housing Partners (create new permanent supportive housing and	5
11.	Housing Partners	rapid rehousing projects that coordinate with housing providers not funded through ESG/CoC Program)  • 0 Points if the project/agency has no planned/committed partnerships with housing providers directly related to the proposed project	3

		<ul> <li>2 Points if the agency has a written commitment from a housing provider to provide subsidies (other than ESG/CoC) to the proposed units for PSH/participants served for RRH, but it is less than 25% of units/participants served proposed</li> <li>4 Points if the agency has a written commitment from a housing provider to provide subsidies other than ESG/CoC to the proposed units for PSH/participants served for RRH that will cover at least 25% of the units/participants served being proposed.</li> </ul>	
12.	Coordination with Healthcare Partners	<ul> <li>Healthcare Partners (create new permanent supportive housing and rapid rehousing services projects that coordinate with healthcare providers to provide services to participants not funded through CoC or ESG Program):</li> <li>Scoring methodology (Healthcare):         <ul> <li>O Points If the project/agency has no planned/committed partnerships with healthcare providers directly related to the proposed project</li> <li>2 Points if the agency has a written commitment from a healthcare provider to provide in-kind services to the proposed project, but it is less than 25% of the total amount of application</li> <li>4- Points if the agency has a written commitment from a healthcare provider to provide in-kind services match with services totaling 25% of the total amount of the application or full points if the provider has a written commitment from a substance abuse provider to provide services to all program participants.</li> </ul> </li> </ul>	5
13.	Project Readiness	Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2025/2026 term). The extent to which the narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	5
14.	Budget	Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated.	4
15.	Cost Effectiveness	Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application.  Less than \$5,000 per outcome = 6 points, \$5,000 - \$9,999 = 5 points, \$10,000 - \$14,999 = 4 points, \$15,000 - \$19,999 = 3 points, \$20,000 -24,999 = 2 points, \$25,000-29,999 = 1 point, 30,000+ = 0 points	5

16.	Financial Audit	Scoring based on most recent audit including identification of agency	4- staff
	and Health	<ul> <li>as "low risk", number (if any) of findings, documented match, etc.</li> <li>4 points = no findings, timely audit, and documented match</li> <li>2-3 points = 1 finding in the past 3 years,</li> </ul>	will calculate
		<ul> <li>inaccurate/inconsistent match;</li> <li>0-1 points = multiple findings, late audit, etc.</li> </ul>	
17.	Organizational	New Projects : If you are new to the CoC Program HUD notes that	5
	capacity and	demonstrating capacity may include a description of other funds	
	experience/	the project receives, which are either federal or state funding.	
	Demonstrated Capacity to Manage CoC Awards	<ul> <li>Scores will be drawn from the 2024 CoC Project Evaluations</li> <li>Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions.</li> </ul>	
18.	Local & Other HUD	Alignment with 10-year plan goals and HUD priorities. 1 point for	5
	Priorities	each goal this is in the project:	
		<ul> <li>Evidence of Project's collaborations with corrections/Justice partners</li> </ul>	
		Evidence of SSI/SSDI Outreach Access & Recovery (SOAR)	
		benefits advocacy.	
		<ul> <li>Alignment with Upstream Investments as evidenced by</li> </ul>	
		agency practices on the Upstream portfolio, or other	
		evidence-based practice databases. Alignment with Upstream Investments as evidenced by agency practices on	
		the Upstream portfolio, or other evidence-based practice	
		databases	
		Staff training/screening for mainstream resources (e.g.	
		Medi-cal, Calfresh, TANF, substance abuse programs,	
		employment assistance)	
		Promotion of/supporting volunteering, community	
19.	LIMIC data quality	engagement, and <b>employment services</b> HMIS Participants 3 criteria:	3- staff
19.	HMIS data quality, timeliness and	1) Universal Data Elements (Name, SSN, DOB, gender, race &	3- Stair Will
	coverage of all	ethnicity) are at least 95% complete;	calculate
	programs serving	2) Data Quality Score: Income and Benefits health insurance	carcarate
	homeless or	3) Timeliness	
	process for	Full pts for meeting all 3 criteria; pro-rated pts for missing one or	
	tracking program	more criteria  **For Victim Services providers, this will be measured by analysis of	
	performance for	data quality submitted by victim services providers that does not	
	Non-HMIS	contain identifying information.	
	providers	Or	
		If you are not using HMIS data, how would you propose to track or	
	Tatal Daints	how do you currently track your program performance at this time.	0.7
	Total Points Possible		97



