

CoC 2017 Rating & Review Procedure TN-504 Nashville, Tennessee

Scoring of Projects

Summary of Performance Evaluation Committee (PEC) work for called meeting of CoC Governance, September 11, 2017

CoC funds go **directly** from HUD to agencies via separate contracts/Grant Agreements. MDHA, designated as Nashville's Collaborative Applicant for 2017, submits all related applications for funding, as well as a community narrative called the Consolidated Application & the Project Priority list, to HUD by the deadline (September 28, 2017).

PEC Members Scoring for 2017:

- Liz Coleman, Nashville Public Library
- Bill Friskics-Warren, Neighborhood Health
- Matt Deeb, The Healing Trust
- Paula Foster, Tennessee Conference on Social Welfare

Some members will attend Governance Committee meeting on Wednesday, for 1st half hour.

Nashville-Davidson County CoC Governance Board -- 2017 CoC Competition Key concepts, excerpted from HUD FY2017 Rating & Ranking Tool

Rating: The process of scoring projects based on standardized criteria. Projects are generally scored relative to other projects of the same type. Some projects such as the HMIS or coordinated entry system (CES) projects might not be rated since there is no clear mechanism to score them relative to other projects.

This rating is done by Nashville CoC Performance Evaluation Committee (PEC).

Ranking: The process of prioritizing projects for funding in rank order. The rating scores are generally an important input into the ranking process (e.g., projects might be ranked according to their score), but the CoC might intend to add other factors to inform ranking. For instance, ranking might be prioritized based on project type, population groups, relative levels of unmet need, or other local funding priorities.

This ranking should be done by the CoC Governance Board, who has the final vote/authority on ranking.

Options the CoC Governance Committee can explore:

- Reduce amounts to projects
- Reallocate amount/entire projects
- Reject projects

HUD Deadline for MDHA, as Collaborative Applicant, to inform agencies in writing that projects accepted, rejected or reduced - September 13.

The process for review and rating of local CoC projects began in May 2017, when a member of the Performance Evaluation Committee (PEC) completed a review of the 10 applicant agencies' financial data in their most recent audits. This member, who is Chief Financial Officer at The Healing Trust, analyzed assets, liabilities, revenue & expenses in the audits and did not have any major concerns related to the financial situation of any of the agencies.

In early June, the PEC met to review HUD CoC policy priorities, the new permanent housing bonus development, hear about CoC site monitoring visits conducting to all grantees throughout May 2017 by MDHA's Homeless Coordinator & HMIS Administrator, which covered HMIS data quality, completeness & timeliness, financial documentation to back up draws via HUD's LOCCS system, and program monitoring utilizing relevant HUD exhibits. HMIS data for each project were used to produce a spreadsheet that included persons served during the year, and performance indicators such as access to earned and non-cash income, access to health insurance and disabling conditions.

On July 14, 2017, HUD published the CoC Notice of Funding Availability (NOFA), and MDHA staff produced a comparative analysis of the 2016 and 2017 competition scoring, to gauge shifts in emphasis for the current year. Details from the NOFA were presented to the CoC General Membership at its July 20 meeting. Later that day, MDHA's Homeless Coordinator emailed nearly 400 stakeholders an announcement of an August 1 CoC New & Renewal Project Workshop. The email invited all interested citizens to sign up for the HUD CoC listserv, forwarded HUD's announcement that the FY2017 CoC Program Competition had opened, and attached a local CoC timeline as well as the HUD NOFA with areas of emphasis highlighted.

The refinements described below framed the scoring parameters in the local tool (on the last page of this document).

Asked by the PEC for more specific guidance in the local 2017 CoC competition, the CoC Governance Board held a called meeting on the topic on August 17. Discussion focused on 12 criteria, which are listed under "Other Considerations" later in this document. Decisions made during the meeting were forwarded to the PEC & on their agenda on August 24. On August 29, the Performance Evaluation Committee gathered for 4 hours to rate all applications. On September 11, the CoC Governance Board held a called meeting to elect officers, appoint representatives to the Metro Homelessness Commission/CoC Governance Work Group, and get an orientation on their responsibilities pertaining to ranking of HUD CoC Funding applications based on ratings of the Performance Evaluation Committee (PEC) and the direction provided to the same by the previously seated CoC Governance Board. Finally, on September 13, the CoC Governance Board met to rank all projects.

