Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting 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
EMS/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	Not Applicable	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	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Colorado Division of Housing	Yes	Yes
Department of Veterans Affairs	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

(1) Our CoC solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness in the Balance of State region, or an interest in preventing and ending homelessness in the region. This occurs at regularly scheduled Governing Board meetings, board committee meetings, and regional CoC planning meetings. Members of the Governing Board and the regional CoC groups also do this informally on an ongoing basis, during various other meetings, and during various other conversations in person and via e-mail.
Some of our regional CoC planning groups also hold periodic public forums or "listening sessions" to solicit the community's opinions about homelessness.

(2) All of our meetings and forums are well publicized via e-mail announcements, announcements at other meetings, and announcements on regional CoC websites. The Governing Board meetings, board committee meetings, and regional CoC planning meetings, and other public forums, are open to the public and open to anyone with an interest in preventing and ending homelessness in the local community.

(3) Our Governing Board, board committees, and regional CoC planning groups use information gathered at these meetings and forums to create improvements and new approaches to the homeless crisis response system, both at the regional planning level and at the Balance of State level. Our regional CoC planning groups also report the results of their meetings and forums to the Governing Board, which uses the information to improve the CoC-wide planning process.

**1B-2.Open Invitation for New Members. Applicants must describe:
 (1) the invitation process;
 (2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

(1) Our CoC invites new members in a variety of ways, both formal and informal. Members of our Governing Board and our regional CoC planning groups invite new members at Governing Board meetings, regional CoC planning meetings (held at least 6 times per year), on their local CoC websites,

and via e-mail announcements. Members of our Governing Board and regional CoC planning groups also solicit new members informally on an ongoing basis, during various other meetings, and during various other conversations in person and via e-mail.

(2) The invitation process is communicated in a variety of ways, both formal and informal. Members of our Governing Board and our regional CoC planning groups publicize the invitation process at Governing Board meetings, regional CoC planning meetings (held at least 6 times per year), via widely distributed meeting minutes, on their local CoC websites, and via e-mail announcements. Members of our Governing Board and regional CoC planning groups also publicize the invitation process informally on an ongoing basis, during various other meetings, and during various other conversations in person and via e-mail.

(3) Members of our Governing Board and our regional CoC planning groups solicit new members on an ongoing basis as described above.

(4) Most of our regional CoC planning groups already include at least one homeless or formerly homeless person. Members of our regional CoC planning groups and our local outreach teams routinely speak to homeless or formerly homeless persons about becoming members, and about recruiting other formerly homeless persons to become members. Our Governing Board also includes one formerly homeless board member, who conducts outreach to homeless and formerly homeless persons.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

(1) Our CoC notifies the public that it will accept and consider proposals from organizations that have not previously received CoC funding at public meetings of our regional CoC planning groups and via e-mail notifications to the entire membership of the Balance of State CoC. These e-mail notifications include instructions for how to submit proposals for new projects, and who to contact for technical assistance.

(2) When deciding whether to include proposals from non CoC-funded organizations in the annual grant competition process, the CoC considers factors such as: whether the proposed activities are eligible under the annual NOFA and the CoC program rules; geographic equity; alignment with housing first principles; whether the project prioritizes households based on greatest needs; organizational capacity; and willingness to participate in HMIS and coordinated entry.

(3) The public meetings of our regional CoC planning groups take place at least every other month, and the announcements are documented in written meeting minutes. The e-mail notification referenced above was sent to all potential

applicants for 2018 CoC funding and the CoC Governing Board on July 20, 2018 (a copy of this e-mail notification is attached to this application).

(4) Not applicable.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Grant subrecipients	Yes
Participants in our regional CoC planning meetings	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

(1) The "recipient" for all ESG funds within our CoC jurisdiction is the Colorado Division of Housing. Managers at the Collaborative Applicant work directly with managers at the state Division of Housing to determine ESG funding allocations and to make recommendations to the CoC Governing Board. All final funding

allocations to the ESG subrecipients are then approved by the CoC Governing Board. With regard to the ESG homeless prevention and rapid rehousing programs, the state Division of Housing has contracted the entire program to the Collaborative Applicant, which contracts the funds to selected non-metro and rural homeless service providers under the supervision of the CoC Governing Board.