## Sonoma County 2024 Continuum of Care Competition Rapid Rehousing and Joint Transitional Rapid Rehousing New Project Scoring Tool

Section	Measure	Scoring Methodology	Points Possible
1.	Successful Housing Placement (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome. For the Joint TH/RRH projects, this accounts for the placements in permanent housing through the RRH component. Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	6
2.	Length of Time Homeless (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome.  Days from Program start to Permanent housing move-in date. For the Joint TH/RRH projects, this accounts the length of time in the TH component in permanent housing through the RRH component.  Scoring: <45 days= 6 points, 46 – 60 days= 4.5 points, 61-75 days = 3 points, 76-90 days= 1.5 points, >91= o points	6
3.	Increase in Earned Income (System Performance Measure)	Proposed percentage of clients served in the project to meet this outcome.  Scoring: 100-80%= 6 points, 79-60%= 4 points, 59-40%= 2 points, 39% and below= 0 points	7
4.	Increase in Non- Employment Income (System Performance Measure)	Proposed percentage of clients served in project to meet this outcome Scoring: 100-80%= 6 points, 79-60%= 4 points, 59-40%= 2 points, 39% and below= 0 points	3
5.	Maximizing the use of mainstream resources (System Performance Measure)	Proposed percentage of clients served in the project receiving outcome mainstream health, social, and employment programs. (e.g., regular monthly benefits: examples-cash benefits provided outside the provider's project such as calfresh, Housing Voucher, TANF, child care services, government paid cell phone, monthly bus basses provided by another agency, employment services, etc.)  Scoring: 100-95%= 6 points, 94-85%= 4 points, 84-75%= 2 points, 74% and below= 0 points	7
6.	Housing First Approach and Coordinated Entry	A Housing First approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most, utilizing the Coordinated Entry System as the sole source for referrals. The extent to which the narrative reflects how the agency is working to implement a Housing First approach and the use of Coordinated Entry.  • Supplemental Scoring questionnaire 7 points •	6
7.	Improving Assistance for	Addressing the service needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in agency planning process, employment, and agency anti-discrimination policies.	4

	LGBTQ+ Individuals	<ul> <li>Full points for addressing service needs, employment opportunities at the organization, training for current staff, hiring practices, and having an agency anti-discrimination policy;</li> <li>Half points for addressing the needs, but do not have an anti-discrimination policy; and</li> <li>zero points for no action/work pertaining to meeting the needs of this population.</li> </ul>	
8.	Racial Equity	Emphasizing system and program changes to address racial equity using proven approaches and partnerships with racially diverse stakeholders who have experience serving underserved populations. The extent to which the narrative reflects how agency is working to eliminate barriers to improve racial equity and to address disparities. Such as review procedures, and processes with attention to identifying barriers that result in racial disparities and taking steps to eliminate barriers to improve racial equity and to address disparities.  • Full points for reviewing data and implementing a plan to address these needs as an agency;  • half points for reviewing the data without implementing a plan; and  • zero points for no action/work completed to address racial inequities in the agency's programming.	5
9.	Persons with lived Experience	Incorporating Persons with lived experience or those who have formerly experienced homelessness in program planning, policy development, employment, decision-making bodies, etc.  • Full points for the inclusion of those with lived experience on decision-making bodies and with employment opportunities at the organization, training for current staff;  • half points for only meeting one of the two options for full points;  • and zero points for no participation from those with lived experience.	4
10.	Project Narrative/Design	Narrative is understandable; project design reflects the experience of applicant in working with proposed population; applicant understands client needs, type and scale, and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible.  • *Domestic violence projects will be evaluated based on the degree they improve safety for the population they serve and employ trauma-informed victim-centered approaches to service delivery.	8
11.	Coordination with Housing Partners	Housing Partners (create new permanent supportive housing and rapid rehousing projects that coordinate with housing providers not funded through ESG/CoC Program)  O Points if the project/agency has no planned/committed partnerships with housing providers directly related to the proposed project	5