Local Rating Tool Sections -- Details/Refinements in 2017

Section 3: Proposed Populations

Serving 100% of any = 10 pts. Any less, move decimal to left. Ex: serving 60% Households w Children = 6 pts

NOTE: Max of 40 pts (2016 Scorecard) not really possible (not possible to have 100% fit in all 4 categories), so really 30 pts max (& this possibility will be slim, as for a participant to fit Chronic, Vet AND Household w/ Children will be rare), and more common score will be 10 or less

Section 4: Prioritization of Homelessness- Prior Living Situation - Max 5 pts

The PEC felt it important not to discount Priority II living situations (below) & still give them credit, but placed emphasis on Category I.

- Priority I - 5 pts max (5 points x the % within priority 1)
 1. Places not Meant for Human Habitation
 2. Emergency Shelter
- Priority II - 2.5 pts max (% applicable for category x 5 x 50%)
 3. Transitional Housing (entered as homeless under 2 situations in Priority I above)
 4. Institutions, like jails or mental health (< 90 days' stay, & homeless at entry)

Examples when participants fell into both priorities:

MDHA Shelter Plus Care project ---

Priority I	20% x 5 = 1 pt	
Priority II	80% x 5 x 50% = 2 pts	2 + 1 = 3.

Room in the Inn Omega project ---

Priority I	70% x 5 = 3.5 pts	
Priority II	30% x 5 x 50% = .75 pt	3.5 + .75 = 4.25

NOTE: Domestic Violence program of Mary Parrish Center will be accepting participants directly from where victim was housed & experiencing crisis; allow for this exception & give full 5 pts

Section 6: Project Performance - point spread

➤ For all indicators other than Earned Income:

90-100% 10 pts
80-89% 7 pts
70-79% 5 pts
0-69% 0 pts

➤ For the Earned Income indicator, which is harder to achieve for many homeless people, especially for chronic, more lenient scoring:

75-100% 10 pts
50-74% 5 pts
0-49% 0 pts

Section 7: CES Coordinated Entry System points

NOTE: Max pts in 2016 scoring was 30. Should be lowered to 20.

Why? Logically, agency can earn only 10 (not 20) of the 30 pts for the CES Qs. Agencies can be EITHER currently accepting referrals via CE process (10 pts), OR, if not, plan to begin using CE process (10 pts). But not both.

***** CONSIDERATIONS *****

"Furry Projects"-

1. Rank HMIS #1, Coordinated Entry System (CES) #2, as both are required by HUD.
2. 3 new projects funded in 2016 with no track record at this point (Safe Haven Family Shelter - New Rapid Re-housing "RRH 2", Catholic Charities Rapid Re-housing, & Oasis Center Rapid Re-housing) - looked at scoring MINUS performance for all other projects and inserted these in order of score.
3. MDHA Shelter Plus Care Consolidated & MDHA Shelter Plus Care 13-unit grants- merged into one Grant Agreement with HUD 2017; however, HUD says this year, they must still be submitted as TWO separate projects. PEC placed them together on rating list to preserve this merger.
4. Aphasis House renewal – see below

Reallocation- this is always an option. New this year, HUD prohibits 1st-time renewals to be reallocated, as they have no real track record of performance to base this decision on. Aphasis House has 1 project on the renewal list, but it is a 1st-time renewal. The agency does not want to operate the project, based on HUD-required eligibility conflicting with the agency's mission to serve men coming out of long prison stays. MDHA is proposing to expand its HMIS with new project funding, was hoping to perhaps access this Aphasis House amount to do this, but can't in light of this new prohibition.

