Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CO-500 - Colorado Balance of State CoC

1A-2. Collaborative Applicant Name: Colorado Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Colorado Coalition for the Homeless

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

State Division of Housing	Yes	Yes
Department of Veterans Affairs	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

Our CoC uses regularly scheduled CoC meetings to solicit opinions from the public. CoC meetings are well publicized, open to the public, and open to anyone with an interest in preventing and ending homelessness in their geographic areas. Members of the local CoC planning groups take suggestions for improvement to their local representatives to the CoC Governing Board, and those Board members deliver those suggestions to the entire CoC Governing Board, via e-mail, or during Governing Board meetings and conference calls.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

Both the CoC Governing Board and our local CoC planning groups use regularly scheduled meetings to solicit new members. Governing Board meetings and local planning meetings are well publicized and open to anyone with an interest in addressing homelessness in the community, including domestic violence and homeless youth providers. Members of the Governing Board and local CoC planning groups also solicit new members more informally, at other meetings and via e-mail. The Governing Board and most of our local CoC planning groups already include at least one homeless or formerly homeless person. In September 2017, the Governing Board started the process of conducting special outreach to select a formerly homeless person as an "at-large" member of the Board.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

On July 17, 2017, the Collaborative Applicant sent an e-mail to the Governing Board announcing the availability of the permanent housing bonus funds, and instructed the Board to forward the e-mail to the entire CoC membership. On July 18, 2017, the Collaborative Applicant sent an e-mail to the Governing Board with instructions and links to the grant application materials in e-snaps. On July 24, 2017, the Collaborative Applicant sent a slightly modified version of

the July 17 e-mail to the Governing Board. The e-mails from the Collaborative Applicant instructed the Board to forward the e-mails to the entire CoC membership. All applications received by the Collaborative Applicant were included in the FY2017 competition process.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

All of the jurisdictions within our CoC receive their ESG funds from the state Division of Housing. The state Division of Housing has contracted its entire Balance of State ESG/homeless prevention and rapid rehousing program to the

Collaborative Applicant, which has contracted the funds to selected non-metro and rural homeless service providers. The Collaborative Applicant works directly with the state Division of Housing to determine funding allocations and establish performance measures. The Collaborative Applicant provides the Division of Housing with the most recent HIC and PIT data, data for Annual Performance Reports (APRs), and other information on the ESG subrecipients. The Collaborative Applicant also reviews and comments on the Division of Housing's Consolidated Plan Action Plans.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

Our CoC prioritizes the safety of survivors of domestic violence by first referring them to the local DV agency where they can be assessed by a DV advocacy specialist to discuss their safety, and needs for physical and mental health care, child care, temporary financial support and other needs. Based on this assessment and the family's preferences, DV families are then referred to the local DV safehouse, and/or the local CoC rapid rehousing program, ESG rapid rehousing program, VAWA transitional housing program or other housing and services if there are no DV services in the community. These families' personal information, including personally identifying information and the location of their temporary or permanent housing is treated with strict confidentiality. The DV agencies in our CoC use "comparable databases", but do not enter personally identifying information into the databases and do not share client data with anyone.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

The operators of our regional Coordinated Entry systems are currently establishing safety planning protocols and trauma-informed referral processes that address the physical safety, emotional safety, and privacy and confidentiality of DV survivors. Training on relevant best practices will be incorporated into our standard Coordinated Entry training for operators and service providers. Each of our local CoC planning groups use PIT data and other data about domestic violence to assess the scope of the domestic violence problem in their communities. We are evaluating whether data from our comparable databases should be used to supplement these assessments. These protocols and processes are discussed in our coordinated entry written policies (ref. "Colorado Balance of State Continuum of Care: Coordinated Entry System Policies and Procedures," May 2017, pages 20-21).

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Pueblo Housing Authority	1.00%	No
Colorado Division of Housing	0.00%	No
Ft. Collins Housing Authority	21.00%	Yes-Both
Grand Junction Housing Authority	56.00%	No
Loveland Housing Authority	1.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

Governing Board members in each of the PHA jurisdictions shown above have been assigned the responsibility for contacting their local PHA and engaging in a discussion about the importance of homeless admission preferences. These discussions sometimes reach an impasse over where to find the resources for providing the case management and supportive services for the homeless households in question. Beginning in September 2017, the Collaborative Applicant is beginning a new homeless preferences project to move these discussions forward and to identify sources of funding for these households' case management and supportive services. The responsibility for that project has been assigned to the Balance of State CoC Coordinator (at Colorado Coalition for the Homeless).

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

The needs of homeless LGBT individuals and their families, and the 2012 and 2016 equal access rules, are discussed at our Governing Board meetings and local CoC planning meetings. We have not yet conducted training events on this topic for homeless service providers. However, we have implemented a CoC-wide non-discrimination policy through our coordinated entry written policies (ref. "Colorado Balance of State Continuum of Care: Coordinated Entry System Policies and Procedures," May 2017, pages 22-23). This non-discrimination policy ensures equal access to our housing programs and services regardless of sexual orientation, gender identity or marital status.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	
Public education campaigns	X
Guest editorials in local newspapers	X
Include law enforcement in CoC planning meetings	X

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	
Health Care:	
Mental Health Care:	
Correctional Facilities:	
None:	X

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

The responsibility for developing discharge planning policies rests with state and local government agencies. The preferred approach is for the State of Colorado to establish mandatory statewide discharge planning protocols, which will require action from the state legislature and the Governor's office. Nevertheless, our CoC is doing what it can to encourage state and local foster care agencies, hospitals and health clinics, mental health providers, and corrections agencies to improve their discharge planning practices, so that persons are not discharged to the street, emergency shelter, or another homeless assistance program. Examples of the programs we are working with include: family unification programs, community resource teams, VA Medical Centers, the Marillac Clinic in Mesa County, Colorado West Mental Health, Summit Stone Health Partners in Larimer County, North Range Behavioral Health in Weld County, CO Dept. of Corrections, and the VA Veterans Justice programs.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

Our project scoring tools include a criterion for "Project prioritizes based on greatest need", including whether each program uses the VI-SPDAT assessment tool. The VI-SPDAT assesses a number of participant vulnerabilities, including but not limited to: (1) physical health; (2) history of household crisis such as domestic violence, sexual assault, mental health crisis or suicide risk; (3) childhood abuse; (4) criminal history, either as a victim or perpetrator; (5) risky personal behavior, including substance abuse; (6) disabilities; and (7) chronic homelessness.   Documentation of our review and ranking process and a copy of our final scoring tools are attached to this application.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.

08/30/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.

08/30/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?

Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

Pages 1-3 of CoC HMIS MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.

Yes

2A-3. What is the name of the HMIS software vendor?

Adsystec

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.

Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,033	365	457	68.41%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	715	51	142	21.39%
Rapid Re-Housing (RRH) beds	284	40	244	100.00%
Permanent Supportive Housing (PSH) beds	850	0	465	54.71%
Other Permanent Housing (OPH) beds	30	0	30	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

Our HMIS bed coverage rate is below 85% for emergency shelter, transitional housing and permanent supportive housing. For emergency shelter and transitional housing, the low bed coverage rate is due to the fact that we have a large number of housing providers who are not HUD-funded and therefore do not want to use HMIS. Over the next 12 months, we will encourage these providers to use HMIS by explaining the benefits to their programs, such as data consolidation, program evaluation, and having better data available for their grant applications and reports to funders.

For permanent supportive housing, the low bed coverage rate is caused by a large number of VASH vouchers on our housing inventory chart. The Dept. of Veterans Affairs does not use HMIS. Not counting VASH vouchers, our bed coverage rate for permanent supportive housing programs is 100%.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   04/28/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)**

Not applicable.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	227
Beds Removed:	387
Total:	-160

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?   No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from   No

**2016 to 2017?
CoCs that did not conduct an unsheltered
count in 2016 or did not report unsheltered
PIT count data to HUD in 2016 should
compare their efforts in 2017 to their efforts in
2015.**

**2C-4a. Describe any change in the CoC's unsheltered PIT count
implementation, including methodology and data quality changes from
2016 to 2017. Specify how those changes impacted the CoC's unsheltered
PIT count results. See Detailed Instructions for more information.
(limit 1000 characters)**

Not applicable.

**2C-5. Did the CoC implement specific   Yes
measures to identify youth in their PIT count?**

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the
CoC; (1) took to identify homeless youth in the PIT count; (2) during the
planning process, how stakeholders that serve homeless youth were
engaged; (3) how homeless youth were engaged/involved; and (4) how the
CoC worked with stakeholders to select locations where homeless youth
are most likely to be identified.
(limit 1000 characters)**

During the planning for the PIT count (in the Fall/Winter of 2016), our PIT
planning group engaged the cooperation of the Colorado Office of Homeless
Youth Services (part of the Colorado Division of Housing) and the Colorado
Rural Collaborative on Homeless Youth. These organizations helped the PIT
planning group identify homeless youth programs around the state and their
contact information, including all RHY-funded programs. The Office of
Homeless Youth Services created a supplemental survey to collect additional
information on homeless youth. The supplemental survey was distributed to all
survey staff/enumerators in the CoC, and it was administered at the same time
as the primary PIT survey forms created by the Collaborative Applicant.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to
better count individuals and families experiencing chronic homelessness,
families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

During the planning for the PIT count (in the Fall/Winter of 2016), our PIT
planning group discussed better ways to identify and contact chronically
homeless individuals and families, families with children, veterans and youth.
Our regional PIT coordinators then incorporated this information into their local
training events for PIT staff and volunteers. Local PIT staff and volunteers
included representative of or advocates for each of these homeless
subpopulations.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

(1)As shown in Measure 5, Metric 5.2, the number of first-time homeless persons decreased from 2,908 in FY2015 to 2,581 in FY2016, a decrease of 327 persons.(2)Risk factors:Our CoC identifies risk factors for first-time homelessness by discussing this issue at meetings of the Governing Board and the Data and Performance Committee;(3)Strategies to prevent first-time homelessness:We operate a number of homeless prevention programs which are funded through HUD, the state Division of Housing, and private funding. The Collaborative Applicant also publicizes the availability of its homeless prevention programs to the Governing Board and to homeless service providers so that households at risk can be quickly diverted to those programs before they lose their housing. Our CoC has homeless prevention partnerships with homeless service providers, faith-based organizations, victim-service (DV) providers and mental health providers. The responsible entity is our Data and Performance Committee.

3A-2. Performance Measure: Length-of-Time Homeless.
CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

(1) As shown in Measure 1, Metric 1.2, the average length of time homeless increased from 144 days in FY2015 to 158 days in FY2016, an increase of 14 days. (2) Over the past several years, we have tried to reduce the average length of time homeless by shifting most of our HUD-funded programs to the

housing first model. To help us move households from homelessness to permanent housing more quickly, our CoC recently converted 8 transitional housing programs into rapid rehousing programs. We will continue to refine our housing first model to lower barriers to entry for all households. (3) We track and record the duration of homelessness using APRs, HMIS data and our system performance report. As our coordinated entry system improves, we will use it to identify households with long episodes of homelessness and connect them with permanent housing as quickly as possible.   The responsible entity is our Data and Performance Committee.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
  Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

(1) As shown in Measure 7, Metric 7b.1, the percent of persons exiting to permanent housing was 29% in FY2015 and 35% in FY2016. (2) Our strategy for increasing permanent housing placements is to create additional units of rapid rehousing (we recently added 166 rapid rehousing beds), and to create additional units of permanent supportive housing (we recently added 41 PSH beds, and we currently have several new PSH projects in the development "pipeline"). Our strategy also includes improving our coordinated entry system so that the most vulnerable households are more quickly assessed, prioritized and referred to appropriate permanent housing. The responsible entities are the Data and Performance Committee, and the Coordinated Entry Committee.

3A-4. Performance Measure: Returns to Homelessness.
  Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

(1) As shown in Measure 2, the percent of returns to homelessness within 2 years was 15% in FY2015 and 15% in FY2016. (2) We will use the following strategies to minimize returns to homelessness: (a) we will work with the recipients and subrecipients of our CoC and ESG funds to track clients 6 months after program exit to determine which households either returned or are at high risk of returning to homelessness and why; (b) households that are at high risk of returning to homelessness will be assisted with homeless prevention resources, including our ESG homeless prevention funds; (c) we will use HMIS data to determine which programs experience high rates of return and work with them to improve their performance in this area; (d) we will use HMIS data to determine if certain program types experience higher rates of return than other program types. The responsible entity is our Data and Performance Committee.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Strategies for employment income include working with our programs and their case managers to ensure that all clients' case plans include a commitment to making appointments at the county workforce center, applying for all appropriate jobs, and reviewing this commitment during regularly scheduled home visits. Strategies for non-employment income include working with our programs and their case managers to ensure that all clients' case plans include a commitment to applying for all cash benefits for which they are eligible, assisting clients with each step of the application process, and following up with clients and county caseworkers to ensure that cash benefits are received. Our CoC regularly evaluates APR data from all CoC-funded and ESG-funded programs to see how well they are performing on increasing clients' incomes from employment and non-employment sources. The responsible entity is our Data and Performance Committee.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).   Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

A number of Colorado's rural counties are very sparsely populated "frontier" counties where there are few if any homeless persons. We excluded those counties from the unsheltered count. Many of the towns in the Balance of State CoC are close to or border on large areas of public lands, such as state forests, state parks, national forests, national parks and BLM lands. We do not send our PIT survey teams very far into most of these areas due to (1) safety considerations; and (2) lack of staff and other resources. Instead we focus our resources on locations where unsheltered homeless persons are known to congregate and camp. We also rely on the assistance of forest rangers, park rangers and formerly homeless persons to show our survey teams where to look for homeless camps in late January.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)   06/01/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	177	217	40

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	108
Total number of beds dedicated to individuals and families experiencing chronic homelessness	165
Total	273

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

Our strategy for rapidly rehousing families has been to shift as many projects as possible to a "housing first" model; and to increase the number of family rapid rehousing beds in our CoC.
This strategy includes using our regional coordinated entry systems to identify homeless families, assess and prioritize each family, and connect them to permanent housing as quickly as possible. This strategy has been very effective: (1) currently over 90% of our HUD-funded projects use a housing first model; and (2) as shown below, between 2016 and 2017, we more than doubled the number of rapid rehousing beds for families. Rehousing every homeless family in our CoC is a longer-term project; we do not have a reliable way of predicting how long that will take. The responsible entity is our Coordinated Entry Committee.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	95	226	131

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

Our CoC has implemented a CoC-wide non-discrimination policy through our coordinated entry written policies (ref. "Colorado Balance of State Continuum of Care: Coordinated Entry System Policies and Procedures," May 2017, pages 22-23). This non-discrimination policy ensures equal access to our shelters, transitional housing, rapid rehousing and permanent supportive housing programs regardless of age, sex, gender identity, LGBT status, marital status or

disability.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

For the past several years, our CoC has been working with the Colorado Rural Collaborative on Homeless Youth and the Colorado Office of Homeless Youth Services to create a more coordinated strategy for ending youth homelessness, and to identify additional sources of funding for homeless youth programs (we recently applied for but did not receive funding through HUD's Youth Homelessness Demonstration Program). So far, we have only 3 years of PIT data specifically on youth homelessness, which is not enough data to judge the effectiveness of our strategy. We are currently working with the Colorado Office of Homeless Youth Services to improve our 2018 PIT count of homeless youth.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and

school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

Our CoC has a policy that requires every homeless service provider to ensure that the homeless youth they serve are enrolled in school and are plugged into the services they need. This policy is implemented through our local CoC planning groups, some of whom have formal written policies, and some of whom have informal verbal policies. In general, service providers, case managers, and school district homeless liaisons collaborate to identify homeless families and make sure that all youth are enrolled and receiving the services they need. School district homeless liaisons participate in local CoC planning meetings, which gives the local CoC planning groups an opportunity to better understand the challenges of serving children and youth who are homeless and enrolled in school. Some of our regional CoC planning groups also have MOU's with the local school district - one example is the Grand Valley CoC group, which has a written agreement with the school district's REACH program

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

Homeless service providers in our CoC use the regional coordinated entry system to identify veterans, and make an initial determination of eligibility for VA services. Veterans are then referred to veterans-specific services and housing in the local community, such the nearest VA Medical Center, VA satellite office

or VA Outreach Clinic, county veterans services offices, SSVF programs, grant and pier diem programs, and housing authorities that administer VASH vouchers. Some of our CoC regions also have "one-stop" shops for veterans several hours per week where veterans are screened and then provided immediate access to case managers through the VA and other veteran-specific programs. The VA also sponsors veterans Stand Downs, which help to identify and refer veterans to appropriate services. Our non-VA funded providers collaborate with VA-funded providers primarily through local CoC planning meetings.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   No

