Southern Nevada Homelessness Continuum of Care (SNHCoC)
Proposed Monitoring Plan for CY 2025 and CY 2026
Prepared by the EdeColigny Consulting Team

1.   INTRODUCTION

The Southern Nevada Homelessness Continuum of Care (SNHCoC) has engaged EdeColigny Consulting LLC (consulting team) to design and implement a process for Continuum of Care (CoC) monitoring in CY 2025 and CY 2026. This monitoring process is intended to fulfill the HUD requirement that CoCs should conduct monitoring of CoC grantees, with a particular focus on evaluating performance for the purpose of ranking projects for the funding competition.

The consulting team has developed this proposed monitoring plan based on our experience in CoC monitoring, a review of processes in other communities, and input gathered from the CoC Programs and HMIS Committees, the CoC Board, current CoC grant recipients and the Lived Ex Consultants group.

The proposed 2025 monitoring process will look back at project performance in CY 2024 (January to December 2024). Since HUD is shifting to a two-year CoC funding cycle, the 2025 monitoring will not have implications for the NOFO competition. It will be a "pilot" year that will give all stakeholders an opportunity to learn from the monitoring process and results and refine the approach for 2026. Monitoring conducted in 2026 will look back at CY 2025 and results will feed into the 2026 local CoC funding competition.

The goals for this two-year monitoring cycle are to:

1. Provide valuable information and actionable suggestions to grantees and the homelessness response system
    a. The process and results should give grantees a clear picture of how they are doing with recommendations for improvement
    b. Identify areas where training and TA are needed for grantees and other providers
    c. Highlight unmet or emerging needs across the system
    d. The results should inform system-level actions that results in measurable system-level results, such as overall reductions in homelessness.
2. Further a culture of continuous quality improvement
    a. Build shared understanding among all CoC stakeholders about CoC grantee performance and how it connects to overall system performance.
    b. Support the CoC to establish performance expectations/benchmarks for grantees that will help move overall system performance forward.
    c. Build a feedback loop between monitoring results and CoC activities, so that actions taken by the CoC are used to drive performance improvement.
3. Increase emphasis on participant experiences and quality of care through greater input from people with lived experience.
4. Design and conduct a process that is not unduly burdensome

2. MONITORING APPROACH

The proposed 2025 monitoring process will consider three inter-related topics:
1. Project Performance – quantitative evaluation of the impact and outcomes of CoC funding.
2. Quality of Care – qualitative assessment of whether programs are providing high quality services to participants.
3. Compliance with CoC Regulations – assessment of grantee compliance with a selected set of CoC regulations.

The sections below describe the proposed evaluation methods for each of these three areas and the information that will be provided back to grantees and the CoC.

In 2025, the monitoring will cover all CoC-funded PSH, RRH, TH and TH-RRH projects. Historically, the CE and HMIS grants have not been scored as part of the NOFO process, but should still be monitored. While they will not be monitored in 2025, the consulting team will research and propose a methodology for monitoring the CE and HMIS grants in 2026.

A. Project Performance

Monitoring in 2025 will use the same set of measures that were adopted for the 2024 NOFO, summarized in the chart below.

1a	Housing Stability (PSH)	Percentage of participants who stayed in PSH or who exited to another permanent destination
1b	Exits to Permanent Housing (TH, RRH)	Percentage of participants who exited to permanent housing.
2	Exits to Homelessness	Percentage of participants who exited to a homeless destination
3	Retained or Gained Income	Percentage of adults who retained or gained income
4	Non-Cash Benefits (NCB)	Percentage of adults with 1 or more sources of NCB
5	Health Insurance	Percentage of participants with 1 or more sources of health insurance.
6	Data Quality	Average issue rate for data elements reported in APR.
7	Utilization	Percentage of housing unit capacity used during the year

The consulting team will conduct an analysis to determine whether it is feasible to add the following measures in 2026:

8	Project Accessibility	Percentage of eligible households referred through the CE system that were enrolled in the project (as measured using HMIS/CE data).
9	Rapid Entry into Programs/Housing	Length of time from CE referral to program enrollment (as measured using HMIS/CE data) and housing placement.

10	Adjustment for Severity of Service Needs: Adjustment to results for any of the above measures (1 through 9) based on whether the project serves a higher-than-average number of participants with high service needs and vulnerabilities (as measured by HMIS and/or CE assessment data)

For each measure, the consulting team will set targets or benchmarks against which grantee performance will be evaluated. Benchmarks will be determined by analyzing performance for each measure from the prior two calendar years (CY 2023 and CY 2024) and establishing 4 levels of scores:

- Full points – project must perform above average (for example at 125% of average)
- Partial points – Between average and full point benchmark
- Partial points – Between the zero-point benchmark and just below average
- Zero point – Below average (for example at 75% of average)

Different targets may be established for different project types (e.g. PSH, RRH, TH and TH-RRH) and for projects serving specific subpopulations (e.g. youth), based on the analysis of average performance by project type.

