<u>Prince George's County Continuum of Care</u> <u>CoC Program - Ranking and Selection Process</u>

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers for inclusion in the Consolidated Application.

The Homeless Services Partnership (HSP) is the CoC operating body in Prince George's County, and as such is responsible for the creation, implementation and monitoring of the County's 10-Year Plan to prevent and end homelessness. In order to ensure a fair and transparent ranking process for the Continuum of Care competition, the Executive Committee of the HSP (CoC Board) reviews HUD requirements and priorities and develops ranking criteria for all projects seeking funding through the Continuum of Care Competition. The HSP ratifies these criteria and creates an ad-hoc Project Review Committee (PRC) that includes public and private representatives of the HSP who are not employees, board members or volunteers of a project applicant that is requesting new or renewal funding. The PRC is responsible for reviewing and ranking project applications, and recommending projects for inclusion in the application submitted to HUD.

The Prince George's County Department of Social Services (PGCDSS), acting as the Collaborative Applicant for the Prince George's County MD Continuum of Care, supports the PRC but is not a voting member -- their role is to coordinate the ranking process and provide necessary data to the PRC including analysis of CoC housing needs and program performance reports. PGCDSS identifies HUD requirements and priorities for funding, compiles materials for each renewal project, announces funding availability to agencies interested in submitting new projects, develops an evaluation tool used to rate projects, schedules committee meetings to conduct the review process, and provides technical assistance to applicants.

Members of the committee review information related to the needs of the CoC such as the most recent housing inventory chart, Point-in-Time data, federal priorities & identified service gaps. Committee members review renewal projects based on utilization, outcome performance, cost, Continuum of Care priority needs, alignment with HUD priorities, and compliance with HUD funding requirements. New bonus project applications will be reviewed for project quality in alignment of HUD priorities and priority to the Prince George's County Continuum of Care.

Each Project Application is scored individually with ranking priority determined by committee consensus. All applicants will be notified directly regarding the recommendations of the committee. If a project is not recommended for funding, the committee will notify the project applicant, in writing, of this decision. Once the PRC has concluded its review and ranking, the committee's recommendations will be presented to the entire HSP for discussion and ratification. At this time there will be an opportunity for any person or organization disagreeing with the ranking order to provide argument for an alternative ranking. Final ratification will be determined by majority vote of all HSP members present, with each organization or agency in good standing receiving a single vote.

2016 Prince George's County Continuum of Care Renewal Application Scoring Criteria

	Pts	Criterion	Description	Points	score	
1	5	Housing Type	PSH, RRH, THP that serve youth	5		
			THP serving a CoC priority sub-population	3		
			All other THP	1		
2	5	Exclusively serves	Behavioral Health and/or Chronically Homeless (these	5		
		a sub-population	populations are harder to serve so additional points are			
		1 1	assigned because outcomes may not be as high)			
3	5	HUD Priorities	PSH - 100% Chronic homeless in Housing First model or	5		
			RRH - Families			
			PSH that commits to fill 85% of turnover with CH	2		
			Does not provide RRH to families or PSH prioritized CH	0		
4	10	Housing 1st /	Does not have entrance requirements such as income &	10		
		Low Barrier	sobriety. Does not require program participation			
5	10	Spending	Made timely withdraws from LOCCS (min. quarterly) and	10		
			had no unexpended funds in last grant year			
			Did not make timely withdraws from LOCCS, but had no	7		
			unexpended funds	-		
			Made timely withdraws from LOCCS (min. quarterly) and 1st	5		
			time returning funds in any program (last 3 years)			
			Did not make timely withdraws from LOCCS and 1st time	2		
			returning funds in any program (last 3 years)			
			Returned funds in multiple programs and/or multiple times	0		
			(last 3 years)			
6	10	Data quality	HMIS data report card - 12 Month avg: A = 5, B = 4, etc	5		
			HMIS quality and outcome measures: A=5, B=4, etc	5		
7	10	Utilization	Program average at 98% or above capacity	10		
•			Program average at 90% or above capacity	8		
			Program average at 75% or above capacity	5		
8	5	Cost Effectiveness	Average annual cost is 10% or more below system average	5		
		Average for PSH is \$19,900; RRH is \$6,000	Average annual cost is at system average	2		
			Average annual per unit/slot is higher than system average	0		
			Average annual per unit/slot is more than 10% below system	+3		
			average – BONUS POINTS (add +3)			
9	10	Income	75% or more of leavers and stayers increased income - year	10		
			Deduct 1 point for every 5% under 75%			
10	10	Mainstream	95% of consumers in program or who exited during the	10		
10		Resources	program year receive at least one mainstream benefit	10		
			(Medicaid, TANF, SSI/SSDI, foodstamps, etc)			
			Deduct 1 point for every 5% under 90%			
11	10	Housing Stability	PSH & RRH - 95% of stayers are housed 6 months or longer	10		
			and/or 95% of exits are to Permanent Housing	10		
			TH - 95% of TH residents exit to Permanent Housing			
			Deduct 1 point for every 5% under 80%			
12	10	CoC Participation	Attends a minimum of 90% of HSP meetings.	5		
		200 I ai ucipation	Actively Participates in a HSP committee	5		
	6	UBTOTAL	Actively 1 at ucipates in a 1151 committee			
			and was only mys grown was y	100 +5		
Λ	~	0 monitoring findings in the most recent program year Failure to submit required documents on time.				
				-10		