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?   No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Our CoC has Dedicated Navigator programs to connect clients to benefits and insurance by assisting with the necessary paperwork. These programs submit several hundred applications for benefits or insurance per quarter. We also hold Project Homeless Connect events, which assist hundreds of clients to enroll in Medicaid. A number of publicly-funded hospitals, clinics and other health-care organizations also help our service providers get their clients enrolled in Medicaid, such as Valley Wide Health Systems, St. Mary's Hospital, Pueblo Community Health Center, and the VA Medical Centers. Our service providers, through their local CoC planning meetings, routinely share information and cross-train on the details of mainstream benefit programs such as SSI/SSDI, TANF, Food Stamps, etc. The responsible entity is our Data and Performance Committee.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	18.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	17.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	94.44%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	18.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	17.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	94.44%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

Our outreach plan includes outreach workers employed by our existing emergency shelters, and existing rapid rehousing and permanent supportive housing programs, plus additional outreach conducted by numerous churches and other faith-based organizations. The outreach does not cover 100% of the CoC's geographic area, as much of our geographic area consists of mountain ranges and deserts where there are very few if any homeless persons. Outreach is conducted on the streets, at service-based locations such as soup kitchens, and at other locations known to be frequented by homeless persons. Our larger regional CoC planning groups also organize Project Homeless Connect events, and sponsor public awareness campaigns to make homeless families and individuals aware of the services available in the community. Unsheltered households are referred to the local coordinated entry access point for assessment and prioritization, and are then referred to appropriate housing programs.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or

disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Our Governing Board fully supports and ensures compliance with all fair housing regulations, with regard to marketing housing and supportive services to all households regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. We have been discussing how to incorporate these regulations into our Governance Charter, but have not done so yet.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	118	284	166

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notice to Applicants	08/30/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Public Posting Fi...	09/22/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Project Review an...	09/21/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Pr...	09/21/2017
05. CoCs Process for Reallocating	Yes	Reallocation Proc...	08/15/2017
06. CoC's Governance Charter	Yes	Governance Charter	09/25/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS P and P Manual	08/16/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	08/30/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	HMIS MOU	08/15/2017
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX Report	08/15/2017
14. Other	No	Reallocation Notice	08/15/2017
15. Other	No		

Attachment Details

Document Description: Notice to Applicants

Attachment Details

Document Description: Public Posting Final Application

Attachment Details

Document Description: Project Review and Ranking

Attachment Details

Document Description: Public Posting Project Review

Attachment Details

Document Description: Reallocation Procedure

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS P and P Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plans

Attachment Details

Document Description: HMIS MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Report

Attachment Details

Document Description: Reallocation Notice

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/29/2017
1B. Engagement	Please Complete
1C. Coordination	09/25/2017
1D. Discharge Planning	08/29/2017
1E. Project Review	09/11/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	08/29/2017
2B. PIT Count	08/29/2017
2C. Sheltered Data - Methods	08/29/2017
3A. System Performance	08/29/2017
3B. Performance and Strategic Planning	08/29/2017

4A. Mainstream Benefits and Additional Policies	09/11/2017
4B. Attachments	09/25/2017
Submission Summary	No Input Required

Required Notification

Tom Power

Wed 8/30/2017 1:05 PM

To:Rosalyn Wheeler-Bell <rwheeler-bell@coloradocoalition.org>; Stephanie Van Matre <aadatrinidad@gmail.com>; Jodi Hartmann <jodi@greeleytransitionalhouse.org>; Michele Christensen <michristensen@fcgov.com>; director@alternativestoviolence.org <director@alternativestoviolence.org>; Julie Glover <jglover@gciinc.org>; Anne Stattelman <Anne.Stattelman@posadapueblo.org>; Sherry Meyer <Sherry.Meyer@northrange.org>; DeeDee Clement <deidra911@gmail.com>; Marian McDonough <mmcdonough@ccdenver.org>; sheri@mybrightfuture.org <sheri@mybrightfuture.org>; Karen Bland <kabland@juno.com>; Tami Miller <tmiller@swhousingsolutions.com>; Charlene Tortorice <advocate@comcast.net>; Nicki Johnson <hfapdirector@kci.net>; Becky Rippy <rrippy@ccdenver.org>; Jan Schiller <shareinc1981@gmail.com>; Stephanie Madsen-Pixler <stephanie.madsen-pix@summitstonehealth.org>; Bev Lampley <beverly@catholicoutreach.org>; Megan Nyce <megan.nyce@state.co.us>; Kristin Toombs <kristin.toombs@state.co.us>;

(Note to all applicants for 2017 Balance of State CoC funds)

Hi Everyone,

This notification is required by the 2017 continuum of care program Notice of Funding Availability (NOFA):

All of your renewal and new project applications have been accepted and will be ranked on the CoC Priority Listing. This does not guarantee that your application will be funded, it just means that it will be submitted to HUD as part of our 2017 consolidated grant application.

If you have questions about this notification, let me know.

tom

Tom Power
Primary Contact for CoC Lead Agency/Collaborative Applicant
Colorado Coalition for the Homeless
Colorado Balance of State CoC
2111 Champa Street
Denver, Colorado 80205

Required Notification

Tom Power

Fri 9/22/2017 9:58 AM

To:Tami Miller <tmiller@swhousingsolutions.com>; DeeDee Clement <deidra911@gmail.com>; Charlene Tortorice <advocate@comcast.net>; Anne Stattelman <Anne.Stattelman@posadapueblo.org>; Melanie Falvo <mfalvo@unitedway-weld.org>; Kelli Barker - DOLA <kelli.barker@state.co.us>; beverly@catholicoutreach.org <beverly@catholicoutreach.org>; Betsy Sullivan <bsullivan@voacolorado.org>; Judy McNeilsmith <jmcneilsmith@gmail.com>; Nicki Johnson <hfapdirector@kci.net>; Claudia Hurtado-Myers <claudia@mybrightfuture.org>;

Cc:Shawn Hayes <shayes@coloradocoalition.org>;

(Note to Balance of State Governing Board)

Hi Everyone,

This notification is required by the 2017 Continuum of Care Notice of Funding Availability:

The final 2-part consolidated grant application for the Balance of State CoC will be posted on the CCH website no later than Monday September 25, 2017 at the following address:

https://www.coloradocoalition.org/rural-initiatives

Please share this information with the membership of your local CoC planning groups, and anyone else who may be interested.

Thanks,

tom

Tom Power
Primary Contact for CoC Lead Agency/Collaborative Applicant
Colorado Coalition for the Homeless
Colorado Balance of State CoC
2111 Champa Street
Denver, Colorado 80205

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Rural Initiatives

CALL (303) 312-9708

PROGRAM OVERVIEW

Homelessness is not just an urban problem—thousands of families and individuals in Colorado's small cities and towns are also affected. In fact, some circumstances that contribute to homelessness are heightened in rural communities: low wages, seasonal jobs, limited mass transit, limited affordable rental housing, higher rates of domestic violence, and lack of social service and other charitable organizations.

The Rural Initiatives Program is a cooperative partnership between the Colorado Coalition for the Homeless and non-profit homeless service providers in non-metro and rural areas of Colorado. The Coalition and its partner agencies jointly operate nine Continuum of Care funded programs, including seven rapid rehousing programs, one transitional housing program, and

CONTACT
Roz Wheeler-Bell
Director of Rural Initiatives and ESG
303-312-9708
rwheeler-bell@coloradocoalition.org

PROGRAM PARTNERS
Avon
Bright Future Foundation

one permanent supportive housing program. The Coalition also jointly operates several Emergency Solutions Grants (ESG) funded homeless prevention and rapid rehousing programs. These programs provide rental assistance and supportive services to help families and individuals move from homelessness to housing stability and self-sufficiency.

Download the latest reports:

- 2017 PIT Report
- 2016 PIT Report
- 2016 HUD Colorado CoC Report

COLORADO BALANCE OF STATE CONTINUUM OF CARE (COC)

The Colorado Balance of State CoC is the continuum of care planning organization for Colorado's 56 non-metro and rural counties (statewide, excluding metro Denver and Colorado Springs). The mission of the Balance of State CoC is to improve the delivery of supportive housing and supportive services to homeless families and individuals, with the long-term goal of ending homelessness. Each year, the Balance of State CoC participates in a national grant competition for HUD Continuum of Care homeless assistance funds. Our most recent application materials are posted below:

2017 CoC Application Materials

- Project Ranking Materials
- CoC Application
- CoC Priority Listing

2016 CoC Application Materials

- Project Ranking Materials

Canon City
Loaves & Fishes
Ministries of
Fremont County

Durango
Housing
Solutions for the
Southwest

Fort Morgan
S.H.A.R.E., Inc.

Glenwood
Springs
Catholic Charities
Western Slope

Greeley
Greeley
Transitional
House

Loveland
Alternatives to
Violence

Pueblo
Posada

Sterling
Help for Abused
Partners

Trinidad
Advocates
Against Domestic
Assault

- CoC Application
- CoC Priority Listing

Colorado HMIS Intake Forms

- Colorado HMIS Individual Intake Form English
- Colorado HMIS Individual Exit Form English
- Colorado HMIS Multi-member Household Intake Packet English
- Colorado HMIS Multi-member Household Exit Packet English
- Colorado HMIS Additional Members Auxiliary Adult Intake Form English
- Colorado HMIS Additional Members Auxiliary Child Intake Form English
- Colorado HMIS Additional Members Auxiliary Adult Exit Form English
- Colorado HMIS Additional Members Auxiliary Child Exit Form English
- Colorado HMIS Annual Assess Form English
- Colorado HMIS Consent Form English | Spanish
- Colorado HMIS Implied Consent Notice English

COLORADO BALANCE OF STATE CONTINUUM OF CARE
2017 Continuum of Care Grant Competition

Project Review, Ranking and Selection Procedures

Step 1:   The Collaborative Applicant reviewed each project application to determine whether the project application was complete, whether the proposed activities are eligible under the CoC program rules (24 CFR Part 578), whether the project participates in HMIS, and whether the project is in general compliance with the HUD policy priorities described in the NOFA.

Step 2:   The Project Ranking Committee reviewed the NOFA and associated materials, and then created two draft scoring tools, one for new project applications, and one for renewal project applications. The draft scoring tools were sent to the Balance of State Governing Board (Governing Board) for review and comment. Members of the Governing Board reviewed the draft scoring tools and sent their comments to the Project Ranking Committee. The Project Ranking Committee modified the scoring tools based on comments from the Governing Board, and sent final scoring tools back to the Governing Board for approval. The final scoring tools are attached to this application.

Step 3:   The Project Ranking Committee used the final scoring tools to score all new and renewal project applications and assign a numerical rank to each project, then sent the draft scoring results to all applicants for review.

Step 4:   The Collaborative Applicant used the final project scoring results to list the projects on the Tier 1/Tier 2 spreadsheet in order of the numerical rank determined above. The Tier 1/Tier 2 spreadsheet was then sent to the Governing Board for review and comment. The Governing Board reviewed the Tier 1/Tier 2 spreadsheet, evaluated which projects appeared to be at risk of losing their funding, and discussed whether the rank order of any projects needed to be adjusted. The final Tier 1/Tier 2 spreadsheet was then approved by a vote of the Governing Board.

Step 5:   The Collaborative Applicant then used the final Tier 1/Tier 2 spreadsheet to assign a numerical rank to each project in the CoC Priority Listing section of the consolidated application.

Updated September 2017.

COLORADO BALANCE OF STATE CONTINUUM OF CARE
2017 Continuum of Care Grant Competition

Screening and Ranking Tool for Permanent Housing Bonus Funds

Threshold Requirements

In order to be considered for the 2017 Permanent Housing Bonus funds, project applicants must meet all of the following requirements:
  (1) The Applicant is an eligible applicant as defined by HUD;
  (2) The proposed population to be served is an eligible target population as defined by HUD in Notice of Funding Availability (NOFA) for Fiscal Year 2017 Continuum of Care Program Competition (FR-6100-N-25), Section V, Subpart D;
  (3) The Applicant has no unresolved "findings" resulting from a HUD audit or monitoring visit; and
  (4) The Applicant is seeking funds for a HUD approved purpose.

On a separate document, please respond to the questions below. All responses together cannot exceed more than four (4) pages (one inch margins, single spaced, Times New Roman 12 pt. font). Include the heading of each question at the top of the corresponding response. If questions, contact Cassy Westmoreland at cassy@unitedway-weld.org.

Scoring Criteria

1. **Participation in Continuum of Care Planning (20 points)**

    Does the relevant CoC planning region have an active CoC homeless coalition/ planning group that meets at least quarterly? If yes, attach the following:
      • Meeting minutes from the most recent four planning meetings; and
      • Letter from Regional Coalition Chair describing level of support for Applicant's project *and* level of participation in regional homeless coalition.

    > *Scoring*:
    >   - Regional Homeless Coalition meets quarterly (5 points)
    >   - Meeting minutes from four most recent planning meetings (5 points)
    >   - Letter from Regional Coalition Chair indicates applicant is engaged with group and participates consistently. (5 points)
    >   - Letter from Regional Coalition Chair that states support for project (5 points)

2. **Service Area: Do other CoC funded projects currently exist within the CoC planning region's service area? Detail project's proposed service area within the planning region. (20 points)**

Scoring: - Yes, other CoC-funded projects exist within CoC planning region area (10 points), OR - No other projects exist within the CoC planning region area (20 points)

3. **Experience Administering Permanent Housing Programs (20 Points)**

Describe the Applicant's experience administering permanent housing programs for formerly homeless households. This can include HUD Permanent Supportive Housing (PSH) programs, HUD Rapid Rehousing (RRH) programs, Division of Housing PSH Programs or other PSH and/or RRH programs. Include the number of years the Applicant has been administering the program, the successes, challenges, and steps taken to improve service delivery.

Scoring: - 0-3 Years Experience (10 points), or - Over 3 Years Experience (20 points)

4. **Target Population (20 Points)**

State the total number persons in the target population the Applicant has served over time. In addition, describe the services provided to the target population, and for what duration of time. This may include the services provided through partners, excluding referral-only partners. For any partners listed, describe the extent of the Applicant's collaboration with the partner. The below table may be cut and paste into the response.

a) Description of Services

Services		Complete for Service Partnerships	
Service Provided	**Number of Years**	**Service Partner**	**Description of Partnership Collaboration**

b) List and briefly describe all other projects that serve the proposed target population in the proposed service area.

Scoring - Applicant or planned service provider has substantial experience serving target population (10 points) - No other projects exist in service area serving target population (10 points)

5. **Program Design (20 Points)**

Please tell us the total number of individuals anticipated to participate in the Applicant's program in year one and each subsequent year. Also name the target communit(ies) of the program and the population sum of all communit(ies) in the proposed service area.

Finally, please describe the services anticipated to be provided to participants in the program and how they'll be provided (service models). An MOU in place for these services is not necessary at this time. Please note if the service will be provided by the Applicant or another provider. If partnering with another provider, describe the current status of the partnership and the desired end goal for partnership. The below table may be cut and pasted into the application.

Services	Complete for Service Partnerships		
Service Provided	Service Partner	Describe Existing Partnership	End Goal for Partnership with Proposed Project

Scoring
- Includes Comprehensive List of Service Partnerships either directly or through partnerships (10 points)
- Program Design is in alignment with evidence-based, best practice models such as Harm Reduction and Housing First principles (voluntary services, no sobriety or employment requirements, low barriers to entry, client choice) (10 points)

6. **Project prioritizes based on greatest need (20 points)**
   Provide 1–2 paragraphs describing how, if at all, the project will prioritize based on greatest need; specifically, what tool will be used to assess potential clients and what other criteria, if any, will be used to prioritize households into open units.
   - VI-SPDAT will be used to assess level of service needs and vulnerability of potential clients. (10 points)
   - By-Name List/Coordinated Entry process will be used to identify those most appropriate for and in most need of the housing offered by the proposed program. (10 points)

Scoring
- Project plans to use VI-SPDAT to assess applicants' vulnerability. (10 points)
- Project plans to use By-Name List to identify and prioritize those seeking housed in proposed project. (10 points)

PERFORMANCE MEASURES/PROGRAM OUTCOMES for RENEWAL PROJECTS

1. <u>PERMANENT SUPPORTIVE HOUSING</u>

a. Percentage of Participants who Either Stayed in the Program or Exited to Other Permanent Housing

To calculate the percentage, reference the following questions in the APR Q7, Q29a.1 and 29a.2. *See Appendix for further calculation instructions.*

Percentage	Score

Scoring system:

Less than 80% met the criteria	Assign 10 points
80.1% to 85.0% met the criteria	Assign 20 points
85.1% to 90.0% met the criteria	Assign 30 points
90.1% to 95.0% met the criteria	Assign 40 points
95.1% to 100% met the criteria	Assign 50 points

b. Percentage of Adults who Increased or Maintained Income While in the Program.