(2) The Collaborative Applicant works directly with the state Division of Housing to establish performance measures for ESG subrecipients. As part of this work, the Collaborative Applicant provides the Division of Housing and the Governing Board with the most recent HIC and PIT data, CAPER reports and other information that tracks the performance of the ESG subrecipients. A staff person from the state Division of Housing also serves on the CoC's Data and Performance Committee, which oversees performance measures for all ESG-funded programs. All performance measures for ESG-funded programs are subject to approval by the CoC Governing Board.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?   Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?   No

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

(1) Our CoC Emergency Transfer Plan was created in August 2018. Our regional CoC planning groups prioritize the safety of survivors of domestic violence, dating violence, sexual assault and stalking by first referring them to the local 24-hour crisis line and/or 24-hour DV shelter and/or 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 trauma-informed and victim-centered services at 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. All of these protocols are in compliance with the CoC's Emergency Transfer Plan.

(2) The DV crisis response system described in the response to (1) above maximizes client choice while connecting DV families to appropriate housing and supportive services. These families' personal information, including personally identifying information and the location of their temporary or permanent housing is treated with strict confidentiality. Our CoC maximizes client choice and ensures their safety by allowing DV families to choose whether they want to participate in the regional coordinated entry system, and by allowing them to choose whether to apply to the regional 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.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

(1) Our regional CoC planning groups collaborate with their local victim service providers to provide trainings to all service providers on best practices for serving victims of domestic violence, dating violence, sexual assault and stalking. The training addresses best practices on safety and planning protocols for survivors of domestic violence that is consistent with trauma-informed care and victim-centered services. The frequency of these training events ranges from annually to monthly depending on the region. Some of our regional CoC planning groups also offer one-on-one training to service providers who encounter a lot of families and individuals fleeing domestic violence, dating violence, sexual assault and stalking.

(2) Our regional CoC planning groups also collaborate with their local victim service providers to provide trainings to all coordinated entry staff and coordinated entry access points on best practices for serving victims of domestic violence dating violence, sexual assault and stalking. The training addresses best practices on safety and planning protocols for survivors of domestic violence and trauma-informed care. The frequency of these training events ranges from annually to monthly depending on the region. Some of our regional CoC planning groups also offer one-on-one training to coordinated entry staff who do a lot of assessments and referrals for families and individuals fleeing domestic violence, dating violence, sexual assault and stalking.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Our CoC and our regional CoC planning groups currently assess the needs of families and individuals experiencing domestic violence, dating violence, sexual assault and stalking using data from point-in-time counts, housing inventory counts, and information provided by victim service providers, domestic violence

advocates and local law enforcement. We are working with a new HMIS vendor on a comprehensive comparable database that will be able to serve the database needs of all victim service providers in the Balance of State. We expect this new database to be up and running by January 2019, after which we will be able to use de-identified aggregate data from the comparable database to assess the specialized needs of this population.

**1C-4. DV Bonus Projects. Is your CoC   Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	X

**1C-4b. Applicants must describe:
 (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
 (limit 2,000 characters)**

(1) We estimate that our CoC is currently serving at least 1,000 persons who are fleeing domestic violence.

(2) Our 2018 sheltered point-in-time survey counted 203 persons who were fleeing domestic violence. Our 2017 unsheltered point-in-time survey counted 316 persons fleeing domestic violence. This totals 519 persons fleeing domestic violence. Based on the expertise of our victim service providers and our PIT staff, we believe the true number of persons fleeing domestic violence in the Balance of State is approximately twice that number, or 1,000 persons.

(3) This data was collected from our 2018 sheltered PIT data and our 2017 unsheltered PIT data. It should be noted here that our CoC is working with a new HMIS vendor on a comprehensive comparable database that will be able to generate more accurate data on the number and characteristics of persons fleeing domestic violence in the Balance of State region. We expect this new database to be up and running by January 2019.

**1C-4c. Applicants must describe:
 (1) how many domestic violence survivors need housing or services in the CoC's geographic area;
 (2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
 (limit 2,000 characters)**

(1) We estimate that approximately 500 unsheltered persons who are fleeing domestic violence in the Balance of State need both housing and services. We estimate that approximately 500 sheltered persons in the Balance of State need additional services.

(2) Our 2018 sheltered point-in-time survey counted 203 persons who were fleeing domestic violence. Our 2017 unsheltered point-in-time survey counted 316 persons fleeing domestic violence. This totals 519 persons fleeing domestic violence. Based on the expertise of our victim service providers and PIT staff, we believe the true number of persons fleeing domestic violence in the Balance of State is approximately twice that number, or 1,000 persons. Based on the expertise of our victim service providers, we also believe that all unsheltered persons fleeing domestic violence need housing and services, and that all sheltered persons fleeing domestic violence need additional services.