Measures will be calculated using data from the project's Annual Performance Report (APR) for CY 2024 (except for Measure 7 – Utilization). Calculation methodologies are summarized in Appendix A.

The consulting team will calculate measures by analyzing APRs and will produce a report for each project showing results on each measure. Grantees have already seen a preview of their 2024 performance results and will be familiar with the format of this report.

In the "pilot year" of 2025, calculations and scores will be used for identifying areas of improvement and technical assistance needs at both the programs and systems levels. In 2026, project performance will be scored and will factor into the NOFO. The consulting team will also prepare a system-level summary of the 2025 performance results to present to the CoC membership, Board, and committees.

B. Quality of Care

To understand whether CoC-funded programs are delivering high quality services that meet participant needs, the consulting team will gather qualitative information using the following methods:

1.   Feedback from Current and Former Program Participants.

This feedback will be gathered using a mixed methods approach:

Participant Survey: For most programs, the consulting team will work with the Lived Ex consultants and program providers to distribute a brief anonymous survey to current and former participants. While program staff may be asked to help distribute the survey, responses will be sent directly to the monitoring team primarily through an online portal.

Survey questions will be accessible, easy to understand, and can be completed by the respondent independently. The survey will be available in both paper and electronic/online formats and in multiple languages. Questions will focus on participant experiences of the program, on topics like if participants felt welcome, if they experienced barriers to care, if they felt cared for and listened to, if they were treated with kindness and respect, if they felt safe, and if services helped them achieve their goals. Some open-ended questions will allow for free-form feedback, such as "Do you have other comments about the quality of care available at this program?"

Survey respondents may be offered an opportunity to enter a raffle for a gift card as an incentive to participate.

Participant Focus Groups: For some smaller programs that do not have enough participants to gather a meaningful number of survey responses (estimated at least 15 surveys), the consulting team may conduct in-person focus groups. Focus group participants will not have to give their names and the groups will be held at a neutral location (not the program site). Focus Group participants will be offered compensation for their time in the form of a gift card. Lived Ex consultants and program providers will support with identifying potential focus group participants. Focus group discussion topics will be similar to the survey questions.

2.   Feedback from Front-Line Program Staff

The consulting team will administer a brief anonymous survey to line staff (not supervisors or managers) who work directly with participants in the CoC-funded programs. Providers will be asked to distribute to their staff but responses would come back directly to the consulting team and would not be identified. This survey will ask questions designed to assess quality of services from the perspective of line staff. For example, asking if they feel they have been adequately trained to be successful in their role, is the program adequately staffed, are they able to respond promptly to participant questions and requests, etc.

Information gathered from Quality of Care monitoring will be summarized and shared with grantees with areas of concern highlighted and suggestions about potential changes and improvements. In 2025, the Quality of Care assessment will not be scored. If this yields useful and actionable information, the consulting team will develop a proposed methodology for scoring Quality of Care in the 2026 competition.

The consulting team will also synthesize the Information gathered through this process to identify overarching gaps or challenges that appear to be consistent across the whole homelessness response system. This information will also be helpful for developing community-wide standards for CoC-funded and other homelessness response system programs.

C.   Compliance

The third component of the proposed monitoring process will be compliance monitoring. In CY 2025, the consulting team will perform a desk audit of all CoC-funded programs to assess compliance with selected HUD requirements. Grantees will receive a detailed document request and will be asked to return documents by a set deadline for monitoring team review. The consulting team will select among compliance topics, such as:

Housing First Alignment
- Eligibility, Screening and Intake policies and forms – to identify whether there are barriers to program access.
- Leases or program agreements, participant responsibilities, and termination and grievance policies – to assess whether programs are supporting participants to be successful, providing services on a voluntary basis, and not discharging or terminating people unnecessarily, and providing participants an opportunity to appeal or file a grievance of their program termination.

- Training plans and other policies documenting that the organization is training staff on understanding and implementing programs in alignment with HF principles.

Participant Records
- Household eligibility
- Income certification and rent calculations
- Rent reasonableness
- Presence of a service plan and case notes
- Annual Assessments in HMIS

Financial Management
- Review of most recent agency audit to determine whether the organization has strong financial management systems and practices
- Review of a sample ELOCCS draw(s) with backup documentation to assess whether funds drawn are for eligible costs and aligned to the approved grant budget.

Grants Management
- Review APR submission information for timeliness.
- Review list of ELOCCs draws to ensure regular draws and full grant expenditure.

Compliance Self-Assessment & TA requests
- Each program will complete self-assessment covering all CoC-related compliance topics. The self-assessment tool will include option to request TA or ask a compliance-related question. This information will be used to assess whether there are common compliance challenges across the system and system-wide TA and training needs.

In 2025, each project will receive written feedback from the compliance monitoring identifying actionable next steps to come into compliance. Compliance will not be scored in 2025, but grantees may receive a "preview" of how they might score in 2026.