To calculate the percentage, reference the table listed on the APR, Q24b3 of APR. *See Appendix for an illustration of how this calculation is completed.*

Percentage	Score

Scoring system:

Less than 20% met criteria	Assign 5 points
20.1% to 40.0% met criteria	Assign 10 points
40.1% to 60.0% met criteria	Assign 15 points
60.1% to 80.0% met criteria	Assign 20 points
80.1% to 100% met criteria	Assign 25 points

c. Unit Utilization Rate

Items to review: *APR Question 11*

Percentage	Score

Scoring system:

Less than 65% unit utilization rate	Assign 5 points
65.1% to 75.0% unit utilization rate	Assign 10 points
75.1% to 85.0% unit utilization rate	Assign 15 points
85.1% to 95.0% unit utilization rate	Assign 20 points
95.1% to 100% unit utilization rate	Assign 25 points

NOTE: Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

d. Project Prioritizes Based on Greatest Need

Describe how, if at all, the project will prioritize admitting clients based on greatest need. Specifically, describe the process for prioritizing clients for program admission and what tool(s) will be used to assess potential clients. Finally, list any other criteria that will be used to prioritize households into open units.

Percentage	Score

Responses to this question will be requested and received by email.

Scoring system (project can receive points for any or all items specified; no partial points):

1. Project has clear process for prioritizing clients based on need.	Award 10 points
2. Project uses common assessment/triage tool. (please specify)	Award 10 points
3. Project uses VI-SPDAT as part of assessment/triage.	Award 05 points

2) TRANSITIONAL HOUSING

a. Percentage of Participants who Either Stayed in the Program or Exited to Permanent Housing

To calculate the percentage, reference the following questions in Q7, Q29a.1 and 29a.2. *See Appendix for further calculation instructions.*

Percentage	Score

Scoring system:

Less than 80% met the criteria	Assign 10 points
80.1% to 85.0% met the criteria	Assign 20 points
85.1% to 90.0% met the criteria	Assign 30 points
90.1% to 93.0% met the criteria	Assign 40 points
93.1% to 100% met the criteria	Assign 50 points

b. Percentage of Adults who Increased or Maintained Income while in the Program.

To calculate the percentage, reference the table listed on the APR, Q24b3 of APR. *See Appendix for an illustration of how this calculation is completed.*

Percentage	Score

Scoring system:

Less than 20% met criteria	Assign 5 points
20.1% to 40.0% met criteria	Assign 10 points
40.1% to 60.0% met criteria	Assign 15 points
60.1% to 80.0% met criteria	Assign 20 points
80.1% to 100% met criteria	Assign 25 points

c. Unit Utilization Rate

Items to review: *APR Question 11*

Percentage	Score

Scoring system:
Less than 65% unit utilization rate	Assign 5 points
65.1% to 75.0% unit utilization rate	Assign 10 points
75.1% to 85.0% unit utilization rate	Assign 15 points
85.1% to 93.0% unit utilization rate	Assign 20 points
93.1% to 100% unit utilization rate	Assign 25 points

NOTE: Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

d. Project Prioritizes Based on Greatest Need

Describe how, if at all, the project will prioritize admitting clients based on greatest need. Specifically, describe the process for prioritizing clients for program admission and what tool(s) will be used to assess potential clients. Finally, list any other criteria that will be used to prioritize households into open units.

Percentage	Score

Responses to this question will be requested and received by email.

Scoring system (project can receive points for any or all items specified; no partial points):
1. Project has clear process for prioritizing clients based on need.	Award 10 points
2. Project uses common assessment/triage tool. (please specify)	Award 10 points
3. Project uses VI-SPDAT as part of assessment/triage.	Award 05 points

3. RAPID REHOUSING

a. Percentage of Participants who Either Stayed in the Program or Exited to Permanent Housing

To calculate the percentage, reference the following questions in the APR Q7, Q29a.1 and 29a.2. *See Appendix for further calculation instructions.*

Percentage	Score

Scoring system:

Less than 80% met the criteria	Assign 10 points
80.1% to 85.0% met the criteria	Assign 20 points
85.1% to 90.0% met the criteria	Assign 30 points
90.1% to 93.0% met the criteria	Assign 40 points
93.1% to 100% met the criteria	Assign 50 points

b. Percentage of Adults who Increased or Maintained Income while in the Program.

To calculate the percentage, reference the table listed on the APR, Q24b3 of APR. *See Appendix for an illustration of how this calculation is completed.*

Percentage	Score

Scoring system:

Less than 20% met criteria	Assign 5 points
20.1% to 40.0% met criteria	Assign 10 points
40.1% to 60.0% met criteria	Assign 15 points
60.1% to 80.0% met criteria	Assign 20 points
80.1% to 100% met criteria	Assign 25 points

c. Unit Utilization Rate

Items to review: *APR Question 11*

Percentage	Score

Scoring system:

Less than 65% unit utilization rate	Assign 5 points
65.1% to 75.0% unit utilization rate	Assign 10 points
75.1% to 85.0% unit utilization rate	Assign 15 points
85.1% to 93.0% unit utilization rate	Assign 20 points
93.1% to 100% unit utilization rate	Assign 25 points

NOTE: Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

d. Project Prioritizes Based on Greatest Need

Describe how, if at all, the project will prioritize admitting clients based on greatest need. Specifically, describe the process for prioritizing clients for program admission and what tool(s) will be used to assess potential clients. Finally, list any other criteria that will be used to prioritize households into open units.

Percentage	Score

Responses to this question will be requested and received by email.

Scoring system (project can receive points for any or all items specified; no partial points):

1. Project has clear process for prioritizing clients based on need.	Award 10 points
2. Project uses common assessment/triage tool. (please specify)	Award 10 points
3. Project uses VI-SPDAT as part of assessment/triage.	Award 05 points

The below two questions will *ONLY* be used as to tie break any applicants who have the same scores. In these instances, the percentage will be used as the score and higher percentages/scores will be ranked higher. Question E will be used to break ties first and if any ties remain after comparing with Question E, those ties will be broken with Question f.

For example: Program A, B and C all receive the same score on the original screening tool. They are then compared using Question E, in which Program A has 75% of adults with non-cash benefits, and programs B and C have 60% each. Then, programs B and C are ranked using the Question F, and project B has 45% of adults with income and program C has 20%. Therefore, even though they all originally tied, they will be ranked Program A then Program B then Program C.

    e. **Percentage of Adults with Non-Cash Benefits**

Items to review: *APR Questions 7, 26a.2 and 26b.2*

Percentage

    f. **Percentage of Adults with Employment Income**

Items to review: *APR Questions 7, 25a.1 and 25b.1*

Percentage

APPENDIX:

Calculation of Question A

   A. Question 7 will identify the number of people that stayed in the program and the total number of adults.
      A = Total Number of Adults – Total number of Leavers.
   B. Question 29a1 identifies the # of people that exited to Permanent Destinations who stayed more than 90 days.
      B= Total (column)/Subtotal (row) # of people that exited to Permanent Destinations
   C. Question 29a2 identifies the # of people that exited to Permanent Destinations who stayed 90 days or less.
      C= Total (column)/Subtotal (row) individuals that exited to Permanent Destinations

Percentage who either stayed or exited to permanent destinations = **(A +B+C)/Total Number of Adults.** Multiply by 100 to get percentage.

Calculation of Question B

Using the table below as taken from Q24b.3 of the APR, the percentage of those that maintained or increased income = $\mathbf{(B - A)/B}$
Multiply by 100 to get percentage.

Q24b.3 Client Cash Income Change – Income Source – by Entry and Latest Status/Exit
Adult Stayers with Income Information at Entry and either Follow-up or Exit

Income Change by Income Category	Had income category at entry and did not have it at follow-up/exit	Retained income category but had less $ at follow-up/exit than at entry	Retained income category and same $ at follow-up/exit as at entry	Retained income category and increased $ at follow-up/exit	Did not have the income category at entry and gained the income category at follow-up/exit	Did not have the income category at entry or follow-up/exit	Total Adults including those with no income	Performance Measures: Adults who gained or increased income from entry to follow-up/exit, Average Gain
Number of Adults with Earned Income							e-snaps calculates	
Average change in Earned Income	$	$		$	$			
Number of Adults with Other Income							e-snaps calculates	e-snaps calculates
Average change in Other Income	$	$		$	$			
Number of Adults Any Income	SUM						e-snaps calculates	
Average Change in Overall Income	$	$		$	$			

A

B

Required Notification

Tom Power

Thu 9/21/2017 2:11 PM

To:Tami Miller <tmiller@swhousingsolutions.com>; DeeDee Clement <deidra911@gmail.com>; Charlene Tortorice <advocate@comcast.net>; Anne Stattelman <Anne.Stattelman@posadapueblo.org>; Melanie Falvo <mfalvo@unitedway-weld.org>; Kelli Barker - DOLA <kelli.barker@state.co.us>; beverly@catholicoutreach.org <beverly@catholicoutreach.org>; Betsy Sullivan <bsullivan@voacolorado.org>; Judy McNeilsmith <jmcneilsmith@gmail.com>; Nicki Johnson <hfapdirector@kci.net>; Claudia Hurtado-Myers <claudia@mybrightfuture.org>;

(Note to Balance of State Governing Board)

Hi Everyone,

This notification is required by the 2017 Continuum of Care Notice of Funding Availability:

For the 2017 Continuum of Care grant competition, we developed a written description of our project review, ranking and selection procedures, and scoring/ranking tools for new and renewal projects. Copies of these documents will be posted on the CCH website no later than Monday September 25, 2017 at the following address:

https://www.coloradocoalition.org/rural-initiatives

Please share this information with the membership of your local CoC planning groups, and anyone else who may be interested.

Thanks,

tom

Tom Power
Primary Contact for CoC Lead Agency/Collaborative Applicant
Colorado Coalition for the Homeless
Colorado Balance of State CoC
2111 Champa Street
Denver, Colorado 80205

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Rural Initiatives

CALL (303) 312-9708

PROGRAM OVERVIEW

Homelessness is not just an urban problem—thousands of families and individuals in Colorado's small cities and towns are also affected. In fact, some circumstances that contribute to homelessness are heightened in rural communities: low wages, seasonal jobs, limited mass transit, limited affordable rental housing, higher rates of domestic violence, and lack of social service and other charitable organizations.

The Rural Initiatives Program is a cooperative partnership between the Colorado Coalition for the Homeless and non-profit homeless service providers in non-metro and rural areas of Colorado. The Coalition and its partner agencies jointly operate nine Continuum of Care funded programs, including seven rapid rehousing programs, one transitional housing program, and

CONTACT
Roz Wheeler-Bell
Director of Rural Initiatives and ESG
303-312-9708
rwheeler-bell@coloradocoalition.org

PROGRAM PARTNERS
Avon
Bright Future Foundation

one permanent supportive housing program. The Coalition also jointly operates several Emergency Solutions Grants (ESG) funded homeless prevention and rapid rehousing programs. These programs provide rental assistance and supportive services to help families and individuals move from homelessness to housing stability and self-sufficiency.

Download the latest reports:

- 2017 PIT Report
- 2016 PIT Report
- 2016 HUD Colorado CoC Report

COLORADO BALANCE OF STATE CONTINUUM OF CARE (COC)

The Colorado Balance of State CoC is the continuum of care planning organization for Colorado's 56 non-metro and rural counties (statewide, excluding metro Denver and Colorado Springs). The mission of the Balance of State CoC is to improve the delivery of supportive housing and supportive services to homeless families and individuals, with the long-term goal of ending homelessness. Each year, the Balance of State CoC participates in a national grant competition for HUD Continuum of Care homeless assistance funds. Our most recent application materials are posted below:

2017 CoC Application Materials

- Project Ranking Materials
- CoC Application
- CoC Priority Listing

2016 CoC Application Materials

- Project Ranking Materials

Canon City
Loaves & Fishes
Ministries of
Fremont County

Durango
Housing
Solutions for the
Southwest

Fort Morgan
S.H.A.R.E., Inc.

Glenwood
Springs
Catholic Charities
Western Slope

Greeley
Greeley
Transitional
House

Loveland
Alternatives to
Violence

Pueblo
Posada

Sterling
Help for Abused
Partners

Trinidad
Advocates
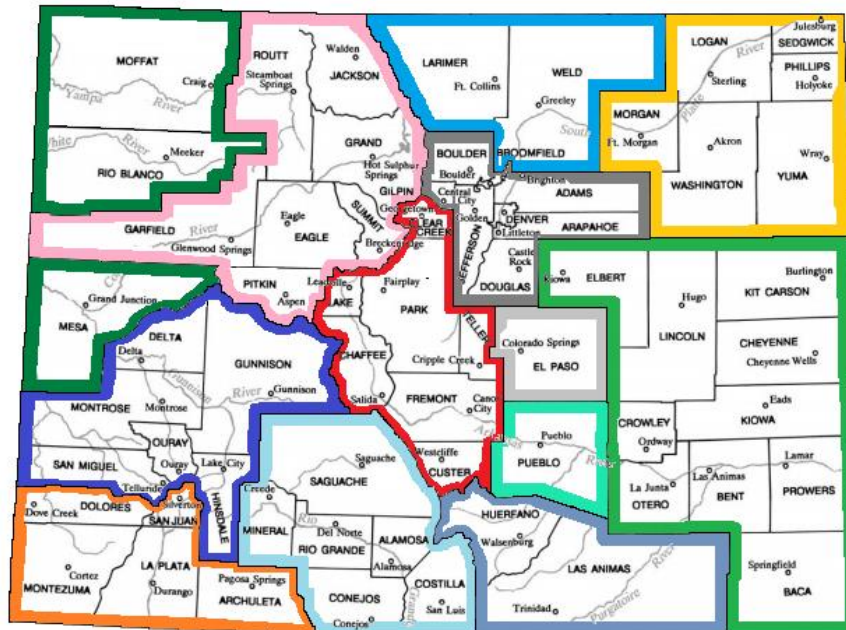Against Domestic
Assault

- CoC Application
- CoC Priority Listing

Colorado HMIS Intake Forms

- Colorado HMIS Individual Intake Form English
- Colorado HMIS Individual Exit Form English
- Colorado HMIS Multi-member Household Intake Packet English
- Colorado HMIS Multi-member Household Exit Packet English
- Colorado HMIS Additional Members Auxiliary Adult Intake Form English
- Colorado HMIS Additional Members Auxiliary Child Intake Form English
- Colorado HMIS Additional Members Auxiliary Adult Exit Form English
- Colorado HMIS Additional Members Auxiliary Child Exit Form English
- Colorado HMIS Annual Assess Form English
- Colorado HMIS Consent Form English | Spanish
- Colorado HMIS Implied Consent Notice English

Colorado Balance of State Continuum of Care
Governance Charter
Updated August 2017
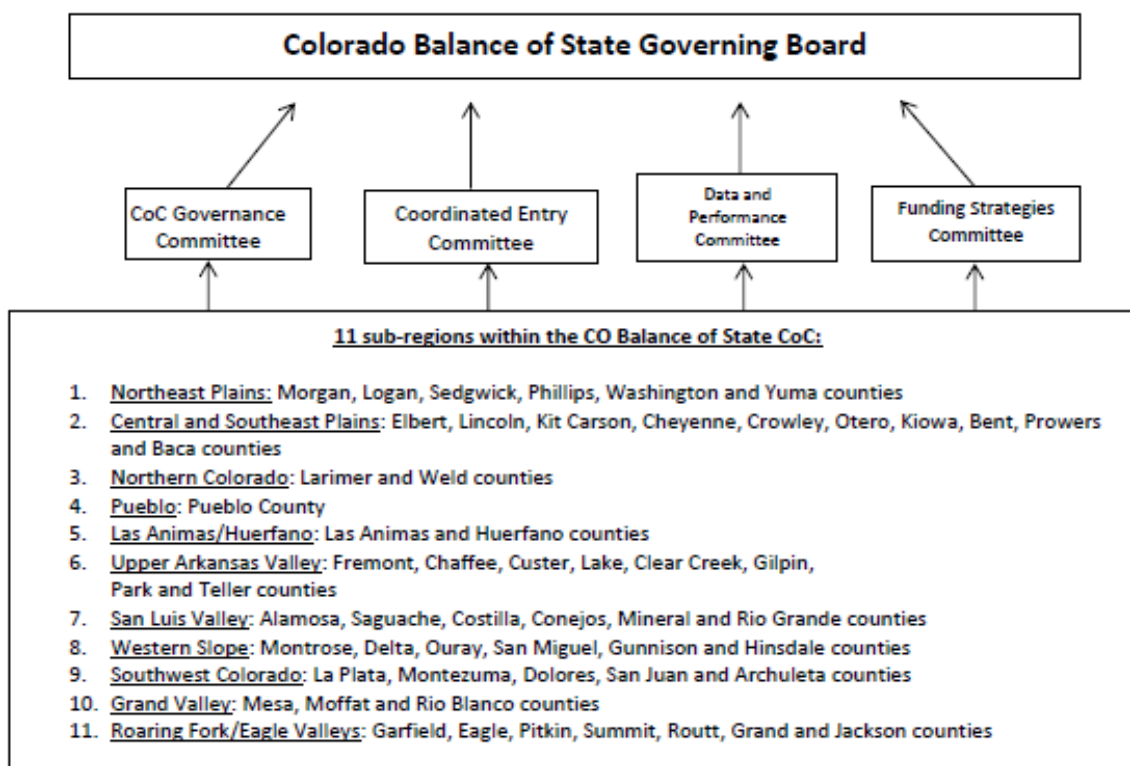Approved August 23, 2017

Table of Contents

August 2017 Update

Mission/Purpose Statement

The Colorado Balance of State Continuum of Care ("Continuum of Care") was established in 2000 with technical assistance from Colorado Coalition for the Homeless. The purpose of forming the Continuum of Care was to combine the efforts of multiple regional continuums of care, and to improve the ability of homeless service providers in Colorado's non-metro and rural counties to compete for homeless assistance funding, including HUD homeless assistance grants.