(3) The estimates of persons fleeing domestic violence were collected from our 2018 sheltered PIT data and our 2017 unsheltered PIT data. The estimates of unmet need are based on the expertise of our victim service providers. It should be noted here that our CoC is working with a new HMIS vendor on a comprehensive comparable database that will be able to generate more accurate data on the number and characteristics of persons fleeing domestic violence in the Balance of State region. We expect this new database to be up and running by January 2019.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
 (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
 (2) quantify the unmet need for housing and services for DV survivors;
 (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
 (4) describe how the CoC determined the unmet need for housing and services for DV survivors.
 (limit 3,000 characters)

(1) Numerous studies have shown that domestic violence is a major cause of homelessness in rural America. Several studies have shown that domestic violence is a major cause of homelessness in the rural and non-metro areas of Colorado as well. Based on the expertise of our victim service providers, there is a large unmet need for housing and services for individuals and families in the Balance of State CoC who are fleeing domestic violence.

(2) As described above, we estimate that approximately 500 unsheltered persons in the Balance of State are fleeing domestic violence and need both housing and services. We also estimate that approximately 500 sheltered persons in the Balance of State are fleeing domestic violence and need additional services.

(3) The estimates of persons fleeing domestic violence were collected from our 2018 sheltered PIT data and our 2017 unsheltered PIT data. The estimates of unmet need are based on the expertise of our victim service providers. It should be noted here that our CoC is working with a new HMIS vendor on a comprehensive comparable database that will be able to generate more

accurate data on the number and characteristics of persons fleeing domestic violence in the Balance of State region. We expect this new database to be up and running by January 2019.

(4) Our 2018 sheltered point-in-time survey counted 203 persons who were fleeing domestic violence. Our 2017 unsheltered point-in-time survey counted 316 persons fleeing domestic violence. This totals 519 persons fleeing domestic violence. Based on the expertise of our victim service providers and PIT staff, we believe the true number of persons fleeing domestic violence in the Balance of State is approximately twice that number, or 1,000 persons. Based on the expertise of our victim service providers, we also believe that all unsheltered persons fleeing domestic violence need housing and services, and that all sheltered persons fleeing domestic violence need additional services.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

For Housing Solutions for the Southwest:
Southwest Colorado Rapid Rehousing for Survivors will offer a specific,collaborative, survivor-driven scattered-site rapid rehousing project and will be
administered by Housing Solutions for the Southwest in partnership with our local CoC (5 counties). The project is a scattered-site, rapid rehousing program for survivors including rental assistance, case management and supportive services. This project recognizes the unique needs of survivors within the context of a rapid rehousing program and will emphasize safety, addressing trauma and confidentiality. Key victims service partners across our 5-county region will assist our agency in developing a strong survivor-driven, trauma-informed program. Our target population are survivors who are homeless facing multiple social, emotional and health barriers to accessing housing.

For Hilltop Community Resources:
This project will be an expansion of an existing project and partnership to serve survivors of domestic violence and sexual assault with a continuum of housing and support options. Hilltop's Housing First Program helps survivors of intimate partner violence increase access to and retain safe, long-term housing and provides some of the supports they need to rebuild their lives. The Housing First Program will rely on survivor-driven mobile advocacy (meeting survivors where they are), housing assistance, supportive services, community engagement,and financial assistance. Zoe House will be a welcome addition to the Housing First Program ensuring that young survivors ages 18-24 have access to longterm housing with age-appropriate supportive services. The goals of the Project include, among others, assisting survivors in meeting their long-term housing needs, enhancing and expanding community support, and providing low-barrier survivor-driven mobile advocacy by meeting survivors where it is safe and convenient for them.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

For Housing Solutions for the Southwest:
(1) This Summer, our transitional housing, VOCA and RRH programs had 39 household intakes, of which 29 households were leased up this Summer (74 % placement rate).
(2) Of the 29 households leased up this Summer, only one lost their housing due to behavioral problems (96% retention rate).
(3) We have improved confidentiality practices to make each release of information time-limited, and specifies the exact information to be shared. Program staff participate in meetings with victim service providers 2-3 times per month to improve best practices. We also conduct outreach with victim service providers located in adjacent counties and on the Native American reservations. We have adopted a policy that allows DV survivors to remain anonymous during the coordinated entry process.
(4) We have established partnerships with victim service providers to develop safety plans that consider the location of rental units, shelter options and confidentiality practices. Our DV survivors have different self-directed goals and needs depending on their level of trauma. Supports address health, safety and childrens' stability before income and employment. Stable housing is a starting point to rebuild strength and address trauma.