Cost Effectiveness- PEC said this could be a product of dividing:

HUD \$

of Households served

However, PEC members seemed to feel that this alone cannot be a determining factor. There are so many related considerations - how intensive are the services offered, how severe are the needs experienced by participants, etc.

Tie breaker- Exits to permanent housing (add this to scoring for 2018)

HMIS Site Visit Scores -Quality & completeness of Client-level data & Timeliness of data entry

Weight these scores & include in project scores? PEC felt should serve as a threshold in the review. Scores ranged from 90-96, other than for Aphasis House.

BONUS PTS ??

2 items below, using #s from the HMIS Data sheet. If Governance desires, the PEC can assign points to these.

1. Bonus points for % of **turnover beds actually dedicated to chronic**. These % only apply to the PSH/Permanent Supportive Housing Projects, and are below.

Turnover beds that actually went to chronic

MDHA Consolidated SPC	43%
MDHA Park Center	0%
UHS	23%
Next Door	0%
Room in the Inn	100%

2. Bonus pts for significant portion of **participants with multiple barriers**.

Severity of Need- get Data from Annual Performance Reports/HMIS to determine which projects serving people with multiple disabilities/barriers. Look at singles, per Beth Shinn's advice (Beth is renowned researcher on homelessness, based at Vanderbilt), but we can also use as factor for family projects.

ALL PSH projects had to serve households with at least 1 disability. However, combining the numbers in the "at least 2" and "at least 3" columns results in the calculations below. These include: mental illness, alcohol abuse, drug abuse, chronic health condition, HIV/AIDS and related diseases, developmental disability, and physical disability.

Stayers with at least 2 or at least 3 barriers (# and % of Stayers over the last year)

➤ **Permanent Supportive Housing (PSH)**

MDHA Consolidated SPC	51	12%
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MDHA Park Center	7	50%
UHS	53	33%
Next Door	8	33%
Room in the Inn	13	62%
➤ Transitional Housing		
Mary Parrish Center	6	24%

MDHA Staff Recommendations

Review of the following assisted in creating various recommendations from staff for consideration by CoC Governance Board:

1. HUD Guidance on Points/Criteria from FY2017 CoC NOFA
2. Analyzed HUD scoring from 2016 to 2017 for shifts in emphasis
3. FY2017 CoC Rating & Ranking Tool
4. HUD CoC Technical Assistance Recommendations from Cloudburst Staff
5. Past rating policies

Rating Criteria – Follow HUD’s lead to:

1. Use objective criteria (cost effectiveness, performance data, type/vulnerability of population served, type & # of units of housing)
2. Include factors related to achieving positive housing outcomes (exits to Permanent Housing destinations)
3. Include gains/increases in earned/non-employment incomes
4. For victim service providers, utilize comparable database to gauge factors described above
5. Consider severity of needs/longest experience of homeless and prioritize proposals addressing these folks.
6. Review lower performing projects for possible reallocation.

Rating criteria adjustments for 2017 in local project scoring- similar to 2016, making slight adjustments in light of FY2017 NOFA criteria:

1. Housing First – slight decrease
2. Rapid Re-housing – slight increase
3. Permanent Housing placement/retention – increase
4. Reduction in Exits to Homelessness - increase

Other considerations

In addition to cost effectiveness), a list of 12 criteria were discussed.

1. Consider severity of needs/longest experience and multiple barriers of homeless and prioritize proposals addressing these folks. Use this as a criterion for single adult populations. (Beth proposed, but group agreed.)
2. Review lower performing projects for possible reallocation. – YES, using outcomes reported in Annual Performance Report
3. New vs. Renewal Projects - Rank New PSH over low-performing Renewals (need to determine what is “low”) This will depend. Beth- identify what is low enough to be a concern. PEC will determine what is low, after looking at raw scoring.
4. Permanent vs. Transitional Housing? Permanent (only 1 Transitional - Mary Parrish Center) Leave this to Governance.