The mission of the Continuum of Care is to coordinate the planning and implementation of a housing and service system that meets the needs of homeless families and individuals within its geographic area, with the ultimate goal of preventing and ending homelessness. In addition, the Continuum of Care must fulfill the responsibilities as outlined in the CoC Program interim rule.

The federal Continuum of Care program regulations at 24 CFR Part 578 require every HUD-funded continuum of care develop a governance charter. The purpose of this governance charter is to describe the organization and governance of the Colorado Balance of State CoC, and to describe the relative roles and responsibilities of the major stakeholders. In addition, the governance charter includes policies and procedures needed to comply with the CoC Program interim rule.

The following chart is a visual depiction of the governing structure described on pages 4 through 9 of this document.

Colorado Balance of State Governing Board

| CoC Governance Committee | Coordinated Entry Committee | Data and Performance Committee | Funding Strategies Committee |

11 sub-regions within the CO Balance of State CoC:

1. Northeast Plains: Morgan, Logan, Sedgwick, Phillips, Washington and Yuma counties
2. Central and Southeast Plains: Elbert, Lincoln, Kit Carson, Cheyenne, Crowley, Otero, Kiowa, Bent, Prowers and Baca counties
3. Northern Colorado: Larimer and Weld counties
4. Pueblo: Pueblo County
5. Las Animas/Huerfano: Las Animas and Huerfano counties
6. Upper Arkansas Valley: Fremont, Chaffee, Custer, Lake, Clear Creek, Gilpin, Park and Teller counties
7. San Luis Valley: Alamosa, Saguache, Costilla, Conejos, Mineral and Rio Grande counties
8. Western Slope: Montrose, Delta, Ouray, San Miguel, Gunnison and Hinsdale counties
9. Southwest Colorado: La Plata, Montezuma, Dolores, San Juan and Archuleta counties
10. Grand Valley: Mesa, Moffat and Rio Blanco counties
11. Roaring Fork/Eagle Valleys: Garfield, Eagle, Pitkin, Summit, Routt, Grand and Jackson counties

Establishment of a Colorado Balance of State Governing Board

The Balance of State Governing Board is the governing body of the Continuum of Care, and is authorized by Continuum of Care members to make all decisions on behalf of the Continuum of Care.

Organization of the Governing Board

The Balance of State Governing Board ("the board") has at least 25 members who serve on a volunteer basis. The board is not incorporated as a 501(c)(3) non-profit organization, and it is not a legal entity. The board is composed of two representatives from each of the subregions within the CO BoS CoC (Northern Colorado, Pueblo, Grand Valley, Northeast Plains, Central and Southeast Plains, Las Animas/Huerfano, Upper Arkansas Valley, San Luis Valley, Western Slope, Southwest Colorado, and Roaring Fork/Eagle Valleys), one representative from the Collaborative Applicant, one representative from the Colorado Division of Housing, and one homeless or formerly homeless individual. Up to one of the regional representatives may be a CoC-funded provider. The board meets at least monthly. Due to the size and geography of the CoC, Governing Board meetings are conducted via teleconferencing, with the exception of three in person meetings. These three meetings will be held in Pueblo, Grand Valley and Northern Colorado. A call-in/teleconferencing option will be available to all members of the CoC so that participation in these in-person meetings is geographically equitable. These meetings will be the monthly board meetings, but will be open to the entire CoC membership. Additionally, there will be one in person, annual board meeting that all board members are required to attend in person. The location and date of this mandatory in-person meeting will be determined annually. Therefore, a total of 4 in-person meetings, open to the public, will be held on an annual basis.

Regular monthly Governing Board meetings are required for Governing Board Members, and open to all those who wish to attend.

Governing Board members should include representatives from the following entities within the geographic area:

- Nonprofit homeless service providers
- Domestic violence victim service providers
- Faith-based organizations
- State government
- Public housing authorities
- Affordable housing developers
- Organizations that serve homeless and formerly homeless veterans
- An ESG recipient agency
- Funders
- Law Enforcement
- Department of Health and Human Services
- Landlord (associations)
- Hospitals
- Universities
- Mental Health Agencies
- School Districts (McKinney Vento Programming/Homeless Education Liaisons)
- Youth service providers

The Governing Board has established two Co-Chair positions to provide leadership and guidance to the board. One Co-Chair is elected from among the three largest regional CoC

planning groups (Northern Front Range, Pueblo and the Grand Valley), and one Co-Chair is elected from among the eight smaller CoC planning regions. Co-Chairs are selected by a 2/3 majority vote of the board, via e-mail correspondence or at the annual board meeting. Co-Chairs serve an initial term of three years, and may serve longer if approved by the board.

The Governing Board will have one secretary, to be voted upon every three years, or as needed. This secretary is responsible for taking meeting notes that include date of the meeting, guests and board members present, topics discussed, and recording of every decision and final vote made by the board. All meeting notes will be submitted to the board for review before the next Governing Board meeting for approval at that meeting. Minutes will be posted on the Collaborative Applicant's website.

Effective June 2017, Governing Board members serve 3 year terms, with the option to run for election for 3 consecutive terms (to equal a total of 9 consecutive years). After 3 consecutive terms, at least a 1 year break must occur before the Governing Board approves service again. All board members must attend at least ⅔ of the meetings held in one calendar year and agree to the "Duties of the Governing Board," as described below. Additionally, all board members must attend the annual in-person meeting, except in cases of emergency.

There are two types of Governing Board Members: regional members and at-large members. Regions within the Balance of State are responsible for nominating new Governing Board members, and may determine their own process. All nominated Governing Board members must complete a "Regional Governing Board Member Biography" and submit it to the board when they join. At-Large members may be identified by anyone within the BoS CoC. At-large members must complete the "At-Large Governing Board Member Application" and have a Governing Board member complete the "At-Large Governing Board Member Recommendation Form." Prospective At-Large Governing Board Members will be voted on and approved for membership by a 2/3 majority of the Governing Board.

Governing Board Decision-Making Process
Governing Board decisions will be made by having board members cast votes, and decisions will be carried by a ⅔ majority of those voting. Votes may be made in person at meetings, or may be made via e-mail, to the attention of the entire board. There must be a quorum in order to vote. In any matter before the board, two-thirds of the members of the board will constitute a quorum, and the vote of such a quorum will be the final decision of the board. All board votes must be recorded in meeting minutes by the secretary, which are distributed to the board for review after the meeting.

Duties of the Governing Board
The Governing Board has the following duties:
1. To convene meetings (or conference calls) of the full Continuum of Care membership at least quarterly;
2. To appoint committees, subcommittees or workgroups;
3. To approve or deny any committee/subcommittee recommendations;
4. To approve or deny new at-large board members;
5. To designate a "Collaborative Applicant" (Formerly "Lead Agency") that prepares and submits the annual consolidated application for HUD Continuum of Care funds. This designation is reviewed annually by the Governing Board.   A competitive RFP process to determine a Collaborative Applicant will happen every 5 years, or as needed.

6. To designate an HMIS Lead Agency to manage all aspects of the HMIS database. This designation is reviewed annually by the Governing Board. A competitive RFP process to determine the HMIS Lead Agency will happen every 5 years, or as needed.
7. To consult with recipients and subrecipients of HUD funds to establish program performance targets, monitor recipient and subrecipient performance, evaluate outcomes, and provide support for poor performers;
8. To evaluate the outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program;
9. In consultation with recipients of Emergency Solutions Grants program funds, to establish written standards for providing homeless assistance using HUD Continuum of Care funds (also known as CoC Written Standards);
10. To coordinate the implementation of a housing and service system that meets the needs of homeless families and individuals, including unaccompanied youth. This continuum of care system includes at least the following elements:
    a. Outreach, engagement and assessment
    b. Emergency shelters
    c. Transitional housing
    d. Rapid rehousing
    e. Permanent supportive housing
    f. Homeless prevention and diversion
    g. Discharge planning
11. Members of the Governing Board that represent Consolidated Plan jurisdictions are required to provide information needed to complete the Consolidated Plans within the geographic area of the Continuum of Care. The Continuum of Care is covered by six Consolidated Planning jurisdictions: The cities of Ft. Collins, Loveland, Greeley, Pueblo and Grand Junction; and the remainder of the 56-county geographic area which is covered by the Colorado Division of Housing;
12. To consult with Emergency Solutions Grants program recipients on: (a) the plan for allocating ESG program funds; and (b) evaluating the performance of ESG program subrecipients
13. Attend one annual in-person board meeting, date and location to be determined by the board annually

Colorado BoS Committees
HUD encourages continuums of care to establish committees as needed to manage various aspects of CoC planning. The Governing Board has four committees. The purpose of these committees is to serve as an advisory group that guides the work of the Governing Board for the drafting, strategic organization, and review of what that committee is intended for. It will provide recommendation, modification, and provide oversight to the Governing Board.

Each of these committees must have:
- Dedication to better understanding the best practices related to what it is that the committee is working on, if knowledge is lacking
- A minimum of 4 participants
    o Participants do not need to be board members, but they must be recommended by a board member, or must participate in regional CoC meetings
- One chairperson/committee lead
- Written recommendations (whether in document form, or via text in email)
- Time commitment to committee's purpose

The CO BoS CoC Governing Board currently has four committees. Committees may be added or removed as needed by a ⅔ vote of the Governing Board at any time during the year. Committees may be permanent or ad hoc. Responsibilities of each committee may change over time, but any changes must be documented in board meeting minutes.

1. **Coordinated Entry (CE) Committee**
   The Continuum of Care Interim Rule states "Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system."

   Purpose and Responsibilities:
   1. Draft overarching policies and procedures that all agencies who are participating in Coordinated Entry within the Balance of State must abide by
   2. Create structure for agencies in the BoS to participate in, per HUD's guidelines and benchmarks
   3. Provide support and advice for regions as they implement coordinated entry
   4. Review any regional policies and procedures that subregions are required to submit. After review, the CE Committee will make a recommendation to the Governing Board whether or not to approve regional policies
   5. Ensures the CO BoS Governing Board is aware of all new Coordinated Entry-related HUD requirements

2. **Data and Performance Committee (formerly HMIS Committee)**
   The Data and Performance Committee is responsible for managing/monitoring aspects of the BoS CoC work related to data and performance. This may include, but is not limited to monitoring system performance measures, APR reports, HMIS data quality, HIC/PIT data, ESG data, and data related to project ranking.

   Purpose and Responsibilities:
   1. The committee works with staff/agencies within the BoS CoC, the HMIS Lead Agency, software vendor, and stakeholders to begin discussing and implement data sharing, centralized intake and assessment, and to review data quality for the entire CoC
   2. Provide guidance on the Statement of Work with the HMIS Lead Agency and participates in statewide HMIS activities
   3. Provide feedback on the annual HIC, AHAR and HDX submissions and works to recruit additional non-HUD funded programs/housing to become HMIS users
   4. Identification of possible BoS CoC members to serve on the statewide HMIS Governance Committee
   5. Complete a Gaps Analysis annually
   6. Complete an ESG recipient evaluation annually
   7. Create/update Data Quality Framework and other HMIS documents (HMIS Agency partnership agreements, Privacy/Security plan, etc.) in collaboration with the HMIS Lead
   8. Ensures the CO BoS Governing Board is aware of all new data related HUD requirements (System Performance Measures, HMIS, APR, HIC/PIT, etc.)

3. **CoC Governance Committee**

The governance committee is responsible for analyzing and addressing any governance-related challenges brought to them by the BoS CoC Governing Board. Any recommended changes to the governance charter, governance structure, other duties as assigned by the Governing Board, etc. must be approved by a ⅔ majority vote of the Governing Board.

Purpose and Responsibilities:
1. Review and update the CO Balance of State CoC Governance Charter at least annually, before the in-person annual meeting, or as needed.
2. Identify gaps in services, support, funding, representation, etc. in different geographic areas included in the BoS CoC and present them to the Governing Board for consideration in how they should/can be included
3. Identify when the Governing Board membership is not diverse enough (i.e. when there is not diverse composition, per HUDs guidelines in the "Establishing and Operating a Continuum of Care, 2012")
4. Develop a code of conduct for the Governing Board (see separate code of conduct/conflict of interest policy).
5. Ensures the CO BoS Governing Board is aware of all new HUD requirements

4. **Funding Strategies Committee (formerly Project Ranking Committee)**

The funding strategies committee is responsible for long-term planning of financial strategies for the CoC. Project ranking, as described below, is a key activity of this committee. In addition to project ranking, it is responsible for researching and suggesting ways to diversify funding streams, and secure additional funding which will allow the BoS CoC Governing Board and regional coalitions to expand their capacity.

Purpose and Responsibilities:
1. Research new grant opportunities for the BoS CoC to apply for, that is related to, but not limited to HMIS, staff support, grants that would supplement/support planning grant dollars, etc.
2. In collaboration with the Data and Performance Committee, and taking BoS CoC priorities into account, review fund distribution in every subregion, related to homeless population size
3. Annually, complete project ranking, as described below:

4a. Project Ranking Sub-Committee

The Project Ranking Committee is responsible for developing and presenting Ranking Criteria to the CoC Governing Board for review and approval each year. The criteria are designed to utilize a non-biased process based on HUD and CoC priorities and applicant quality. This process will be both for new projects and renewal projects.

Purpose and Responsibilities:
1. The Committee will be composed of 4 CoC-funded providers and 4 non CoC-funded members who are familiar with the CoC projects and process and are community stakeholders.
2. In order to best serve our community members through provision of effective projects and capturing the maximum funds available, the ranking committee will

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present to the BoS Governing Board what perceived or official changes to HUD priorities are.

3. After the BoS Governing Board determines the priorities for the project ranking, the project ranking committee is responsible for developing a timeline they will follow. This timeline will be approved by the Governing Board by a ⅔ vote.

4. The Project Ranking Committee will develop a tool to score new and renewal projects, which will be approved by the Governing Board by a ⅔ vote.
   a. This tool MUST include a fair and equitable way of ranking new projects, renewal projects and have an appeals process.

5. Once this tool is approved, applicants will submit all relevant data and documents by the time period indicated on the ranking timeline that is approved by the board.

6. The Project Ranking Committee will then score projects, and submit a list with scores to ALL project applicants for review. A project applicant that disagrees with their ranking has the opportunity to refute their score and go through an appeals process. At that time, the project ranking committee will provide the applicant with the scoring tool used, and allow them to score their own project. If the applicant finds that their scoring was incorrect, they may submit to the entire Governing Board to review.

7. After all applicants review their scores, the Governing Board will approve project ranking, by a ⅔ majority vote. After a project ranking passes, the Collaborative Applicant is responsible for submitting this ranking to HUD.