For Hilltop Community Resources and Zoe House:
(1) Hilltop's Housing Assistance Project began on May 1, 2017 and we assisted a total of 60 families from May 1, 2017 through June 30, 2018. 46 of the 60 families (75%) have been placed in long-term housing. In addition, housing case managers: (a) assisted 12 crime victims with financial assistance; (b) provided mobile advocacy to 16 DV survivors; and (3) ensured that 21 crime victims received low-barrier access to supportive services.
(2) Hilltop program participants have had 97% housing retention rate to date. Zoe House has 83% retention rate.
(3) 100% of Hilltop respondents reported that they are now able to plan for their own safety and that they had increased knowledge of resources in an anonymous survey. 83% of Zoe House survivors reported a lower risk of violence upon exit.
(4) Hilltop and Karis address multiple barriers by (a) using strengths-based and empowerment-focused approaches; (b) using motivational interviewing to help survivors identify the goals that they want to prioritize; (c) use collaborative community partnerships to identify and use resources; and (d) use evidence-based practices for survivors including strengths-based approaches, trauma-informed care, motivational interviewing, and positive youth development.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were

experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its
Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information
should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Colorado Division of Housing	56.00%	Yes-HCV	No
Ft. Collins Housing Authority	43.00%	Yes-HCV	No
Loveland Housing Authority	0.00%	No	No
Pueblo Housing Authority	0.00%	No	No
Grand Junction Housing Authority	58.00%	No	No

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-5a. For each PHA where there is not a homeless admission preference
in their written policy, applicants must identify the steps the CoC has
taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

The Colorado Division of Housing and the Ft. Collins Housing Authority do have a homeless admission preference in their written policies, which are attached to this application. In Larimer, Pueblo and Mesa Counties, members of the CoC Governing Board have been assigned the responsibility for contacting the Loveland, Pueblo and Grand Junction housing authorities and engaging in discussions about the importance of homeless admission preferences and move-on strategies. 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 the Spring of 2018, the Collaborative Applicant began 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-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender

(LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

The needs of homeless LGBT individuals and their families, and the 2012 and 2016 equal access rules, have been discussed at meetings of the Balance of State Governing Board. In the Summer of 2018, our regional CoC planning groups provided training on the 2012 and 2016 equal access rules at their regional CoC planning meetings. Also, 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-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	No
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented 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

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1) Our coordinated entry system is governed by both CoC-level and regional-level coordinated entry policies and procedures documents. The CoC-level document is referenced here: "Colorado Balance of State Continuum of Care: Coordinated Entry System Policies and Procedures: Version 1.0" (hereafter referred to as the "Coordinated Entry P&P"). This document was approved by the Balance of State Governing Board in December 2017, and it complies with HUD's January 23, 2018 policy directive on coordinated entry ("Notice CPD-17-01). This coordinated entry system covers the entire geographic area of the Balance of State CoC, and is enforced by our Coordinated Entry Committee, which ensures that all service providers in the Balance of State are taking referrals from the coordinated entry system.

(2) Our coordinated entry system defines street outreach as an "access point" to help us reach people who are least likely to apply for homeless assistance programs. We have a number of programs that conduct outreach to this population, including the street outreach team through Axis Mental Health in La Plata County, Outreach Ft. Collins in Larimer County, Volunteers of America with a presence in most of the Balance of State region, as well as non-traditional outreach by hospitals, law enforcement and faith communities. One of the guiding principles of our Coordinated Entry system is low barriers to entry – as stated in the Coordinated Entry P&P document, "no client will be turned away from services based on income, employment, disability status, substance use or mental health history."

(3) Our assessment process does prioritize people most in need of assistance and ensures that they received assistance in a timely manner. This is documented in the assessment and prioritization sections of our Coordinated Entry P&P.