5. Housing First/Low Barrier model vs. non? **Housing First- give preference. I realize this is tough for housing providers, but it seems essential to get people who have the longest histories off the streets and housing stable. This preference is already factored into scoring.**

Note: HUD sees Rapid Rehousing as a Housing First intervention- do not screen out based on criteria assumed to predict successful outcomes, such as income, employment, lack of criminal history/history of mental illness, evidence of "motivation".

6. Higher % of literal/chronic/greatest service needs homeless? **give preference This is the same as # 1 above.**
7. How rank projects newly-funded in 2016 CoC round, since they have barely/not yet started, have no track record? **CES should be ranked #2 as it is a HUD requirement, Aphasis House is backing out; not sure about New RRH at Oasis & Catholic Charities. Rank CES as #2. For the Oasis & Catholic Charities projects, use prior year score as guide. Question- how judge performance of CES project?**
8. Fund only agencies that have capacity to implement proposed project. **RATE only these agencies. ("Fund" is wrong word to use.)**
9. Aphasis House- 2 projects (total over \$120,000) – Reallocate, Transfer larger grant? Expand HMIS staff with smaller grant if reallocate. **Suzie to review reallocation process to see if smaller project even needs to be on priority list, if it is reallocated. Any project eliminated as a result of local reallocation will not appear on the list of projects submitted by the CoC.** The transfer of the larger grant can happen after the CoC competition is over. In order for either action to occur, Aphasis Housing must go to contract/Grant Agreement with HUD, and has not yet done this.
10. Fund HMIS & CES renewal projects in # 1 & 2 ranking slots, at the top of Tier 1. **YES**
11. Prioritize Permanent Supportive Housing (PSH) projects dedicating 100% of turnover (or something close) to chronic or Dedicated PLUS definition. **Suzie to check NOFA for points/emphasis. See below- total of 11 points possible, out of max score for CoC of 200.**
12. Tie breaker(s)- Exits to, or retention in, Permanent Housing – primary criterion **YES**

Post these (when final, approved by Governance) on website.

Emphasis for dedicating Permanent Supportive Housing – Total max 11 points (See # 11 above)

Up to 5 points to CoCs that increase the total number of PSH beds (from any funding source) dedicated to chronically homeless individuals or families from 2016 to 2017.

Up to 6 points to CoCs where at least 90 percent of permanent supportive housing beds requested in FY 2017 are either beds dedicated to chronically homeless individuals or families/individuals classified as DedicatedPLUS

2017 Notice of Funding Availability (NOFA)--

HUD's homeless assistance programs are being measured in FY 2017 by the objective to "end chronic homelessness and to move the homeless individuals and families to permanent housing," measures based on system performance*, and the ability of CoCs that have the capacity to reallocate funds from lower performing projects to higher performing projects.

*System performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations will help determine how effectively projects are serving people experiencing homelessness.

HUD System Performance Measures/Benchmarks

"Competitively rank projects based on how they improve system performance" (HUD 2016 CoC NOFA); prioritize projects that are closer to meeting national benchmarks being set by HUD, VA, National Alliance to End Homelessness, US Inter-Agency Council on Homelessness, highlighted below:

Permanent Housing- Permanent Supportive Housing

- Dedicate units to those with greatest service needs/chronic- shoot for 85% (2016 NOFA)
- Benchmark #1 Retention of Permanent Housing (HUD System Performance Measure 7b) - At least 12 months (2016 NOFA)
- Benchmark #2 Permanent Housing Success rate (HUD System Performance Measure 7) - At least 80% of exits to Perm Hsg
- Benchmark #3 Reduce Returns to Homelessness (HUD System Performance Measure 2)- At least 85% not homeless again within 1 year

Permanent Housing- Rapid Re-housing

3 primary Goals - HUD places particular emphasis on 3 System Performance Measures - 1, 7 & 2:

- Benchmark #1 Reduce Length of Time Homeless (HUD System Performance Measure 1) - Move into Permanent Housing in average of 30 days
- Benchmark #2 Permanent Housing Success rate (HUD System Performance Measure 7) - At least 80% of exits into Perm Hsg
- Benchmark #3 Reduce Returns to Homelessness (HUD System Performance Measure 2)- At least 85% not homeless again within 1 year