Balance of State CoC Regional Structure

The Balance of State CoC is organized into 11 regional CoC planning groups:

- <u>Northeast Plains:</u> includes Morgan, Logan, Sedgwick, Phillips, Washington and Yuma Counties
- <u>Central and Southeast Plains</u> (currently inactive): includes Elbert, Lincoln, Kit Carson, Cheyenne, Crowley, Otero, Kiowa, Bent, Prowers and Baca Counties
- <u>Northern Colorado:</u> includes Larimer and Weld Counties
- <u>Pueblo County</u>
- <u>Las Animas and Huerfano Counties</u>
- <u>Upper Arkansas Valley:</u> includes Fremont, Chaffee, Custer, Lake, Clear Creek, Gilpin, Park and Teller Counties
- <u>San Luis Valley:</u> includes Alamosa, Saguache, Costilla, Conejos, Mineral and Rio Grande Counties
- <u>Western Slope:</u> includes Montrose, Delta, Ouray, San Miguel, Gunnison and Hinsdale Counties
- <u>Southwest Colorado:</u> includes La Plata, Montezuma, Dolores, San Juan and Archuleta Counties
- <u>Grand Valley:</u> includes Mesa, Moffat and Rio Blanco Counties
- <u>Roaring Fork/Eagle Valleys:</u> includes Garfield, Eagle, Pitkin, Summit, Routt, Grand and Jackson Counties

The mission of each regional CoC planning group is to coordinate and improve the region's delivery of housing and services to homeless families and individuals, and to promote collaboration among the various organizations working to address homelessness in the region. Membership in regional CoC planning groups is generally open to any individual or organization that is interested in helping to address homelessness in the region, such as

homeless service providers and other non-profit organizations, homeless and formerly homeless individuals, neighborhood groups, churches, the local business community, non-profit housing developers, private foundations, and local government agencies.

Each of the regional CoC planning groups will convene CoC meetings at least quarterly, with published agendas and meeting minutes. Agendas and meeting minutes are considered public information and will be made available to anyone who requests copies. These planning groups will also issue a public invitation for new members at least annually. At a minimum, the invitation will be sent via e-mail to the full membership of the regional CoC group, plus any other stakeholders that may be interested in attending CoC meetings.

Each regional CoC planning group operates autonomously, and may establish its own policies and procedures, as long as they do not conflict with HUD regulations for the Continuum of Care program, or with policies and procedures established by the Governing Board. Each regional CoC planning group may establish its own procedures for selecting representatives to serve on the Advisory Board, as long as those procedures do not conflict with HUD regulations for the Continuum of Care program.

Collaborative Applicant
HUD requires each Continuum of Care to select a "Collaborative Applicant" to prepare and submit the annual consolidated application for HUD Continuum of Care funds. The Governing Board has hereby selected Colorado Coalition for the Homeless (CCH) as the Collaborative Applicant.   Currently, the board has delegated the following duties to the Collaborative Applicant:
1. Serving as the "Collaborative Applicant" for purposes of the annual grant application
2. Managing the annual grant competition and preparing the annual consolidated grant application which includes, but is not limited to:
   - Read annual Federal Register notice about CoC registration
   - Complete registration process
   - Plan for annual grant application
   - Study annual NOFA Federal Register Notice
   - Complete first draft of NOFA draft application.
   - Distribute draft application to Governing Board and answer any questions
   - Submit board approved two-part consolidated application to HUD
3. Submitting the annual two-part consolidated grant application to HUD
4. Submit Project Ranking to HUD
   - Serve on Project Ranking Committee as designated by the Governing Board
   - Compile ranking data from Project Ranking Committee
5. Provide technical assistance on HUD's electronic grant application to independent applicants
6. Serving as the "CoC primary contact" as defined by HUD
7. Providing technical support to the board
8. Support for sub recipients of CoC funding
9. Notifying every board member when the annual Housing Inventory Count email announcement/ notice is released by HUD within two weeks of the notice being released
   - Responsible for identifying a regional HIC Lead
   - Responsible for communicating with regional HIC Lead about any changes to current year procedures, as mandated by HUD

- Responsible for sending the list of agencies that need to submit HIC Data to regional lead
  - At this point, every regional lead takes responsibility for conducting the Housing Inventory Count across their entire region
- After the HIC is conducted, the collaborative applicant will let regional leads know a date that they must submit their data by
- After all HIC data is collected, the collaborative applicant is responsible for submitting this data to HUD
10. Notifying every board member/region when PIT Count email announcement/notice is released by HUD within two weeks of the notice being released
11. Planning for the annual PIT Count, which includes but is not limited to:
    - Responsible for identifying a regional PIT Lead
    - Responsible for communicating with regional PIT Lead about any changes to current year procedures, as mandated by HUD
    - Responsible for updating necessary documents that will be submitted, as needed
    - Responsible for sending a list of agencies that need to submit PIT Count data to the regional lead
      - At this point, every regional lead takes responsibility for conducting the Point in Time Count across their entire region
    - After the PIT Count is conducted, the collaborative applicant will let regional leads know a date that they must submit data by
    - After all regional data is collected they will organize forms and hire a consultant to collate data and complete reports
    - After all PIT Count data is collected, the collaborative applicant is responsible for submitting this data to HUD
12. Participate in sub-committees and meetings as required/appropriate
    - BoS Governance Committee
    - BoS Coordinated Entry Committee
    - BoS Funding Strategies Committee, and Project Ranking Sub Committee
    - BoS Data and Performance Committee
    - HMIS Statewide Governance Committee
13. Prepare annual Grant Inventory Worksheet
14. Study HUD guidance on system-wide performance, work with HMIS team to see what HMIS database is capable of, start generating system-wide reports, use results in annual CoC grant application
15. Participate in monthly Governing Board calls, annual Governing Board meeting, and required BoS CoC-wide member meetings
16. Support Youth Remote Technical Assistance
17. Maintain compliance for planning grant requirements

The board may delegate additional duties to the Collaborative Applicant, by a 2/3 vote of the CO BoS CoC Governing Board.

HMIS Lead
HUD requires each continuum of care to select an HMIS Lead Agency to administer the HMIS database for the continuum of care. The Governing Board has selected Colorado Coalition for the Homeless (CCH) as the HMIS Lead Agency.

The Governing Board has delegated the following HMIS duties to the HMIS Lead:
1. Work with the HMIS vendor to ensure vendor compliance with all HUD final HMIS Data and Technical Standards, and ensure that HMIS users are able to meet all HUD Continuum of Care and Emergency Solutions Grant (ESG) data collection and reporting requirements.
2. Creating, updating and maintaining Balance of State HMIS documents for the review and approval of the Governing Board, including an Agency Partnership Agreement (also known as an HMIS "user agreement"), HMIS governance charter, HMIS Policies and Procedures Manual, HMIS Data Quality Plan, HMIS Privacy Plan, and HMIS Security Plan;
3. Generating reports in a timely fashion that will allow recipients of HUD grants and the Balance of State CoC to meet HUD reporting requirements under the federal Continuum of Care regulations and HUD policy, including Annual Performance Reports (APRs), Annual Homeless Assessment Reports (AHARs), ESG CAPER, the data needed to measure CoC-level performance as compared to HEARTH performance measures (i.e., system-level performance measures), and the data and information required to complete the HMIS section of the annual Balance of State grant application (CoC application and project renewal applications)
4. Developing data monitoring protocols that will allow HMIS users to monitor their own data quality and completeness and correct deficiencies;
5. Implementing a comprehensive training program and providing technical support for all HMIS users.
6. Monitor data quality, data completeness and HMIS user participation for all HMIS users and report the findings to the Rural Initiatives team (frequency to be agreed upon by the HMIS team and RI team).
7. Manage the rural HMIS grant (*Balance of State HMIS Implementation Project*) in accordance with all HUD requirements, including preparing the Annual Performance Report and submitting to HUD.
8. Notify the Collaborative Applicant when HMIS team staff plan to travel to HMIS user agencies or regional CoC planning meetings.

Customer Service
1. Staff an HMIS Help Desk that is available Monday through Thursday 8:30 am to 4:30 pm and Friday 9:00 to noon, and provide an auto-response for HMIS users to contact the Help Desk after hours
2. Provide on-site training and technical assistance to HMIS users as needed
3. Establish an HMIS user group and hold regular meetings, conference calls or web conferences.

Process for Reviewing and Amending the Governance Charter

This governance charter is reviewed annually by the Governing Board and updated/revised as needed by the board. Initial review will be conducted by the Governance Committee, which will submit any suggested change to the full Governing Board for review and approval. The annual review, in consultation with the Collaborative Applicant, HMIS Lead, and ESG funded agencies, will include:

1. Review of the status of the Collaborative Applicant
2. Review of the status of the HMIS Lead Agency
3. Full review of every section of the governance charter
4. Review and update all committee responsibilities

The board may amend this governance charter at any time, using the procedure described above under "Governing Board Decision-Making Process."

HMIS Policy and Procedures Manual

Colorado Balance of State Continuum of Care

Table of Contents

1. Colorado HMIS Historical Background

1.1 Definition of Homeless Management Information System (HMIS)

HMIS is an on-line, web-based, computerized data collection/searching/sharing/organizing tool designed to capture client-level information on the characteristics and service needs of persons experiencing homelessness. The data collected can be used to increase the understanding of the size, characteristics and needs of the population. This information can also be used for grant writing, program-level and system-level performance evaluation, and data-driven decision making.

1.2 HUD HMIS Requirement

In July 2003, the Department of Housing and Urban Development (HUD) published a draft notice of the HMIS Technical Data Standards. In July 2004, HUD finalized and published the HMIS Technical Standards in a Federal Register notice. The objective of the Federal Register notice was to encourage communities around the nation to set up an HMIS. The notice specified what data elements should be collected and established minimum baseline policies and procedures for privacy, confidentiality and security standards designed to protect client-level data. In 2005, the Annual Homeless Assessment Report (AHAR) reporting process was established. This process identified the procedures to collect and report HMIS data to Congress. During the same time period, HUD also communicated to communities that HMIS systems would be included in the Continuum of Care program grant application ratings. The vision was that as communities participated in HMIS, more accurate information would be collected. The data collected would provide information on the plight of the homeless and at risk population both locally and nationally, resulting in a better understanding of the needs of the population. In 2010 HUD amended the HMIS data standards and in 2014 released a new Federal Register notice. HMIS is the de-facto database for homeless and at-risk data collection efforts. As the standards continue to evolve, they will produce data that can positively impact funding and policy decisions that solve the problem of homelessness in the United States.

1.3 Vision for HMIS

HMIS within Colorado has evolved; our communities were on the forefront of establishing an HMIS type system prior to the HUD requirement. The goals and overall vision for HMIS within our state exceeded HUD's initial expectations. We believe consumers, agencies, and the community benefits from a streamlined approach to referrals, intakes, and assessments across the entire service delivery system. We envision that our community's HMIS will evolve to offer the following benefits:

- Coordinated case management across agencies, programs, and service providers designed to achieve a one-stop-shop concept;

- The ability to track and measure outcomes of CoC programs and the CoC system;

- Service provider coordination;

- More information shared with funders, boards and other stakeholders which can be used to inform and facilitate data driven decisions;

- An improved understanding of the problems, issues, and the needs of the homeless and at risk population;

- The development and modification of state and local policies that can identify or reduce service gaps designed to move toward ending homelessness.

- The ability to track and measure outcomes for the goals outlined in the the federal plan to end homelessness ("Opening Doors").

2. Colorado HMIS Structure

2.1 Continuums of Care

The State of Colorado is organized into three geographically based Continuums of Care (CoC). Each CoC is responsible for working with homeless assistance providers within their geographic area to coordinate the delivery of housing and services to homeless families and individuals, including youth and persons with disabilities. Additionally, the CoCs are responsible for implementing and managing HMIS within their community. All three Colorado CoCs have joined together to utilize the same HMIS vendor, and generally coordinate policies and procedures to ensure that HMIS operations are standardize throughout Colorado. The three CoCs in Colorado are:

- Metropolitan Denver Homeless Initiative (MDHI) — seven county area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson)

- Homeward Pikes Peak (HPP) — El Paso County

- Balance of State Continuum of Care — the remaining 56 counties in Colorado

2.2 HMIS Solution

The vendor supplying the HMIS solution is Adsystech, Inc. headquartered in Silver Spring, Maryland. Adsystech provides database management solutions nationally. Adsystech's Enginuity HMIS module is part of their Outcome Enterprise solution, which contains 12 different community service/medical modules. Adsystech is responsible for providing:

- Colorado's Internet-based HMIS

- Software upgrades

- Hosting (maintaining, securing, performing backups, and ensuring availability) of Colorado's HMIS

- Training and technical support to Colorado HMIS Helpdesk staff

More information on Adsystech, Inc. can be found at: www.adsystech.com.

2.3 Balance of State Advisory Board

The Balance of State CoC is governed by a volunteer Advisory Board. One of the responsibilities of the Advisory Board is to oversee the administration of HMIS for the Balance of State geographic area (Colorado's fifty six non-metro and rural counties). Advisory Board members represent regional CoC planning groups, and include HMIS users and non-users, service providers, government agencies and other stakeholders.

2.4 HMIS Lead Agency

HUD requires each continuum of care to select an "HMIS Lead Agency" to administer its HMIS database. The Advisory Board has selected Colorado Coalition for the Homeless (CCH) as the HMIS Lead Agency. The HMIS Lead Agency holds the contract with Adsystech for the use of Enginuity. Under this agreement, CCH is the licensed administrator of Enginuity. CCH ensures that the system is available to agency partners and service providers within the Balance of State CoC. Provider agencies are licensed to use Enginuity and to access the Colorado HMIS Helpdesk. In this agreement, CCH acting as the HMIS Lead Agency, provides administrator services via the Colorado HMIS Helpdesk personnel. The following identifies CCH's administrator responsibilities:

- Perform/provide oversight to HMIS system operational functions

- HMIS implementation and program management on behalf of the CoC

- Works with the three Colorado CoC's to coordinate the overall state HMIS effort

- Implement software upgrades or modifications

- Provide guidance regarding federal policies, procedures, guidelines and best practices

- Acts as a liaison with the vendor to advocate HMIS software enhancements

- Initial and on-going HMIS training

- Provide oversight and monitor agency's compliance with data quality and security standards

- Process reporting requirements on behalf of the Continuum of Care

- Operating the Colorado HMIS Helpdesk

2.5 Participating Agencies

Any agency who participates in HMIS must sign an Agency Partnership Agreement and agree to abide by the policies and procedures outlined in this manual. Participating agencies oversee and are responsible for their client-level data. Executive Directors within a participating agency are responsible for the integrity and security of their agency's client level data. Agency Executive Directors assume the liability for any misuse of the software by agency staff. All agencies that provide services to homeless and at-risk populations are eligible to use the database. Participating agencies are responsible for ensuring that their agency users comply with the policies and procedures outlined in this manual.

2.6 HMIS Users

Users are authorized to use the database by their agency's Executive Director or designee with the appropriate authority. Users are allowed to use HMIS after completing the necessary training. Users are responsible for collecting/entering client level data, ensuring that data entry complies with the timeliness standards, ensuring that they protect the privacy and confidentiality of client level data, and following the policies and procedures outlined in this manual.

2.7 HMIS User Group

Balance of State HMIS User Group meetings are held every quarter. The purpose of the HMIS User Group is to bring together participating agencies, facilitate information sharing, promote synergy between agencies, and gather recommendations. It is a forum for sharing best practices, as well as a way to gather requirements for system enhancements and policies/procedures improvement suggestions. All participating agencies should have at least one person participate in the HMIS User Group Meetings.

2.8 Clients

Clients choose to participate in HMIS with implied consent (posted consent), verbal consent or written consent (informed consent), unless it is a requirement of the program that they participate. This consent allows agency users to collect and enter their personal information into HMIS. It is extremely important that the confidentiality, privacy, and security of client-level data are protected. The policies and procedures described in this manual outline the basic HUD HMIS requirements and illustrate best practices utilized by other CoCs throughout the country.

3. Implementing HMIS

3.1 Agency Partnership Agreement

To participate in HMIS, an agency must sign and agree to abide by the terms of the Agency Partnership Agreement. The Agency Partnership Agreement is a contract between the Partner agency and the HMIS Lead Agency. The agreement details participation guidelines and policies and procedure that must be followed in order to use HMIS (Enginuity). The agreement outlines steps that must be taken to protect client data and ensures that all information is collected and entered in a timely manner with good data quality and completeness. The agreement defines confidentiality, data entry, roles and responsibilities, security, reporting requirements, and other items deemed necessary for proper HMIS use/operation.

Procedures for Completing Agency Partnership Agreements:

1. The agency's Executive Director (or other empowered officer) will sign 2 copies of the Agency Partnership Agreement, and mail them to:

> Beverly Cisse
> Colorado Coalition for the Homeless
> 2111 Champa Street
> Denver, CO 80205

2. Upon receipt of the signed agreement, it will be signed by the CEO of the HMIS Lead Agency (CCH). One copy will be kept by the HMIS Lead Agency and a second copy will be mailed back to the agency for its records.