(4) Our coordinated entry system uses the VI-SPDAT as the standard assessment tool – a copy is attached to this application.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

In previous years, we used a scoring criterion based on severity of needs and vulnerabilities, but we decided to drop that criterion this year. The reason is that we now have a coordinated entry system in place which uses various vulnerability criteria to assess and prioritize households, and all service providers are required to comply with the coordinated entry policies and procedures and are required to take their next household from the coordinated entry waiting list. Adding such a criterion to our scoring tool no longer makes sense, because all applicants must comply with the same requirements – therefore, all applicants would score exactly the same on this criterion, which doesn't help the scoring and ranking process.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects

(new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

Every year, our CoC reviews our housing projects to assess the feasibility of reallocating funds to create new permanent housing projects. In 2015, we identified several lower-performing renewal projects that were good candidates for reallocation in the 2016 grant competition. However, when HUD announced the 2015 grant awards, HUD had cut funding to all 6 of our Tier 2 projects. Therefore, we no longer had and still do not have any lower-performing projects to reallocate – all 17 of our renewal projects are relatively high-performing projects.

This year, our continuum's most urgent need is additional HMIS capacity. Therefore, as part of this application, we have decided to reallocate 3% of each renewal project in order to create a new HMIS project. An application for the new HMIS project is attached to this application.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required.

Yes

2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

(1) See attachment pages 1 through 3. (2) The attachment is a Memorandum of Understanding (MOU) between the CoC Lead Agency and the HMIS Lead Agency.

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.

Yes

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

Adsystec

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

Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,020	355	435	65.41%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	723	32	248	35.89%
Rapid Re-Housing (RRH) beds	206	38	166	98.81%
Permanent Supportive Housing (PSH) beds	919	0	697	75.84%
Other Permanent Housing (OPH) beds	27	0	27	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 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. We are also in the process of switching to a new HMIS vendor and HMIS product which is much more user-friendly, which should help us "market" HMIS to non HUD-funded providers.

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 does not use HMIS. We have convinced some but not all of our regional CoC planning groups to enter their local VASH vouchers into HMIS. Not counting VASH vouchers, our bed coverage rate for permanent supportive housing programs is 100%.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/25/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/25/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

(1) Methodology: No changes, our 2018 sheltered count used the same methodology as our 2017 sheltered count. Data quality: During the planning for the 2018 sheltered count, the Collaborative Applicant provided additional training to our regional PIT Coordinators.

(2) We think the additional training resulted in more accurate data collection and therefore better data quality.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	44
Beds Removed:	0
Total:	44

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Not Applicable

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

(1) The planning for the youth PIT count was coordinated through the CoC and the Office of Homeless Youth Services (OHYS) within the state Division of Housing. The OHYS facilitated a stakeholder group called the Advisory Council for Homeless Youth. This stakeholder group met several times to develop additional questions, identify methods to get youth to provide feedback, and develop a plan to distribute the youth-specific survey forms to new partner organizations. The Colorado Rural Collaborative on Homeless Youth also worked with their stakeholders to expand the reach of the youth survey.

(2) The PIT workgroup worked with the Colorado Office of Homeless Youth Services and the Colorado Rural Collaborative on Homeless Youth to identify homeless youth programs around the state and their contact information, including the RHY-funded programs in Larimer, Weld, Morgan, Garfield and Huerfano Counties.

(3) The CoC and the Office of Homeless Youth Services engaged homeless youth to participate in the development and review of the questions on the youth-specific survey form. The PIT workgroup and associated service providers worked with homeless youth to recruit volunteers and identify areas where homeless youth congregate. In 2018, the Colorado Rural Collaborative on Homeless Youth established a Youth Action Board to help identify ways to better engage homeless youth in the PIT counts.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

During the planning for the PIT count (in the Fall/Winter of 2017), our regional PIT coordinators and their regional CoC planning groups solicited input from their local members about better ways to locate and contact chronically homeless individuals, chronically homeless families, non-chronically homeless families with children, and veterans. This information was discussed with the Balance of State PIT workgroup and the Collaborative Applicant. Our regional PIT coordinators then incorporated this information into their local training events for PIT staff and volunteers. Regional PIT staff and volunteers included representatives of each of the homeless subpopulations mentioned above.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	3,468

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

(1) Risk factors: Our CoC identified risk factors for first-time homelessness by discussing this issue at regional CoC planning meetings and meetings of the Governing Board, reviewing and discussing the prioritization criteria contained in our Coordinated Entry documents and the VI-SPDAT assessment tool, and discussing it with members of our Coordinated Entry and Data and Performance Committees. We currently consider a combination of risk factors that depend on household type including but not limited to: loss of jobs/income, mental illness, substance abuse, physical illness, unpaid medical bills, family/household trauma and domestic violence.