2016 Prince George's CoC New Project: Qualifying &Scoring Criteria

Criterion	Description	Max Pts	Score
Eligible Applicant Qualifying Criteria	Nonprofit organization Current DUNS number Registered with SAM Has attended 5 HSP meetings in the last 12 months Application and all required documents are submitted to CoC planner by deadlines	N/A	
Organization Capacity	Organization has a mission/purpose statement and bylaws to govern operations, an active governing board that includes one member who is homeless or formerly homeless, and clear policies and procedures to address potential conflicts of interest.	5	
Financial Capacity	Has operating reserves (or line of credit) to sufficiently cover a minimum of 6 months of program operating expenses. Most recent annual audited statement and management letter is provided and no significant findings are identified Meets Match requirement of 25% of Operating, Supportive Services and Admin budget.	10	
Eligible Population: Meets HUD & CoC requirements and priorities	PSH – serves Chronically homeless only RRH – serves families and singles (with priority to families) who are coming from the streets or emergency shelter only	5	
Eligible Service Model	Program follows the tenets of Housing First: Does not have entrance requirements. Additionally PSH does not have program participation requirements	10	
HMIS and Coordinated Entry	Project has the capacity and an acceptable plan to participate fully in HMIS and the CoC's Coordinated Entry System	5	
Expertise* serving an identified sub- population	Mentally ill/substance abusing, Unaccompanied Homeless Youth, Domestic Violence, Returning Citizens, Veterans	5	
Serving Identified CoC Needs	PSH – CH singles (SMI, dual diagnosis and/or criminal history). RRH – very low and low income families, youth, and or DV/Trafficking	10	
Applicant experience	Relevant experience and good outcomes for proposed activities (section 3B of CoC application)	5	
Innovation and Effectiveness	Clear description of evidence-based practices and demonstrated experience (section 3B & 4A of CoC application)	5	
Performance Measures	Detailed plans for successfully achieving CoC performance measures and partnerships clearly identified and verified (4A of CoC app)	10	
Cost Effectiveness	Average annual per unit/slot is 10% or more below system average	10	
	Average annual per unit/slot is at system average	5	
	Average annual per unit/slot is higher than system average	0	
	Average annual per unit/slot is more than 10% below system average – BONUS POINTS (add +3)		

Financial	Has successfully managed Federal grants	5		
Management	, , ,			
	Has not managed a Federal grant but has successfully managed a	4		
	State or Local government grant of equivalent size			
	Has managed Federal grants that resulted in the recapture of funds	2		
	but agency has no unresolved monitoring or audit findings			
	Has never managed a government grant Or has managed Federal			
	monitoring or audit findings			
Leverage	Project Leverages more than 150% of HUD budget	5		
	Leverages 100 – 149%	3		
	Leverages 75 – 100%	1		
	Leverages less than 75%	0		
CoC Participation	Attends a minimum of 90% of HSP meetings and actively			
	participates on a HSP committee.			
	Total Possible	100		

^{*}Expertise can be documented through staff credentials and/or significant program experience working with the identified population