3. Any questions regarding the terms of the Agency Partnership Agreement should be directed to Beverly Cisse at CCH.

3.2 Designate Agency Contact

It is the responsibility of the Executive Director or other empowered officer to serve as or appoint an agency contact to ensure compliance with the policies and procedures of this manual. Agency Contacts are responsible for the following items:

- Communicate personnel/security changes for HMIS users to the HMIS System Administrators

- Act as the first tier of support for agency HMIS users

- Act as the liaison or contact between the agency and HMIS System Administrators

- Ensure that the agency adheres to client privacy, confidentiality, and security policies

- Maintain compliance with technical requirements for participation

- Store and enforce End User Agreements

- Ensure that the latest version of the Post Privacy Notice and informed consent forms are being used

- Enforce data collection, entry, and quality standards

- Assist HMIS System Administrators with on-site technical assistance and audits

- Attend HMIS User Group meetings

Procedures for designating an Agency Contact:

1. Each agency must have a signed Agency Partnership Agreement on file.

2. The Executive Director or other empowered officer will contact the HMIS Helpdesk to notify them which person will act as the Agency Contact. Depending upon your agency, it is a good idea to consider designating a back-up Agency Contact.

3. Agency Contact must sign the End User Agreement stating that they understand what is required of them for HMIS use.

3.3 Technological Requirements for Participation

All computers accessing Enginuity on behalf of the agency must meet the minimum system requirements as outlined in the HMIS Security Plan (under development).

3.4 Complete Agency Profiles in HMIS

Each agency must be set up in HMIS and profiles that define the programs and services the agency offers must be completed prior to HMIS use and data entry. Agencies cannot use HMIS until the Agency Profile sheets have been verified and approved by the HMIS System Administrators. Agency Profiles will be reviewed and updated on an annual basis.

Agency profile completion procedures:

1. Agencies should contact HMIS Helpdesk to obtain a copy of the Agency Profile Worksheets.

2. The Helpdesk can provide recommendations and assist with completing the Agency Profile Worksheets.

3. It's the agency's responsibility to ensure that their Agency Profile Worksheet programs and services are consistent with grant requirements.

4. All completed Agency Profile Worksheets should be returned to the HMIS Helpdesk. Once received, the HMIS Helpdesk System Administrators will work with the Agency's Site Administrator or designee to review the Profile Worksheets. The Profiles Worksheets should reflect the agency/grant requirements and the programs and services should be organized in a manner that promotes CoC consistency, best practices and efficient data.

4. User Administration

4.1 Authorizing Personnel for HMIS

Only authorized individuals who have successfully completed the necessary training and have signed and submitted the End User Agreement will be allowed to access HMIS on behalf of their agency. Partner agencies are responsible for conducting criminal background checks and for providing basic confidentiality training to all staff, volunteers and other persons issued user IDs and passwords for HMIS. Partner agencies shall refer to their personnel policies, this manual, and current HUD Data and Technical Standards to determine if their staff, volunteers and other persons should be issued user IDs and passwords based on the results of the criminal background check. The Agency Contact, Executive Director or designee should keep an updated list of approved agency users; this list should contain authorized users with the users assigned security level(s). This document should be submitted to the HMIS Helpdesk on a quarterly basis. All users identified on the authorized user list should have successfully completed the HMIS Policies & Procedures class/exam and the HMIS software training class, and signed the End User Agreement.

4.2 Designating End Users

Any individual working on behalf of the agency (employee, contractor, and volunteer) that will collect information for HMIS purposes must be designated as an HMIS user, and therefore is responsible for adhering to the policies and procedures set forth in this manual. Anybody who collects any HMIS data (electronic or paper) or creates reports from the system is deemed an HMIS user. HMIS users are held accountable for the custody of client level data and for the privacy, confidentiality, and security of that data. Without the proper training, individuals will not be prepared to respond to clients' questions regarding HMIS consent, revocation, intake forms, and other aspects of HMIS data collection. In order to be considered an HMIS user, the agency must first request access by submitting the End User Agreement to the HMIS helpdesk, and the agency employee must attend the Policy/Procedure training and the HMIS software training, and other training as offered.

Procedures for obtaining system access:

1. After an individual is identified as a possible HMIS user, the Agency Contact contacts the HMIS Helpdesk to sign the employee up for the next upcoming training course.

2. Employee completes the Policies/Procedures on-line training, the exam and attends software training.

3. Employee must forward a copy of the Policy/Procedure exam score and a signed End User Agreement to the HMIS Helpdesk prior to being added as an authorized user.

4. It is in the best interest of agencies to have several employees trained. This strategy is good for backup purposes, enables employees within the agencies to help each other and assist with client questions and/or concerns.

4.3 End User Agreements

A HMIS End User Agreement must be signed and kept on file for all agency personnel or volunteers that will collect or enter HMIS data on behalf of the agency. The End User Agreement is a contract between a participating agency and its employees, contractors, or volunteers who are authorized to collect HMIS data

and/or enter data into the system. All users must sign the agreement stating that they will abide by the policies and procedures associated with protecting the privacy, confidentiality, and security of client level data. Agencies should not dispose of a signed Colorado HMIS End User Agreement upon revoking a user's authorization or terminating an individual's employment. Agencies must store the signed End User Agreements for 7 years for each individual that will collect/enter HMIS data.

4.4 Assigning Security Levels

HMIS Helpdesk personnel will work with agencies to ensure that end users are assigned the appropriate security level. Within HMIS, each user is assigned a role that is associated with a certain level of security. This security allows users to gain access to certain aspects of the HMIS application. User security is utilized to ensure that individuals can only access the type of client-level information necessary to do their job. An example would be that an intake specialist would be assigned security access to general information which would enable them to view basic client demographic information (name, birth date, ethnicity, etc.); however, their security role would not allow them to view any case management notes. Below is a description of the organization of Enginuity:

- **Central Intake Library** (All end users are granted access to this library)

    General Info Page - basic demographic information (name, birth date, race, ethnicity, etc.)

    Household Page- homeless status, creation of a household by linking together multiple clients

    Income Page - income and non-cash benefits (TANF, food stamps, etc.)

- **Program and Services Library** (Agency designated end users are granted access to this library)

    Program Entry Page - background on their homeless episodes, education of adults and children, military information, health data, employment, domestic abuse and enroll client in a program

    Services Page - record service delivery

    Assessments Page – record interim program assessment

    Case Management - record general case management notes

    Program Exit Page – record education of adults and children, military information, health data, employment, domestic abuse and exit client from a program

Procedures for determining appropriate access:

1. An agency must first determine which libraries and pages are required to fulfill the role of the user. Think about how you currently do business, and how you would like the user to participate in the process.

2. HMIS Helpdesk personnel will grant individuals access to the appropriate libraries and pages based on the agency's description of the user role. To assign the security level for a user the Site Administrator or agency representative should contact the HMIS Helpdesk. Please ensure that an updated Approved Users List has been submitted.

4.5 Changing Personnel Security Levels

To request a change to an employee's security level(s), complete the End-User Account Request Form and send it to the HMIS Helpdesk via email (colorado.hmis@coloradocoaltion.org) or fax (303-292-1947). The Agency Contact must update the agency's Approved Users List to reflect the change and submit the change request with a copy of the updated Approved User List to the HMIS Helpdesk. The agency's Approved Users List will be reviewed when the agency is audited.

4.6 Removing Authorized Personnel

The HMIS helpdesk must be notified within one business day when an individual is no longer authorized to access HMIS on the agency's behalf. The agency should complete the End-User Account Request Form and forward it to the HMIS Helpdesk via email (colorado.hmis@coloradocoaltion.org) or fax (303-292-1947) with the termination request and an updated Approved Users List spreadsheet. Upon receipt of the request, the HMIS System Administrator will immediately deactivate the individual's HMIS user account.

5. Training

5.1 Training Prerequisites

There are several prerequisites that need to be met prior to agency employees registering for any HMIS training:

- An Agency Partnership Agreement must be executed.

- The agency's profiles must be completed, approved and configured.

- The individual must be listed on the agency's Authorized Users List.

5.2 Signing up for Training

The individual must contact the HMIS Helpdesk to see when the next training is being offered, and ensure they sign up for the next available training. Training slots are allocated on a first-come first-serve basis. Typically class sizes are 8-12 individuals.

5.3 HMIS Policies & Procedures Training

End Users who are authorized to collect HMIS information are required to complete HMIS Policies & Procedures Training. This class is intended for everyone that will collect data on behalf of HMIS (i.e. intake personnel, volunteers, and case managers). The information covered in this training details policies and procedures as it relates to collecting data, client privacy, confidentiality, and security as it directly relates to HMIS.

5.4 HMIS End User Training

Individuals who need to enter data or produce reports are required to attend HMIS End User Training. The data entry training is a half day and is required before database access is granted. It is the agency's responsibility to contact the HMIS Helpdesk to register for the training. Training slots are allocated on a first-come first-serve basis; therefore, agencies need to ensure that there is space available for their new employees. Within 2 business days of the completion of the training, a user name and password will be issued. The individual must have completed the Policy & Procedure Training.   HMIS End User Training will cover several topics such as:

- HMIS (Enginuity) Basics

- HMIS (Enginuity) Organization

- HMIS (Enginuity) Data Entry Workflow

5.5 HMIS Report Training

Reporting is an important functionality of all databases. It is important that agencies see the benefits of entering data into the database and have the ability to use the information entered. HMIS (Enginuity) has a robust suite of reports available to users. All users have access to canned reports that reside within the database.   The reports are broken down into three categories: application reports (right-click reports),

management reports and Ad-hoc Reports. Application reporting and management report training are offered every other month.   The individual must have completed the Policy & Procedure Training.

5.6 HMIS Software Upgrade Training

HMIS will evolve over time to include additional capabilities that agencies and the community have requested. When new functionality becomes available, additional trainings will be offered. While documentation will be sent out for each upgrade, there may be occasional supplemental upgrade training provided. The upgrade training will typically be conducted remotely via webinar or audio conferencing.

Procedures for communicating upgrade training:

1. After a new version or new functionality becomes available, HMIS System Administrators will send a notice describing the changes to all users with procedures to register for the upcoming training sessions.

2. To register, individuals must RSVP to reserve space in upcoming training sessions as stated in the directions. Training slots are allocated on a first-come, first-serve basis.

3. Agencies will send all End Users to HMIS software upgrade training.

5.7 Seminars

Special topic-based seminars will be offered by the HMIS Administrators periodically. As HMIS evolves, many agencies will find that they are looking for the same type of information or best practices. As this need is recognized, HMIS System Administrators will organize seminars to discuss these special topics. Agencies are strongly encouraged to suggest topics that they feel other agencies would benefit from. This is especially true if an agency would like to share a best practice.

Procedures for registering for special seminars:

1. When a special topic seminar is requested or a need is discovered, HMIS System Administrators will send a notice to all users.

2. To register, individuals will RSVP as stated in the directions. Training slots are allocated on a first-come first-serve basis.

6. Data Collection

6.1 On Whom to Collect Data

Agencies should attempt to collect data from families and individuals who are homeless or at risk of becoming homeless, and are accessing services from their agency. Each program within an agency should strive to collect information from consenting adults and household members who will benefit from the services rendered. Agencies should strive to collect information to accurately portray who they helped. This information can be used to fulfill funder reporting requirements and agency/community statistics to be used for planning purposes. It is important for agencies, especially emergency services providers, to know basic information about clients who are served, their household composition and services provided. Agencies may also choose to collect data for HMIS on individuals or families that make contact with the agency, but are not able to receive services from the agency. One of the greatest benefits of HMIS to an agency is its ability to create reports describing clients' characteristics, outcomes of the services they receive, and general agency operating information. Entering only HMIS data for homeless persons will give the agency only a partial picture. By including homeless and non-homeless persons in HMIS, agencies will be able to generate reports that completely and accurately describe the operations of their agency.

Procedures:

1. For HMIS purposes, HUD's minimum standards require that individuals or families who are homeless or at risk of becoming homeless and are accessing services from an agency must be approached for HMIS data collection. However some programs/agencies require HMIS participation.

2. During the intake process, it is important to identify those persons. Once these persons are identified, they must give their consent through implied consent (posted notice), verbal consent or informed consent (written authorization).

3. Clients can choose not to participate unless it is a condition of program enrollment

4. Information must be collected separately for each family member, and be entered into the database rather than collecting data on head of household only.

6.2 Client Consent and HMIS Participation

Agencies must decide by program to obtain consent through implied (posted notice), verbal, or informed consent (written authorization). Regardless of the type of consent method used, all consent must be obtained fairly, and in good faith. The HUD HMIS Data and Technical Standards allow agencies to collect data at minimum using implied consent given that some agencies service a high volume of clients. The standard also recognizes that there may be a need for a higher privacy protection, and therefore, recommends informed consent in those cases.

Implied consent (posted notice): HMIS data collection is explained and the client gives their information freely, without directly being asked to participate.

Verbal consent: The client verbally agrees/disagrees to participate in HMIS data collection.

Informed consent (written authorization): The client signs a form to agree/disagree to participate in HMIS data collection.

Agencies can decide by program how to obtain consent based on what is the most practical method for the program type (e.g. verbal consent for call-based referrals vs. informed consent for housing programs). That decision must be consistent for that program, meaning all program participants' consent should be collected in a consistent manner. Agencies who service non-English speaking clients should provide forms written in a language that clients can understand (e.g., Spanish)

Procedures:

1. Agencies must formally decide by program type which method will be used to obtain client consent. Agencies shall identify which method they are using on the Agency Partnership Agreement and submit changes in writing to the HMIS Lead Agency.

2. The program must consistently use the same method for obtaining consent.

3. Agencies will follow the minimum guidelines for achieving implied consent, and subsequently can utilize the Best Practices Section for verbal and informed consent.

4. Only an authorized HMIS user who has completed the HMIS Policies & Procedures training may obtain consent from clients.

5. An HMIS user must obtain consent from clients with respect, fairness, and in good faith for both the client and HMIS (meaning the explanation of HMIS, data collection, client rights, etc. in an objective manner).

6. The HMIS user must adhere to the agency's decision for that program regarding the method of obtaining consent.

7. To obtain implied consent, agencies must have the privacy notice posted at each place that collects client-level data to satisfy this requirement. If an individual or family does not speak English, the agency should attempt to obtain consent to the best of their abilities in a language the client understands. Colorado HMIS forms are currently available in English and Spanish.

A. Implied Consent Posted Privacy Notice

The Implied Consent Posted Privacy Notice is a brief document which describes a consumer's rights in relation to HMIS and identifies other agencies that have access to their data. Implied Consent Posted Privacy Notice must be appropriately posted within an agency. An agency could also post the Implied Consent Posted Privacy Notice in waiting rooms, adjacent to intake lines, or other areas where clients congregate before intake occurs. This will give clients an opportunity to read the notice before receiving services.

Procedures:

1. Anywhere client-level data is collected Implied Consent Posted notice should be posted.

2. Each workstation, desk, or area that is used during HMIS data collection must post the Implied Consent Posted notice.

3. If an individual or family does not speak English, the agency should attempt to obtain consent to the best of their abilities in a language the client understands. Colorado HMIS

forms are currently available in English and Spanish.

B. Verbal Consent and HMIS Participation

Verbal consent is an agreed upon agency script that provides an explanation of HMIS. The script details why we are collecting HMIS data and outlines client rights related to HMIS data collection. Agencies should develop this standard script to be used by all employees to gain client consent to collect data. All employees working with clients should consistently use the script to collect client level HMIS data. For those agencies that decide that their program will collect verbal consent, please contact the Helpdesk for a sample script.

C. Informed Consent and HMIS Participation

For those agencies that decide that their program will collect informed consent, they should use the standard HMIS Client Informed Consent form. Agencies should start with this standard form and add any additional information as necessary. In administering the informed consent a verbal explanation should be given to the client to inform them of the necessity and importance of collecting their consent prior to the client signing the consent form. Agencies should review the consent form with the client to ensure that it was filled out appropriately, and then sign as a witness.

Procedures:

1. Agencies should use a verbal script, similar to the verbal consent recommendation, to explain the CoC security and privacy policy.

2. Witnessing the signing also allows agencies to go back to the individual(s) involved if any answers are unclear, inconsistent or ambiguous.

6.3 Unaccompanied Youth

Unaccompanied youth who are at least 15 years old may give consent to collect information without parental/guardian consent. Parental/guardian consent can override the youth's consent. It is not possible to get consent of an unaccompanied youth under the age of 15 without parental consent.

6.4 Presumption of Competency

Clients are presumed to be competent to provide consent, unless there is a known court order claiming their incompetence.