(2) Strategies to prevent first-time homelessness: We operate a number of homeless prevention programs which are funded through HUD, State of Colorado programs, and private funding. Colorado Coalition for the Homeless also publicizes the availability of its homeless prevention programs to our regional CoC planning groups, 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. We provide various types of homeless prevention assistance, including working with landlords and property managers on forbearance, assistance with arrears, and rental assistance and utility assistance.

(3) At the Balance of State CoC level, the responsible entity is our Data and Performance Committee. At the regional level, the responsible entity is our 11 regional CoC planning groups.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1) As shown in Measure 1(a) 1.2, the average length of time homeless was 159 bed nights.

(2) Our strategy to reduce the length of time homeless includes: (a) shifting to a housing-first model (100% of our HUD-funded housing programs now follow a housing-first model); (b) working to resolve families' immediate barriers to getting quickly rehoused, such as loss of jobs/income, mental illness, substance abuse, physical illness, unpaid medical bills, family trauma and domestic violence; (c) shifting our emphasis from transitional housing to rapid rehousing (all but one of our HUD-funded transitional housing programs have been converted to rapid rehousing; (d) working with our rapid rehousing providers and landlords and property managers on strategies for identifying appropriate housing units more quickly; and (e) developing additional units of permanent supportive housing (e.g., a new state-sponsored permanent supportive housing project just opened this Summer in Canon City, and we have several more under development in Montrose and Durango).

(3) Our coordinated entry system prioritizes households with the highest VI-SPDAT scores and the longest length of time homeless. Therefore, we use our coordinated entry system to identify families and individuals with the longest duration of homelessness and connect them with appropriate housing as quickly as possible. We also track the duration of homelessness using data from coordinated entry waiting lists, APRs and other reports generated by our HMIS system.

(4) At the Balance of State CoC level, the responsible entity is our Data and Performance Committee. At the regional level, the responsible entity is our 11 regional CoC planning groups.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	61%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

(1) Our strategy to increase the rate at which persons in emergency shelter, transitional housing and rapid rehousing exit to permanent housing destinations includes: (a) working to resolve families' immediate barriers to housing stability, such as loss of jobs/income, mental illness, substance abuse, physical illness, unpaid medical bills, family/household trauma, and domestic violence; (b) shifting our emphasis from transitional housing to rapid rehousing (all but one of our HUD-funded transitional housing programs have been converted to rapid rehousing); (c) retooling our rapid rehousing programs to shift from long-term rental assistance to short and medium-term rental assistance; (d) creating more units of permanent supportive housing as described in 3A-2 above; and (e) providing training to help service providers identify other permanent housing destinations (i.e., HUD-funded permanent supportive housing is just one of many available permanent housing destinations).

(2) Strategy to increase the rate at which persons in permanent supportive housing (other than rapid rehousing) retain their permanent housing or exit to another permanent housing destination: Households in permanent supportive housing become unstable due to a number of factors, including missing appointments and losing their benefits (and income), physical illness, mental illness, household trauma, domestic violence, and lack of independent living skills. Our strategy is to train our case managers to closely monitor households in permanent supportive housing, to recognize and address these factors with an appropriate mix of supportive services, and to reassess each household's mix of supportive services on a regular basis.

(3) and (4): At the Balance of State CoC level, the responsible entity is our Data and Performance Committee. At the regional level, the responsible entity is our 11 regional CoC planning groups.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:
 (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

(1) Risk factors: Our CoC identifies risk factors for returns to homelessness by discussing this issue at local CoC planning meetings and meetings of the Governing Board and the Data and Performance Committee. Formerly homeless families and individuals become homeless again for a number of reasons, including loss of jobs/income, physical illness, unpaid medical bills, mental illness, substance abuse, family trauma, domestic violence, giving up their rental assistance too soon, and rapidly increasing rents. Once our new HMIS database is up and running in the Winter of 2019, we will also be using HMIS data to identify risk factors, and to assess whether certain programs and program types have higher than average rates of return to homelessness.

(2) Our CoC uses the following strategies to minimize returns to homelessness: (a) We train and will continue to train our case managers to monitor formerly homeless households in order to recognize and address these risk factors with an appropriate mix of follow-up services, and to help these households identify and take advantage of other sources of support in the local community, such as life skills classes, budgeting classes, parenting classes, and free or inexpensive sources of continuing education; (b) households that are at high risk of returning to homelessness are also assisted with local and CoC-wide homeless prevention resources. as described above.

(3) At the Balance of State CoC level, the responsible entity is our Data and Performance Committee. At the regional level, the responsible entity is our 11 regional CoC planning groups.