3. MONITORING RESULTS

When all three parts of the assessment are complete, the consulting team will generate a draft report for each project that includes:

- Results of performance measurement, quality of care, and compliance review.
- Any identified issues or concerns and suggestions for improvement.
- A risk assessment (low, medium or high) based on the consulting team's overall assessment of how the project is doing. Projects identified as being high risk will be flagged for a more thorough monitoring in 2026.

The consulting team will meet with each grantee in person to discuss their draft results, respond to feedback and then finalize the reports. The final reports may include corrections or adjustments to the findings based on clarifying information provided by the grantees.

The consulting team will also prepare summary reports for the CoC membership, Board and committees synthesizing the individual program level results into overall system level results, findings and recommendations.

4. MONITORING PROCESS, ROLES AND TIMELINE FOR 2025

Activity	Target Date
Consulting team develops draft Monitoring Plan collaboratively with providers, Lived Ex Consultants, Collaborative Applicant.	December 2024 to February 2025
Committee review and approval (Programs, HMIS, Lived Ex)	February to March 2025
CoC Board Approval of Monitoring Plan	April 9, 2025
Consulting team conducts monitoring:	May to September 2025
• Kick off meeting to launch process; all grantees receive an overview of the process and what will be expected of them	May 2025
• Information gathering and analysis – consulting team calculates performance measures, conducts survey and interviews with PWLE, and gathers and reviews monitoring documents.	May to July 2025
• Draft monitoring reports issued to grantees	August 2025
• Individual meetings with grantees; final reports issued	September 2025
Consulting team and Collaborative Applicant present summary results to CoC Board, committees and membership	October 2025
Consulting team gathers feedback on first year tools, process and measures and draft adjustments to 2026 approach	October to December 2025
CoC Committees and Board determine how to address monitoring results. Potential actions: CoC-wide training and technical assistance, revising or setting new policies, revising or setting new standards of care, strategies to address resource gaps, etc.	Ongoing

Appendix A:
Performance Measurement Calculation Methodology for 2025

The table below summarizes the proposed methodology for calculating each of the performance measures. These are mostly the same as the calculations used in the 2024 NOFO process, with some minor adjustments developed based on provider input.

Performance Factor	Applicable Program Type	Description	How Calculated (APR Question and Cell)
Housing Stability	PSH	Percentage of participants who stayed in PSH or who exited to another permanent destination	• Numerator = All stayers (Q5a) + Exits to PH (Q23c) • Denominator = All participants (Q5a) served minus participants who exited to foster care, hospital, long term care or deceased (Q23c).
Exits to Permanent Housing	TH, RRH, Joint TH/RRH	Percentage of participants who exited to a permanent destination	• Numerator = Exits to PH (Q23c) • Denominator = All exits minus participants who exited to foster care, hospital, long term care or deceased (Q23c).
Exits to Homelessness	All Program Types	Percentage of participants who exited to a homeless destination	• Numerator = Exits to homeless destinations (Q23c) • Denominator = All exits (Q23c)
Retained or Gained Income	All Program Types	Percentage of adults who retained or gained income	• Numerator: Q19a1 (Row 5, Columns 3, 4, and 5) plus Q19a2 (Row 5, Columns 3,4, and 5) • Denominator: Q19a1 (Row 5, Column 7) plus Q19a2 (Row 5, Column 7), adjusted to back out adults who have not yet had an annual assessment.
Non-Cash Benefits (NCB)	All Program Types	Percentage of adults with 1 or more sources of NCB	• Numerator: Adult Stayers with 1+ sources of NCB + Adult Leavers with 1+ Sources of NCB (Q20b) • Denominator: All adults at start (Q18) – adults not yet required to have annual assessment (Q18)
Health Insurance	All Program Types	Percentage of participants with 1 or more sources of health insurance.	• Numerator: Stayers with 1 or more sources of health insurance + leavers with 1 or more sources of health insurance (Q21) • Denominator: All participants (Q5a) – stayers not yet required to have an assessment (Q21)

Performance Factor	Applicable Program Type	Description	How Calculated (APR Question and Cell)
Data Quality	All Program Types	Average issue rate for data elements reported in APR	• Average issue rate across 10 data elements (Q6a, 6b, 6c). Programs that have high error rates for Personally Identifying Information (PII) will have the opportunity to explain whether these errors are due to serving significant numbers of DV clients (who are required to be entered anonymously in HMIS) and may receive a points adjustment.
Utilization	All Program Types	Percentage of housing unit/bed capacity used during the year	• <u>Numerator</u>: Actual households or individuals occupying units (average nightly number over a one-year period) • <u>Denominator</u> = Available nightly beds or units (as documented in the HUD Project Application, Screen 4D). Occupancy data will be pulled from the Housing Census Report (HMS Report #108). The determination as to whether to use beds or units for this calculation will be made in consultation with providers. Programs in which single individuals share units will be assessed on a bed night rather than unit night basis.