Procedures:

1. If there is a known court order stating the individual is not competent enough to make informed decisions, then it will not be possible to obtain informed consent for HMIS. In this case, the HMIS user should treat this user as a non-participant.

2. HMIS users should do their best in attempting to obtain informed consent from individuals that may appear to be not fully competent during intake, in which there is no court order. If it is not possible to obtain a truly informed decision regarding HMIS participation, the individual should be treated as a

non-participant in HMIS.

3. Individuals may be temporarily incompetent because they are under the influence of drugs or alcohol, which affects their ability to make a decision. If it is possible, delay the informed consent and HMIS data collection, until they are no longer under the influence and are able to make decisions.

6.5 Client Access to Information Collected

Clients have the right to a copy of their ESG, community, and Program-Specific data captured for HMIS. Agencies are required to provide a print out for any clients who requests the information contained in HMIS. If an agency uses hard copy forms to collect data, a copy of the form can be given to the client. Agencies are not required to print out any additional information, (i.e. case notes, etc.); what information agencies provide is left to the discretion of the agency.

Procedures:

1. If utilizing paper forms with data entry into HMIS occurring later, consider making a photocopy of the paper forms for the client if they request a copy.

2. Agencies may give the clients a copy of the privacy notice/informed consent agreement, which notifies the client of their rights.

3. For agencies that have programs that are collecting informed consent, they may also wish to provide clients with a photocopy of the signature page so that they have a record of their HMIS participation decision.

4. Case management notes are typically not shared with the client. However, consider providing the client related information such as their Goals, Outcomes, Referrals, & Services Provided.

6.6 Storing Informed Consent Forms

Informed consent forms should be stored securely for a minimum of seven years after the client last received services from the agency for auditing purposes. It is important that informed consent forms that are collected are kept for at least that length of time.

Procedures:

1. Informed consent forms must be kept securely in accordance with standard confidentiality and privacy practices (i.e. locked away in a file cabinet and not accessible without authorization).

2. It is recommended that agencies keep the informed consent form in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner, rather than creating a separate file just for HMIS, unless client files are purged prior to seven years after the client last receives services.

6.7 Using Paper-Based Data Collection Forms

Agencies may choose to collect client-level data on paper prior to entering into HMIS. If agencies use this process all hard copy forms and services must be entered into the database within 5 business days. Each agency will incorporate HMIS into their operating processes; if an organization decides to use direct data entry

instead of collecting paper forms it is acceptable. Whether direct data entry or paper forms are used, the data collected and entered must be consistent with the hard copy form the CoC provides. There are four primary HMIS forms used by the CoC for data collection: ESG, Program-Specific, Interim Assessment and Exit forms. If the information is being collected on a family, all members of the family must have information collected (some forms have a version for children). The appropriate form to use is based on program type. Typically, programs that have an Annual Performance Report or other funding requirement require agencies to collect all of the data elements associated with the Program Specific form. All programs that are required to produce an Annual Performance Report are also required to use the Interim Assessment form for annual reevaluations. If your agency has questions regarding the appropriate form to use, please contact the HMIS Helpdesk for assistance. Also, during the HMIS Policies & Procedures training, more clarification is provided to ensure that all HMIS Users fulfill their data collection obligations. HMIS forms used by our CoC are:

- Client Intake forms (ESG & Program Specific)

- Other Household Member Intake form (child form/Program Specific)

- Interim Assessment Form (adult & child)

- Exit/Discharge form (adult & child)

Procedures:

1. Agencies may utilize the HMIS paper-based forms for initial data collection.

2. HMIS Users will have 5 business days from the point of the event (intake, service delivery, or discharge) to record the information into the HMIS software.

3. ESG and Program-Specific forms will be made available to agencies via the CCH website or by calling the HMIS Helpdesk. Agencies receiving funds from federal homeless assistance grants are required to utilize the Program-Specific forms, Interim Assessment Form and Exit form. Agencies not receiving these types of funds may choose to use the ESG form.

4. Agencies that are not required to complete the Program-Specific data fields are strongly encouraged to collect these data elements. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcome measurement/progress, internal accounting for services delivered, and external reporting to funders.

5. Agencies that wish to customize the forms to include their own required fields should contact the HMIS Helpdesk to coordinate that effort, and ensure they meet the minimum standards. The form must get final approval from the agency's System Administrator before being adopted and the System Administrator must keep a copy of the customized form on file.

6.8 Collecting Client Disability Information

As a part of the data standards required by HUD, agencies are requested to ask clients questions about disabilities. To comply with other federal laws and regulations, these client questions must be asked at a certain point in time to avoid any legal issues. HUD defines 'disabling condition' as: "(1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes individual's ability to live

independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

6.9 HMIS Data Collection Standards

It is important that the CoC standardize our data collection instruments to enable effective and efficient analysis of collected data. Since our goal is to use this data to make informed decisions, it is important to standardize the data elements collected by program type.

A. **Housing Programs, ESG (HP/RR) and Service Only Programs with HUD APR Requirement**

Program Specific Data Elements

HMIS end users who are entering data for this program type are required to collect HUD's Program-Specific Data Standard fields, if the client is receiving services funded through federal homeless assistance grants, as stated in the Agency Agreement and End User Agreement. Examples of the Program-Specific fields include: income, education, employment, military service details, and health information.

B. **Programs without an HMIS Requirement or ESG and Service Only Programs without HUD APR Requirement**

ESG Data Elements

HMIS end users who are entering data for this program type are required to collect HUD's ESG Data Standard fields, if the client is receiving services funded through federal homeless assistance grants, as stated in the Agency Agreement and End User Agreement. Examples of the ESG-Specific fields include: income, military service details, and health information.

6.10 Sharing Client Data

HMIS client data will or will not be shared in accordance with the Agency Partnership Agreements. Sharing enables agencies that work together to coordinate their service offerings. As the continuum of care moves toward coordinated intake and assessment, sharing client level information mayl be an integral part of the success of our overall HMIS system. While coordinating services, it is important to keep the client's personally identifiable information (i.e. SSN) confidential, unless the client expressly permits that information to be shared. Agencies who wish to have the ability to share records with one another will need to sign the Sharing Business Associates Agreement and/or have a release of information from the client. Clients will also have the ability to decide if they want their information shared, unless the program/agency entering requires data sharing. HMIS Users should maintain the highest level of privacy and confidentiality at all times, and will not disclose personally identifiable information except when necessary.

6.11 Filing a Grievance

Clients have the right to file a grievance if they feel their privacy rights have been violated. If a client files a grievance against an agency, the HMIS Lead Agency (CCH) will ensure that there is no retaliation taken against the client.

Procedures:

1. A client must request and complete the grievance form.

2. The client may decide to deliver the form to an agency manager or another person of authority not directly involved in the the grievance, or may mail the form to the HMIS Lead Agency (attn: Beverly Cisse, HMIS Manager).

3. If an agency receives a completed grievance form, they must mail or e-mail it to the HMIS Lead Agency within two business days of the grievance being filed.

4. The HMIS Lead Agency will review the grievance, research the nature of the complaint, and will respond within 30 days.

5. The agency named in the grievance may not refuse or reduce services to the client because of filing a grievance.

6. Any retaliation against clients will be investigated by the HMIS Lead Agency.

6.12 Reducing Duplicate Records in HMIS

In order to reduce the duplication of client records, HMIS users should always search to see if a client record for the client already exists in HMIS before creating a new client record within your agency.

Procedures:

1. When an HMIS user is collecting data from an individual or family, the HMIS user should search within HMIS to determine if a client record for this individual already exists in the system.

2. If this person does not exist, then the HMIS user can create a new client record.

6.13 Client Discharge – Completing Required Fields for HMIS

During discharge/program exit, HMIS users must complete the ESG and Community required fields for all clients, and the Program-Specific fields if required.

Procedures:

1. To complete the ESG and Community required fields for discharge/exit, HMIS users must go to the Client Intake page and enter the exit income.

2. To complete the Program-Specific required fields, HMIS users must also go to the Program and Services Library and complete the Program Exit page.

7. HMIS Quality Assurance

7.1 What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. For specific information on CoC Data Quality requirements, please see the Balance of State HMIS Data Quality Plan.

1. Timeliness - Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection (service transaction) and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funder requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

2. Completeness - Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services – services that could help them return to housing stability and self-sufficiency.

3. Accuracy - Accuracy of data in an HMIS can be difficult to assess. It depends on the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don't collect it in a consistent manner, then the data may not be accurate. Accuracy will be assessed based on the monitoring activities outlined in the Data Quality Plan.

7.2 HMIS Data Quality

HMIS users are required to ensure the quality of the information that they collect, as stated in the End User Agreement and the HMIS Data Quality Plan. There are a number of reasons why data quality is important to everyone, from clients to users to agencies to the community. If information is not collected accurately, clients may experience issues trying to coordinate multiple service providers, receive appropriate referrals, and determine eligibility for services. As a result, agencies may have reporting issues and inaccurate data may be used for decision making.

Procedures:

1. HMIS users will collect data and ensure the quality of the information by reviewing the information that the client gives for HMIS.

2. HMIS users will attempt to correct any identified data quality issues that are reflected on data quality reports or during the Data Quality Audit performed by HMIS System Administrators or their CoC designee.

7.3 Data Quality and Correction

The Agency Site Administrators or agency designees are required to facilitate correcting any data quality issues identified after receiving/generating quarterly data quality reports. To produce high quality, reliable reports it is imperative to possess high quality data. HMIS System Administrators will help assure stakeholders that the data contained within HMIS is of high quality. Details of the data quality report can be found in the Data Quality Plan.

7.4 Ensuring Good Data Quality

Unresolved Data Quality issues will be subject to corrective action as identified in the HMIS Data Quality Plan.

8. Colorado HMIS Helpdesk Procedures

8.1 Contacting Colorado HMIS Helpdesk

HMIS users should contact the HMIS Helpdesk with their issues via colorado.hmis@coloradocoaliton.org or at (303) 312-9666. The HMIS Helpdesk is available between the hours of 8:30 a.m. to 4:30 p.m. Monday through Thursday and Friday 8:30 a.m. to 12:00 p.m.

8.2 Helpdesk Access Procedures

Agencies can initiate a request for assistance either by telephone or by sending an email. It is important that all calls and emails to the Helpdesk are processed in an efficient manner. Telephone calls will be responded to within 24 hours and emails will be responded to within 48 hours of receipt. To ensure that we are able to achieve this goal the following procedures should be followed:

- While we strive to answer as many calls as possible during regular business hours, if you must leave a voice mail, please include: the name of the caller, agency name, specific program name, return phone number and the nature of the call. A staff member will respond within 24 hours to gather more information to determine the appropriate resolution.

- If you have encountered an error message, please send an email rather than placing a phone call. Sending an email will allow you to include a screenshot of the error message; screen shots go a long way in facilitating quick problem resolution.

When initiating a request for assistance via email, please include client identifiers, program names, software version, if you are using the software from the browser window (i.e. Internet Explorer) or using a desk icon, and any other pertinent information that can be used to help resolve the issue in a timely manner.

9. HMIS Software Security

9.1 What is Security?

Security is the degree of resistance to, or protection from, harm or unauthorized access of electronic data. The security of the data held in our HMIS database is a high priority in our community. We take the confidentiality, integrity, and availability of all HMIS information seriously and understand as stewards of client level data that we must protect against any reasonable anticipated threats or hazards to security and ensure that end users are in compliance with the standards set forth in this manual. Security breaches can be defined as network security breaches and data breaches. Additional information regarding HMIS Security will be outlined in the upcoming HMIS Security Plan.

9.2 Network Security Breaches

While it may be impossible to totally avoid the various types of network security breaches, you can lessen the chance of a network intrusion by monitoring and changing employee passwords, backing up your network, and using experienced IT personnel to aid you in protecting the information your network contains.

9.3 Network Security System-Level Prevention Measures

A. **Server Level Security** - The HMIS software is secured physically through a number of best practices, which results in high-level security. Several of these system-level security features include:

- Separation of the database and application on different servers

- Multiple layers of firewalls between database, application, and users

- Encryption of the data on the database

- Undisclosed location of the physical servers

- Physical servers are locked down, in secured fire-safe rooms

B. **HMIS Software Application-Level Security -** Within the HMIS software itself, there are additional layers of security built into the system. This results in making the system harder to access without appropriate permissions. These security features include:

- 128-bit encryption of the connection between a HMIS user's computer and the HMIS application

- Users are organized into security groups, in which the groups are given specific permissions on what they can access in HMIS

- Passwords are forced to change automatically every 90 days, thereby enforcing strong password protection.

- An HMIS user's connection to the application will automatically close down after a period of time of inactivity in the HMIS software.

- There are logging and audit systems in the background recording each user's activities in adding, viewing, and editing information.

9.4 Data Security Breach

A data breach occurs when the guardian (i.e. end user or agency staff) of information allows it to fall into the hands of an unauthorized party. This can involve data in any form including that which is printed or transmitted verbally, although in the digital age the term has come to refer to the transfer of electronically stored data.

9.5 Data Security Breach Prevention Measures

A. Workstation Security Procedures - Statistically, most security breaches are due to human error rather than systematic issues. In order to keep the application and data secure, HMIS users must also implement some additional security measures.

Procedures:

1. Do not store your user name and password in an unsecured manner (i.e. under the keyboard or on monitor). This practice can lead to security breaches. Make sure to store username and password in a locked drawer or cabinet. We are the stewards of our client's data.

2. Don't ever share your login information with anybody (including Site or System Administrators). If someone is having trouble accessing HMIS, contact the Agency Site Administrator or the HMIS Helpdesk. Sharing user names and passwords is a severe violation of the End User Agreement. If you share your user name and password with someone, anything they do in the system will be tracked to your user account. When we review the data and security logs, you will be held responsible for any HMIS activity that occurred under your login.

3. When you are away from your computer, log out of HMIS or lock down your workstation. Stepping away from your computer while you are logged into HMIS can also lead to a serious security breach. Although there are timeouts in place to catch inactivity built into the software, it does not take effect immediately. Therefore, <u>anytime</u> when you leave the room and are no longer in control of the computer, you should lock down your workstation (CTRL-ALT-DELETE keys).

4. HMIS user's computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen. The placement of one's monitor can play a major role in establishing security at the agency. **Good placement:** When someone walks into the room where the computer resides all they can see is the back of the monitor. **Bad placement:** When someone walks into the room, they can look over your shoulder without you knowing it, and read material on the monitor.

9.6 Reporting Mismanagement and Misuse of Client Level Information

To secure client-level data, it is necessary to eliminate any opportunities for negligence and/or mishandling. Each agency user who has access must take the necessary precautions when displaying, using printed copy, distributing and/or sharing client level personally identifiable information [i.e. reports that contain social security numbers (SSNs)]. Monitor displays, hard copy reports or digital reports containing client level identifiable information should never be displayed in public areas, faxed, kept on desks in unlocked offices, or be distributed electronically. The Helpdesk, Site Administrator and Executive Director must be contacted within 24 hours if a security breach has been detected (i.e. client data mishandled). Please see the HMIS Security Plan for specific details (pending).

Colorado HMIS recommends these best practices:

- Limit access within your organization to files (any form) with personally identifiable information (name, birth date and SSN). Whenever possible, strip the name, birth dates and SSNs from report. Provide the information only to people that "need to know" in the organization.

- Keep any form of the electronic files secure (zip, expanded, converted) on a network drive with limited and password protect files (don't backup).

- Properly dispose of paper copies generated from HMIS by shredding them or filing in a locked cabinet.

- Do not store or save files containing exported information (i.e. Excel, Access format) on these portable media types: jump/flash drives, CD or DVDs.

9.7 Security Monitoring

Agency Site Administrators or designated agency staff are required to resolve any issues uncovered during an HMIS security monitoring visit in order to maintain the highest level of security, and protect client privacy and confidentiality as set forth in this manual. In the future, Colorado HMIS or its designee will be monitoring an agency's HMIS compliance. Site Administrators will work with HMIS Lead Agency and the Partner Agency to develop a system for monitoring Agency compliance. The monitoring visit will cover many topics (i.e. informed consent agreement, posts and dates, privacy and security practices, and data entry practice, etc.). Details of the monitoring visit can also be found in the HMIS Data Quality Plan and HMIS Security Plan. Any identified deficiencies need to be resolved within the guidelines of the HMIS Data Quality Plan and HMIS Security Plan.

10. HMIS Data & Reporting

10.1 Generating Agency Reports

Reporting is an important functionality of all databases. It is important that agencies see the benefits of entering data into the database and have the ability to use the information entered. HMIS (Enginuity) has a robust suite of reports available to users. All users have access to Management Reports that reside within the database. The reports are broken down into three categories: Application Reports (right-click reports), Management Reports and Ad-hoc reports.