3A-5. Job and Income Growth. Applicants must:
 (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

(1) Our strategies for increasing employment cash 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. Our strategies for non-employment cash 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 also regularly evaluates APR and CAPER 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.

(2) Each of our regional CoC planning groups work with their local service providers 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. Most of our regional CoC planning groups also have "one-stop" shops that help connect their local homeless households with mainstream employment organizations, and also help connect them with major regional employers.

(3) At the Balance of State CoC level, the responsible entity is our Data and Performance Committee. At the regional level, the responsible entity is our 11 regional CoC planning groups.

**3A-6. System Performance Measures Data   05/30/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)**

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	201
Total number of beds dedicated to individuals and families experiencing chronic homelessness	52
Total	253

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of 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	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

(1) Our strategy for rapidly rehousing families within 30 days has three major elements:
(a) working with our outreach programs and local CoC partner agencies to increase outreach to families who are unsheltered or living in emergency shelters or transitional housing programs; (b) working with our local coordinated entry access points to get these families assessed, prioritized and referred as soon as possible; (c) working with our rapid rehousing providers and local landlords and property managers to quickly identify suitable housing units and get these families housed as soon as possible; and (d) working to resolve families' immediate barriers to getting quickly rehoused, such as assistance with rental and utility arrears, and assistance with first month's rent and security deposits.

(2) Our strategy for ensuring that families remain stably housed has three major elements:
(a) Monthly case management meetings with clients to monitor their stability and progress toward returning to self-sufficiency, and to reassess their mix of supportive services and make the necessary adjustments; (b) We train and will continue to train our case managers to monitor clients in order to recognize and address the risk factors for returning to homelessness, and to help these households identify and take advantage of other sources of support in the local community, such as life skills classes, budgeting classes, and parenting classes; and (c) We follow up with landlords to offer whatever assurances are needed to help these families remain in compliance with their leases and apartment community rules.

(3) At the Balance of State CoC level, the responsible entities are our Data and Performance and Coordinated Entry Committees. At the regional level, the responsible entities are our 11 regional CoC planning groups.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐

CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

(1) Our CoC Funding Strategies Committee is currently working to identify additional funding for supportive services for all homeless youth. The Colorado Rural Collaborative on Homeless Youth is helping us (a) to identify additional sources of funding for homeless youth programs; (b) to ensure better collaboration among youth service providers to avoid duplication of services; and (c) to work more effectively with landlords to identify appropriate housing units for homeless youth ages 18-24. Our CoC will continue to engage the Youth Action Board to help identify the types of housing that will be most effective in serving homeless youth in rural areas. We will also continue to apply for funding through HUD's Youth Homelessness Demonstration Program.

(2) Our strategy for increasing funding and making better use of existing funding for unsheltered youth is the same as described in (1) above, except that unsheltered youth are a higher priority. We are also working with the Colorado Office of Homeless Youth Services to (a) improve our 2019 count of unsheltered youth in the hopes that better PIT data will improve our grant writing and fundraising efforts; and (b) improve recruitment and retention of landlords to more effectively use housing vouchers in rural areas. In addition, our Coordinated Entry Committee conducts periodic training events which include information on engaging youth service providers in the coordinated entry process.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

(1) Evidence that the CoC uses/measures the strategies in 3B-2.6: Evidence of this is contained in meeting minutes and other documents produced by the Governing Board, the Funding Strategies Committee, the Coordinated Entry Committee, the Rural Collaborative on Homeless Youth, and the state Office of Homeless Youth Services. The CoC Governing Board also voted to select a representative from the Youth Action Board to serve on the Governing Board (this is documented in Governing Board minutes).

(2) We use housing inventory data and sheltered and unsheltered PIT data to measure the effectiveness of our strategies for ending youth homelessness. We also measure our effectiveness using regular feedback from youth service providers and advocates for homeless youth.

(3) Housing inventory data provide the most direct measure of our progress in creating new housing programs to serve homeless youth. Sheltered and unsheltered PIT data provide the most direct measure of getting homeless youth off the streets and into safe and stable housing, both temporary housing such as transitional housing and rapid rehousing, and subsidized and unsubsidized permanent housing. And feedback from youth service providers and advocates helps us connect our data back to actual progress in the field.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

Our CoC collaborates with the State Education Agency (SEA), Local Education Agencies (LEAs) and local school districts to ensure that homeless youth receive education and related supportive services. Representative from these organizations attend many of our regional CoC planning meetings and provide valuable input into the development of local and CoC-wide policies regarding education services. 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 regional CoC planning groups, some of whom have formal written policies, and some of whom have informal verbal policies.

