**Arizona Balance of State**

**Continuum of Care**

**2019 Renewal Scoring**

**The Agency Score Sheet is due to ADOH by August 22, 2019 @ 5:00 PM. They must be submitted through the ADOH Portal. Only one Renewal Scoring needs to be completed for the agency. The following table provides a summary of points available for system related activities:**

|  |  |
| --- | --- |
| **Item** | **Maximum Score** |
|  | **Housing First/Low Barriers** |
| **1. Housing First** | **5** |
| **2. Low Barrier** | **5** |
| **3. Unique Agency Items—Housing First/Low Barrier** | **4** |
| ***Sub Total*** | **14** |
| **System Participation** |  |
| **4. PIT Participation** | **3** |
| **5. LCEH Participation** | **3** |
| **6. Coordinated Entry**  | **5** |
| **7. Case Conferencing** | **2** |
| **8. BNL Management** | **2** |
| **9. BNL Referrals** | **3** |
| **10. Rosters to Candee** | **1** |
| ***Sub Total*** | **19** |
| **Organizational and Cost Effectiveness** |  |
| **11. Request for Payment** | **2** |
| **12. Code of Conduct** | **2** |
| **13. SOAR** | **4** |
| ***Sub Total*** | **8** |
| **TOTAL** | **41** |
| **APR and Performance Data****ADOH is pulling the data from the APR for each project’s scoring related to APR and Performance Data. This Score Sheet will be sent to the agencies for review and comment later in August. The summary of how that information will be scored will be on the ADOH website by 8/13/19.**  | **55** |
| **GRAND TOTAL** | **96** |

**Note—Check boxes can be checked by placing your cursor over the box.**

|  |  |
| --- | --- |
| **Name of Agency:** | **Contact Person:** |
| **EMAIL:**  | **Phone Number:** |

**Complete one of these tables for each of your projects. There are four templates available. Please add additional tables to this document as needed. The purpose of this table is to provide updated information for the Project Description in the application.**

|  |  |
| --- | --- |
| **Name of Project** |  |
| **Type of Project (i.e. RRH, PSH, Th-RRH)** |  |
| 1. Review your current project description in the 2018 project application. Provide an updated description, **limited to 1,000 characters**, based on changes such as projects that have been combined, changes in services, new community partnerships, etc. **Every Project must have an updated project description for 2019: The project description must provide this information:** **1a. What counties are covered by the project?****1b. Who is the Target Population? (i.e. CH, families, Veterans, Individuals)****1c. Did the Project change in any way since the last NOFA? (i.e. reallocated, combined with another project, added locations, added services):** **1d. What need is the project meeting? (provide data)****1e. What supportive services are provided and by whom?****1f. Who are your agency partners for this project?** |

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Self-Scoring

This is the Self-Scoring Sheet. These scores will be combined with other factors/attributes that have been scored and the performance data that was generated for each project based on data from the APR and Performance. These items include participation in the LCEH and the PIT, participation in Coordinated Entry, timely reporting and funds draw down and unresolved monitoring findings. The

**Self-score each activity based on the following criteria/attributes.** Please call Candee if you have questions how to complete this table.

NOTE: for check boxes—to check the box—hover your cursor over the box—and right click—it should put an X in the box—if that doesn’t work—put an X next to the box.

| **Item** | **Place agency score for item in this column** |
| --- | --- |
| **Housing First/Low Barriers** |  |
| 1. Give the agency one point for each Housing First criteria you check from this list below. The agency’s projects accept individuals who[ ]  have too little or no income.[ ]  active history of substance use.[ ]  have a criminal record except mandated restrictions.[ ]  history of victimizationADD ONE POINT IF ALL BOXES CHECKED(maximum score available is 5) |  |
| 2. Give the agency one point for each reason that participants are not terminated from the program [ ] We do not terminate for failure to participate in supportive services[ ]  We do not terminate for failure to make progress on service plan[ ]  We do not terminate for household’s loss of income or failure to improve income[ ]  We do not terminate for any other activity not covered in lease agreement typically found for unassisted persons.ADD ONE POINT IF ALL BOXES CHECKED(maximum score available is 5) |  |
| 3. Describe any unique items about how your agency implements Housing First and ensures that the housing the agency provides is Low Barrier: (500 words maximum) | Leave blank—1 to 4 points will be scored by review team |

|  |
| --- |
| **System Participation**  |
| **Item** |  | **Scoring Scale** | **Place agency score for item in this column** |
| 4. PIT Participation |  | Our agency was the lead/co-lead for the PIT – 3 ptsAgency staff participated in the PIT – 1 pt.Our agency was not involved in the PIT – 0 pts. |  |
| 5. LCEH Participation |  | An agency that is not a sub-recipient chairs the LCEH. 5 pts.Our agency chairs the LCEH. 3 ptsOur agency does not participate in the LCEH. 0 pts |  |
| 6. Coordinated Entry |  | An agency that is not a sub-recipient facilitates Coordinated Entry. 3pts.Our agency facilitates Coordinated Entry. 3 ptsOur agency staff participate in Coordinated Entry-1 pt.Our agency staff do not participate in Coordinated Entry-0 pts. |  |
| 7. Case Conferencing |  | Case Conferencing takes place at least bi-weekly—2 ptsCase Conferencing takes place once a month—1 ptsThere is no regular schedule for case conferencing-0 pts. |  |
| 8. By Name List |  | An agency that is not a sub-recipient manages the By Name List—2 ptsOur agency managers the By Name List. – 1 pt.The By Name List for our area is not being managed by any agency.—0 pts. |  |
| 9. What is the percentage of referrals for this project that come from case conferencing and the By Name List? | Place Percentage Here | 85%-100% - 3 pts70%-84% - 2 pts<70% - 0 pts |  |
| 10. The LCEH roster is submitted to Candee after each meeting. |  | 100% of rosters are submitted in a timely fashion – 1 pt.<80 % of rosters are submitted in a timely fashion – 0 pt.NA—we are not responsible for the LCEH roster |  |
| **Operational and Cost Effectiveness**  |
| **Item** |  | **Scoring Scale** | **Place agency score for item in this column** |
| 11. Request for payment submitted to ADOH on time for the previous twelve (12) months. *(Submitted within 60 days for the previous month.)* |  | 100% of payment requests submitted on time – 2 pts95%-99% of payment requests submitted on time – 1 pt.<95% of payment requests submitted on time – 0 pts |  |
| 12. The agency’s most recent Code of Conduct complies with the HUD requirements. (See link at end of table) |  | Our Code complies or will comply and will be sent to Candee by 8/28/19 – 2 ptsWe cannot update our code to comply with the requirements. – 0 pts |  |
| 13. SOAR |  | We have SOAR trained staff within our agency and enter information into OAT – 4 ptsWe do not have SOAR trained staff but have an agreement with (name agency) \_\_\_\_\_\_\_\_\_\_\_\_ to refer clients. – 3 ptsWe do not have SOAR trained staff and do not refer clients for SOAR assistance – 0 pts |  |

<https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conductgrants>