Transitional Housing

- Benchmark #1 Permanent Housing Success rate (HUD System Performance Measure 7) - At least 80% of exits into Perm Hsg
- Benchmark # 4: Employment and Income Growth – Prioritize projects reaching greater %, keeping population type in mind

HUD Policy Priorities – CoC Continuum of Care FY 2017 Competition

(from HUD Notice of Funding Availability/NOFA, published July 14, 2017)

A. Policy Priorities. This section provides additional context regarding the selection criteria found in Section VII.A. of this NOFA and is included here to help applicants better understand how the selection criteria support the goal of ending homelessness: The policy priorities below are somewhat different than those in Section IV.A. of the [Notice of Fiscal Year \(FY\) 2017 Opportunity to Register and Other Important Information for Electronic Application Submission for the Continuum of Care \(CoC\) Program Competition](#). HUD has added more information to better explain these priorities.

1. Ending homelessness for all persons. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that take into account the challenges faced by all subpopulationsexperiencinghomelessnessinthegeographicarea(e.g.,veterans,youth, families, or those experiencing chronic homelessness).CoCs should have a comprehensive outreach strategy in place to identify and continuously engage all unsheltered individuals and families. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs. Finally, CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.
2. Creating a systemic response to homelessness. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should be using their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.
3. Strategically allocating and using resources. Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness. CoCs should review project quality, performance, and cost effectiveness.HUD also encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness. Finally, CoCs should review all projects eligible for renewal in FY 2017 to determine their effectiveness in serving people experiencing homelessness as well as their cost effectiveness.
4. Use a Housing First approach. Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners, remove barriers to entry, and adopt client-centered service methods.

FINAL: FY2017 CoC Competition: HMIS Data & Comparable Data

		Total Served	Housing Stability	Earned Income	Overall Income	By Household (if family)	Access to Non-Cash	Access to Healthcare	Average Length for Leavers	Average Length for Stayers	Dedicating Resources	Percentage of Turnover dedicated to chronic	Project Dedicated "x" to chronic turnover	Barriers (at least 1 condition)
			"Deceased" Exits not included in %									Annual (New Entries)	In their application	1
Project	Project Type	(Adults +children served during reporting period)	(positive exits/total exits)	(total achieved/total possible)	(total achieved/total possible)	(total achieved/total possible)	(total achieved/total possible)	(total achieved/total possible)	Average Length for Leavers	Average Length for Stayers	How many turnover beds were dedicated to chronic? New Entries that met Chronic Definition		Total dedicated/Total anticipated turnover	Stayers Only
MDHA Consolidated SPC	PSH	594	44.24%	10.13%	64.71%		72.67%	42.04%	1636	1671	18	42.86%	74.47%	196
MDHA SPC with Park Center	PSH	14	100.00%	8.33%	91.67%		71.43%	85.71%	2565	1858	0	0.00%	0	4
Jrban Housing Solns Homeless Recovery	PSH	203	18.60%	24.00%	64.00%		47.19%	44.00%	865	1336	12	22.64%	47%	61
Safe Haven Family Shelter: TIP	RRH	133	95.06%	33.00%	33.00%	40.00%	100.00%	88.37%	212	152	5	4.10%		4
Safe Haven Family Shelter: PH	RRH	79	100.00%	35.00%	35.00%	83.00%	100.00%	93.00%	309	147	7	10.29%		3
YWCA: RRH	RRH	41	52.17%	28.57%	14.29%		20.00%	43.48%	337	122	0	0.00%		2
Mary Parrish Center: TH Project	RRH	25	100.00%	67.00%	67.00%		67.00%	100.00%	302	388	2	15.38%		1
The Next Door: FRC	PSH	39	76.00%	69.00%	75.00%		58.82%	88.24%	465	709	0	0.00%	0.00%	2
Room In the Inn	PSH	23	50.00%	15.00%	75.00%		43.48%	90.00%	1391	1179	3	100.00%	0.00%	6
Aphesis House: PH														
Safe Haven Family Shelter: CES														
Safe Haven Family Shelter: RRH														
Catholic Charities: RRH														
Oasis: RRH														
N/A (New projects without a year's worth of data or reallocated project without a year's worth of data as different project type)														