10.2 Data Ownership

The participating agency is the owner of the client-level data stored in HMIS unless otherwise specified in its contract. As such, the CoC and the HMIS Lead Agency will not at any time change, distribute or delete data within programs without the permission of the participating agency. If an agency withdraws from the use of HMIS, their data will be kept for a minimum of seven years after withdrawal. Their historical data may be included in CoC reporting or data analysis. The CoC reserves the right to pull aggregate level data for the purpose of CoC management, reporting, decision making and other data analysis.

10.3 Access to CoC Data

Accessing CoC data can play an important role in the community's understanding of the homeless and at-risk populations. This information can play a critical role in planning future service offerings, identifying the gaps in community services, analyzing the effectiveness of programs, and developing local and statewide policies that reduce the length of homelessness, decrease returns to homelessness, and ultimately end homelessness. To facilitate a better understanding of these populations, the CoC may share aggregate HMIS data with agency collaborators, state and local officials and researchers. All aggregate level requests must be initiated with the CoC.

10.4 Distribution of HMIS Data

Data requests for client level data must go through the agency rather than the CoC or HMIS Lead Agency. Upon written request from the agency's Executive Director, the HMIS Lead Agency will grant access to client level data as defined by the contractual agreement between the agency and requestor.

Agency aggregate data requests should be approved by the agency. The agency should be given the opportunity to process the request. If assistance is required they should contact Colorado HMIS.

CoC aggregate data requests should be sent to the CoC to be approved. Once approved the request will be sent to Colorado HMIS for generation. There will be a charge associated with any request that takes more than two hours to process.

Aggregate county or state-wide data requests should be sent to the CoC to be approved. Once approved the request will be sent to Colorado HMIS for generation, there may be a charge associated with any request that takes more than two hours to process.

Aggregate collaborative data requests should be sent to the CoC. In this situation, the CoC should create a written agreement signed by each agency that participates in the collaborative which grants them permission to have access to the agency's data. All collaborations should ensure that a copy of the contract is held by Colorado HMIS; this will ensure that requests are handled promptly.

10.5 Funder Access

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted when there is a voluntary written agreement in place between the funding entity and the agency or program. This agreement will also need to be on file with Colorado HMIS. If funders will be requesting information from the HMIS Lead Agency, the agreement must clearly state that the funder has the right to contact the HMIS Administrator to request the desired data. Without this language in an agreement, the HMIS Lead Agency reserves the right to decline all requests for information. The funder must also notify the funded agency of the data request giving them the opportunity to either provide the data or inspect the quality of the data prior to release. If agencies have the ability to provide the data they should be given the opportunity to report on their individual agency activities. If the funder requires aggregate data across agencies, all contract agreements must state that they have the agency's permission to acquire such data.

10.6 CoC Access

The HMIS Lead Agency will provide monthly Data Quality Reports, Participation Reports and any reports necessary to support the continuum of care NOFA process. Continuum-wide data will be provided to HUD annually as required by the AHAR report and CoC grant applications.

Client level data, agency level information, or any data that may potentially point out an individual or single agency will not be distributed without the expressed permission of the agency or individual. The CoC reserves the right to publish agency aggregate data for the purposes of data quality improvements, compliance, analysis or decision making.

10.7 Researcher Access

Academic research conducting by an individual or institution must have a written research agreement signed by the designated agency and the CoC prior to the release of any information. For research and statistical purposes, personal information will not be released, unless detailed in the research agreement. Any written research agreement must include the rules for data use and limitations, how the data will be stored, security procedures and proper disposal procedures.

Updated January 2016

COLORADO BALANCE OF STATE CONTINUUM OF CARE

Homeless Management Information System (HMIS) Charter

Purpose

The US Department of Housing and Urban Development (HUD) requires every HUD-funded continuum of care (CoC) in the nation to develop an HMIS charter. The purpose of such charters is to describe the relative roles and responsibilities of each continuum's Lead Agency and HMIS Lead Agency in the administration of the HMIS database. For the Balance of State CoC, Colorado Coalition for the Homeless (CCH) serves as both the CoC Lead Agency and the HMIS Lead Agency. Therefore, this charter describes the relative roles and responsibilities of two teams at CCH: the Rural Initiatives team which manages the CoC Lead Agency duties, and the HMIS team (part of the Quality Assurance Department) which manages the HMIS Lead Agency duties.

The Director of Rural Initiatives and the Director of Quality Assurance understand and acknowledge the following statements:

HMIS is a HUD-mandated database designed to record and store client-level data on the characteristics of homeless persons throughout a continuum of care's geographic area. HMIS data is used to generate various reports, including Annual Performance Reports to HUD. HMIS data is also used to evaluate the effectiveness of homeless assistance programs and inform program management decisions at both the program level and the continuum of care level. The parties to this charter share a common interest in successfully implementing the HMIS database and in cooperating to end homelessness within the Balance of State CoC.

The Balance of State CoC covers Colorado's 56 non-metro and rural counties (statewide, excluding the metro Denver area, and El Paso County/Colorado Springs). The Balance of State CoC is governed by a 15-member Advisory Board. The Advisory Board has selected CCH to serve as the CoC Lead Agency and the HMIS Lead Agency.

The HMIS team commits to the following:

1. Work with the HMIS vendor (Adsystech) to validate compliance with all HUD HMIS Data and Technical Standards to guarantee that the CoC is able to meet all HUD Continuum of Care, US Department of Veteran Affairs and Emergency Solutions Grant (ESG) data collection and reporting requirements.

2. Ensure that the CoC and all participating agencies are able to generate required HUD, VA and ESG reporting.

3. Conduct/deliver a comprehensive array of training programs that clarify data collection/data entry standards, timeliness standards, completeness standards and accuracy expectations for HMIS participating agency users.

4. Monitor/inspect and collect information on data completeness, timeliness and accuracy which confirm that useable statistical data is collected for CoC programmatic, performance and funding decisions. Report the findings to the Rural Initiatives team (frequency to be agreed upon by the HMIS team and RI team).

5. Develop a protocol that fosters ownership among participating agency users which promotes self-monitoring and awareness of the importance of data quality, completeness, timeliness and accuracy. Provide technical assistance to participating agency users to facilitate the development of strategies that promote adherence to CoC HMIS policy and procedures and corrective action as needed.

6. Provide technical assistance to participating agency users enabling them to generate all required reporting (i.e. Annual Progress Reports, Caper, PATH, etc.) in a timely fashion.

7. Provide technical assistance to participating agency users (i.e. rural case managers) and Rural Initiatives team to facilitate the development data cleanup strategies as needed.

8. Provide technical assistance to the Balance of State CoC to ensure that the CoC understands, develops and generates reports that comply with federal Continuum of Care regulations and HUD policy (i.e. Annual Homeless Assessment Reports (AHARs), ESG CAPER, and HEARTH performance measure requirements). Assist with collection of data required to complete the HMIS section of the annual Balance of State grant application (Exhibit 1 and multiple Exhibit 2s).

9. Collaborate with the Rural Initiatives Team and the Balance of the State Advisory Board to produce the HMIS Policies and Procedures Manual, HMIS Data Quality Plan, HMIS Privacy Plan, and HMIS Security Plan which supports the development of effective and efficient operation standards.

10. Manage the rural HMIS grant (*Balance of State HMIS Implementation Project*) in accordance with all HUD requirements, including preparing the Annual Progress Report to HUD.

11. Staff an HMIS Help Desk that is available Monday through Thursday 8:30 am to 4:30 pm and Friday 9:00 to noon, and provide an auto-response for HMIS users to contact the Help Desk after hours.

12. Provide a designated phone number and e-mail address for HMIS users to submit requests, and respond to telephone and e-mail requests within two business days.

13. Collaborate with the HMIS Lead Agency staff to establish an HMIS user group and hold regular meeting, conference calls and web conferences.

The Rural Initiatives team commits to the following:

The Rural Initiatives team will:
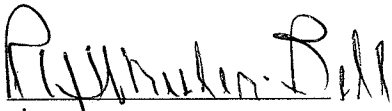
2. Collaborate with the HMIS Lead Agency team to establish an HMIS user group and hold regular meeting, conference calls and web conferences.

3. Provide feedback to the HMIS Lead Agency team regarding the effectiveness of training and customer service delivered to participating agency users.

4. With the assistance of HMIS Lead Agency team, ensure that participating agencies understand the importance of monitoring for data completeness, timeliness and accuracy.

5. Collaborate with the HMIS Lead Agency team to assist participating agencies with data cleanup that supports the generation of Annual Progress Reports.

6. Collaborate with the HMIS Lead Agency team to ensure that the Balance of State HMIS documents (i.e.; HMIS Policies and Procedures Manual, HMIS Data Quality Plan, HMIS Privacy Plan, and HMIS Security Plan) are evaluated and revised (if necessary) on an annual basis.

7. Prepare the annual grant application to renew the rural HUD HMIS grant *(Balance of State HMIS Implementation Project)*.

8. In cooperation with the HMIS team, conduct an annual review of compliance with this HMIS charter and work to resolve any noncompliance issues.

9. Coordinate with the Metropolitan Denver Homeless Initiative (MDHI) and the Pikes Peak CoC regarding HMIS software and other cross-continuum issues.

10. Enforce participating agencies compliance with HUD HMIS Data and Technical Standards, Policy and Procedure Manual, Data Quality Plan and Security Plan with the assistance of the HMIS Lead Agency team.

11. Ensure that the Balance of the State CoC is represented at the Colorado HMIS Committee.

General Provisions:

1. Both parties shall protect the confidentiality of all records containing personal identifying information that are maintained in accordance with this HMIS Charter, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and state laws regarding confidentiality of protected health information.

2. Both parties agree to comply with all applicable requirements imposed upon CCH by the federal Continuum of Care regulations at 24 CFR Part 578, and future HUD rulemakings such as the HMIS final rules and annual HUD Notices of Funding Availability (NOFAs).

3. In accordance with the federal regulations regarding conflict of interest at 24 CFR 583.340(e), "No person who is an employee, agent, consultant, officer or elected or appointed official of CCH, and who exercises or has exercised any function or responsibility with respect to (HUD-) assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity or have an interest in any contract, subcontract or agreement with respect thereto or the proceeds thereunder, either for himself or herself, or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter."

For the CoC Lead Agency
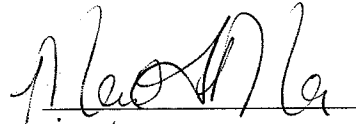
Roz Wheeler-Bell, Director
Rural Initiatives Program
Colorado Coalition for the Homeless

signature

signature

10/27/15

date

For the HMIS Lead Agency

Mandy May
Vice President of Quality Assurance
Colorado Coalition for the Homeless

signature

signature

10/27/15

date

2017 HDX Competition Report
PIT Count Data for CO-500 - Colorado Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	**3545**	**4019**
Emergency Shelter Total	958	972
Safe Haven Total	0	0
Transitional Housing Total	731	539
Total Sheltered Count	**1689**	**1511**
Total Unsheltered Count	**1831**	**2508**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**703**	**807**
Sheltered Count of Chronically Homeless Persons	182	228
Unsheltered Count of Chronically Homeless Persons	521	579

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**451**	**429**
Sheltered Count of Homeless Households with Children	238	162
Unsheltered Count of Homeless Households with Children	213	267

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**572**	**291**	**332**
Sheltered Count of Homeless Veterans	77	133	141
Unsheltered Count of Homeless Veterans	495	158	191

2017 HDX Competition Report

HIC Data for CO-500 - Colorado Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1033	365	457	68.41%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	715	51	142	21.39%
Rapid Re-Housing (RRH) Beds	284	40	244	100.00%
Permanent Supportive Housing (PSH) Beds	850	0	465	54.71%
Other Permanent Housing (OPH) Beds	30	0	30	100.00%
Total Beds	2,912	456	1338	54.48%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	177	217

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	95	226

2017 HDX Competition Report

HIC Data for CO-500 - Colorado Balance of State CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	118	284

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for CO-500 - Colorado Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.
ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	3505	3489	3064	97	98	101	3	71	72	67	-5
1.2 Persons in ES, SH, and TH	4341	4326	3940	144	144	158	14	99	100	98	-2

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	2906	-	118		-	88	
1.2 Persons in ES, SH, and TH	-	3815	-	220		-	136	

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	369	456	23	34	7%	34	28	6%	18	18	4%	80	18%
Exit was from TH	141	177	2	6	3%	1	12	7%	1	0	0%	18	10%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	27	161	3	4	2%	0	7	4%	0	9	6%	20	12%
TOTAL Returns to Homelessness	537	794	28	44	6%	35	47	6%	19	27	3%	118	15%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3545	3520	-25
Emergency Shelter Total	937	958	21
Safe Haven Total	0	0	0
Transitional Housing Total	777	731	-46
Total Sheltered Count	1714	1689	-25
Unsheltered Count	1831	1831	0

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	4390	4371	3993	-378
Emergency Shelter Total	3553	3537	3119	-418
Safe Haven Total	0	0	0	0
Transitional Housing Total	924	923	958	35

FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	0	87	119	32
Number of adults with increased earned income	0	1	19	18
Percentage of adults who increased earned income		1%	16%	15%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	0	87	119	32
Number of adults with increased non-employment cash income	0	19	27	8
Percentage of adults who increased non-employment cash income		22%	23%	1%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	0	87	119	32
Number of adults with increased total income	0	20	44	24
Percentage of adults who increased total income		23%	37%	14%

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	10	178	302	124
Number of adults who exited with increased earned income	0	2	39	37
Percentage of adults who increased earned income	0%	1%	13%	12%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	10	178	302	124
Number of adults who exited with increased non-employment cash income	7	20	55	35
Percentage of adults who increased non-employment cash income	70%	11%	18%	7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	10	178	302	124
Number of adults who exited with increased total income	7	22	89	67
Percentage of adults who increased total income	70%	12%	29%	17%

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3333	3320	2919	-401
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	621	640	591	-49
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2712	2680	2328	-352

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3607	3585	3269	-316
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	656	677	688	11
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2951	2908	2581	-327

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	0	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0	0
% Successful exits				

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	3302	3277	3251	-26
Of the persons above, those who exited to permanent housing destinations	951	947	1125	178
% Successful exits	29%	29%	35%	6%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	331	333	331	-2
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	314	316	313	-3
% Successful exits/retention	95%	95%	95%	0%

2017 HDX Competition Report
FY2016 - SysPM Data Quality

CO-500 - Colorado Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report
FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	696	666	735	680	598	726	936	946	615	675	707	809	18	32	30	118				
2. Number of HMIS Beds	411	436	435	450	374	351	374	357	229	245	243	469	0	32	30	118				
3. HMIS Participation Rate from HIC (%)	59.05	65.47	59.18	66.18	62.54	48.35	39.96	37.74	37.24	36.30	34.37	57.97	0.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3453	3471	3517	3086	511	785	924	965	257	269	424	3774	131	417	582	778	0	0	0	3102
5. Total Leavers (HMIS)	2959	2670	2780	2570	226	346	418	619	61	45	106	643	43	270	404	500	0	0	0	2097
6. Destination of Don't Know, Refused, or Missing (HMIS)	1897	1525	1592	1434	9	30	18	39	9	5	21	223	2	16	19	21	0	0	0	1435
7. Destination Error Rate (%)	64.11	57.12	57.27	55.80	3.98	8.67	4.31	6.30	14.75	11.11	19.81	34.68	4.65	5.93	4.70	4.20				68.43

2017 HDX Competition Report
Submission and Count Dates for CO-500 - Colorado Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/24/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	6/1/2017	Yes

Reallocation of Funds

TP **Tom Power**
Mon 8/14/2017 10:18 AM

Reply |

To: Tami Miller; DeeDee Clement; Charlene Tortorice; Anne Stattelman; Melanie Falvo;
Kelli Barker - DOLA <kelli.barker@state.co.us>; beverly@catholicoutreach.org;
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Claudia Hurtado-Myers <claudia@mybrightfuture.org>

2017 NOFA.pdf
1 MB

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(Note to Balance of State Governing Board)

Hi Everyone,

The HUD instructions for this year's grant competition require our CoC (the board) to actively encourage new and existing providers to apply for new projects through reallocation. For additional information about reallocation, please refer to pages 10-11 and 21-22 of the 2017 NOFA (copy attached).

Please share this message with your local CoC planning groups.

Thanks,

tom

Tom Power
Governing Board Member and Primary Contact for the Collaborative Applicant
Colorado Coalition for the Homeless
2111 Champa Street
Denver, Colorado 80205