12.	Coordination with Healthcare Partners	<ul> <li>2 Points if the agency has a written commitment from a housing provider to provide subsidies (other than ESG/CoC) to the proposed units for PSH/participants served for RRH, but it is less than 25% of units/participants served proposed</li> <li>4 Points if the agency has a written commitment from a housing provider to provide subsidies other than ESG/CoC to the proposed units for PSH/participants served for RRH that will cover at least 25% of the units/participants served being proposed.</li> <li>Healthcare Partners (create new permanent supportive housing and rapid rehousing services projects that coordinate with healthcare providers to provide services to participants not funded through CoC or ESG Program):</li> <li>Scoring methodology (Healthcare):         <ul> <li>O Points If the project/agency has no planned/committed partnerships with healthcare providers directly related to the proposed project</li> <li>2 Points if the agency has a written commitment from a healthcare provider to provide in-kind services to the proposed project, but it is less than 25% of the total amount of application</li> <li>4- Points if the agency has a written commitment from a healthcare provider to provide in-kind services match with services totaling 25% of the total amount of the application or full points if the provider has a written commitment from a substance abuse provider to provide services to all program participants.</li> </ul> </li> </ul>	5
13.	Project Readiness	Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution- 2025/2026 term). The extent to which the narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	5
14.	Budget	Up to 5 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. Required 25% match (cash or in-kind) is adequate, from appropriate sources, and accurately calculated.	4
15.	Cost Effectiveness	Total Project Budget (including estimated match) $\div$ number projected to achieve housing performance measures defined in the project application.  Less than \$5,000 per outcome = 6 points, \$5,000 - \$9,999 = 5 points, \$10,000 - \$14,999 = 4 points, \$15,000 - \$19,999 = 3 points, \$20,000 - 24,999 = 2 points, \$25,000-29,999= 1 point, 30,000+ = 0 points	5
16.	Financial Audit and Health	Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings, documented match, etc.  4 points = no findings, timely audit, and documented match  2-3 points = 1 finding in the past 3 years,	4- staff will calculate

		inacqurato/inconsistant match.	
		inaccurate/inconsistent match; 0-1 points = multiple findings, late audit, etc.	
17.	Organizational capacity and experience/ Demonstrated Capacity to Manage CoC Awards	New Projects: If you are new to the CoC Program HUD notes that demonstrating capacity may include a description of other funds the project receives, which are either federal or state funding.  Scores will be drawn from the 2024 CoC Project Evaluations  Renewal Providers: cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions.	5
18.	Local & Other HUD Priorities	<ul> <li>Alignment with 10-year plan goals and HUD priorities. 1 point for each goal this is in the project:         <ul> <li>Evidence of Project's collaborations with corrections/Justice partners</li> <li>Evidence of SSI/SSDI Outreach Access &amp; Recovery (SOAR) benefits advocacy.</li> <li>Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases. Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases</li> <li>Staff training/screening for mainstream resources (e.g. Medical, Calfresh, TANF, substance abuse programs, employment assistance)</li> <li>Promotion of/supporting volunteering, community engagement, and employment services</li> </ul> </li> </ul>	5
19.	HMIS data quality, timeliness and coverage of all programs serving homeless or process for tracking program performance for Non-HMIS providers	HMIS Participants 3 criteria:  1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete;  2) Data Quality Score: Income and Benefits health insurance  3) Timeliness  Full pts for meeting all 3 criteria; pro-rated pts for missing one or more criteria  **For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information.  Or  If you are not using HMIS data, how would you propose to track or how do you currently track your program performance at this time.	3- staff will calculate
	Total Points Possible		97