SCORECARD SHOWING MAXIMUM POINTS				Score	
Project Agency:	The Next Door			165	
Project Name:	SAMPLE				
Project Type:					
Target Population:					
Timeframe:					

Each scorecard starts on [Section (3): Proposed Prior Living Situations] of the Renewal Application.
 Sections (1), (2), & (5) are not included in the scorecard.

If highlighted in yellow, PEC Members score this section

Section (3): Proposed Program Populations - 10 pts 100%, 9 pts for 90%...				Points Awarded	Total Section Points	Corrective Action Plan Items
HUD Focused Populations	Possible	Planning Serve?			30	
Chronic Households (or "Dedicated Plus")	100%	100%		10		
Households with Children	100%	100%		10		
Unaccompanied Youth	100%	100%		0		
Veterans	100%	100%		10		

Notes from Staff
 Not possible to have 100% fit in all 4 categories, so 30 pts max (& this possibility will be slim, as for a participant to fit Chronic, Vet AND Household w/ Children will be rare), and more common score will be 20 or less

Section (4): Project Prioritization of Homeless				Points Awarded	Total Section Points	Corrective Action Plan Items
<i>Priority (I): Clients entering programs will come from ... 5 pts if add up to 100%</i>					5	Meeting HUD Chronic Definition
Places not meant for human habitation	50.00%					
Emergency Shelter	50.00%					
<i>Priority (II): Clients entering programs will come from ... 2.5 pts if add up to 100%</i>						
Transitional Housing (homeless at entry)	0%					
Institutions - jails, mental health (stays < 90 days & homeless at entry)	0%					

Notes from Staff

Section (6): Project Performance in FY2016				Points Awarded	Total Section Points	Corrective Action Plan Items
Project Performance					70	
Utilization Rate	100%	100%	100%	10		
Housing Stability	39	39	100%	10		
Overall Income Stability	18	18	100%	10		
Earned Income Stability	18	18	100%	10		
Access to Mainstream Benefits	39	39	100%	10		
Average Length of Stayers & Leavers	12 Months or Longer			10		
FY2016-Low Barrier and Housing First Impact on Performance						
Clients Discharged-Non-Compliance	0			5		
Clients Denied Entry-High Barrier	0			5		

Notes from Staff

Section (7): Consumer Focus & Community Planning for CES				Points Awarded	Total Section Points	Corrective Action Plan Items
CES Planning					30	
Evidence-Based Practices	Yes	Yes		10		
Current CES Participation	Yes			10		
If yes to current participation, project will continue	No					
If no to current participation, project will ----	Score below	if applicable				
Contact CoC & HMIS Lead for more information:	Yes			10		
Will work from BNL	Yes					

Notes from Staff
 Logically, agency can earn only 10 (not 20) of the 30 pts for the CES Qs. Agencies can be EITHER currently accepting referrals via CE process, OR, if not, plan to begin using CE process. But not both.

Low Barrier to Program Entry				Points Awarded	Total Section Points	Corrective Action Plan Items
Having Little to No Income	Yes			4	20	
Active or History of Substance Abuse	Yes			2		
Criminal Records	Yes			2		
Domestic Violence History	Yes			2		
Housing First Fidelity						
Failure to participate in supportive services	Yes			2		
Failure to make progress on service plans	Yes			2		
Loss of income	Yes			2		
Domestic Violence History	Yes			2		
Activities not covered in the leases of project's area	Yes			2		

Notes from Staff

Bonus Points				Points Awarded	Total Section Points	Corrective Action Plan Items
Dedicating Turnover Beds to Chronic	Up to 5 pts max, depending on % and scale (# of units)			5	5	
Serving participants with multiple conditions/barriers	Up to 5 pts max, depending on % and scale (# of participants)			5		