One example of a formal written policy: the Grand Valley CoC planning group has a written agreement (MOU) with the local school district's REACH program.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 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-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	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 years	No	No
Tribal Home Visting Program	No	No

Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

(1) Homeless veterans in each region of the CoC are identified using the coordinated entry waiting lists, with the assistance of county veterans' service offices and local service providers, some of whom serve exclusively veterans (e.g., Volunteers of America, which has a presence in most regions of the Balance of State).

(2) Our coordinated entry access points assess and prioritize homeless veterans and place them on the coordinated entry waiting list. Veterans' eligibility for VA services is determined by the local coordinated entry staff with the assistance of county veterans' service offices and local service providers, some of whom serve exclusively veterans (e.g., Volunteers of America, which has a presence in most regions of the Balance of State).

(3) Our coordinated entry access points then refer vets to veterans-specific services and housing in the local community and around the CoC region, 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? Yes

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 experiencing homelessness is assisted to No

**quickly move into permanent housing using a
Housing First approach?**

3B-5. Racial Disparity. Applicants must: No
**(1) indicate whether the CoC assessed
whether there are racial disparities in the
provision or outcome of homeless
assistance;
(2) if the CoC conducted an assessment,
attach a copy of the summary.**

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

(1) Our regional CoC planning groups and most of their local service providers now take advantage of SOAR training through Easter Seals of Colorado (the SOAR state team lead for Colorado). Our regional strategy to connect our homeless and at-risk clients with mainstream benefits also includes the following: (a) helping clients fill out benefits applications, helping clients make appointments at county benefits offices, and providing transportation assistance to clients when possible; (b) supporting and utilizing local dedicated navigator programs to connect clients to benefits and insurance and by assisting with the necessary paperwork (these programs submit several hundred applications for benefits or insurance per quarter); and (c) Holding 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.

(2) Our regional CoC planning meetings regularly feature training and updates on the details of mainstream benefit programs for our homeless clients, such as SSI/SSDI, TANF, Food Stamps, Medicaid, etc. Also, our regional CoC planning groups and most of their local service providers now take advantage of SOAR training through Easter Seals of Colorado (the SOAR state team lead for Colorado).

(3) The responsibility for our CoC strategy regarding mainstream benefits rests with our regional CoC planning groups and their local service providers.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	19
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	17
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	89%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

(1) Our CoC has a number of traditional outreach programs, such as La Gente and La Puente in the San Luis Valley, Axis Mental Health in La Plata County, Outreach Ft. Collins in Larimer County, and Volunteers of America, which has a presence in most counties in the Balance of State. We have a number of SSVF programs that conduct outreach specifically to homeless veterans. We also have a number of nontraditional outreach programs conducted by numerous churches and other faith-based organizations, law enforcement agencies, and hospitals. Outreach is conducted on the streets, on public lands, at service-based locations such as soup kitchens, and at other locations known to be

frequented by homeless persons. Some counties in our CoC also have a website that lists outreach events and other resources for homeless persons. Some of our 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.

(2) The outreach covers 100% of the CoC's geographic area.

(3) The outreach programs described in (1) above are conducted almost continuously year-round, weather permitting.

(4) In our experience, the persons least likely to request assistance are those that camp on public lands, such as National Forests and BLM lands, and along rivers and streams. Our regional outreach strategy is informed by local knowledge of where to find those camps and how to conduct outreach in those areas safely and effectively. All of the programs described in (1) above conduct outreach to this population. Our coordinated entry system defines street outreach as an "access point" to help us reach people who are least likely to apply for homeless assistance programs.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC 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; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

 (1) Our regional CoC planning groups and regional coordinated entry staff market, promote and enforce the fair housing regulations with regard to making housing and supportive services available to all households regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. Our coordinated entry P&P document also requires affirmative marketing.   We are working on incorporating these requuirements into our CoC Governance Charter.

(2) All of our regional CoC planning groups include disability advocates and bilingual staff to ensure that the fair housing regulations are communicated effectively to persons with disabilities and persons with limited English communication skills.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	284	206	-78

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?   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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administrativ...	08/22/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tool	08/22/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and Ra...	08/22/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes		
1E-4. CoC's Reallocation Process	Yes	CoC Process for R...	08/22/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	08/30/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project Rejection...	08/30/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	08/22/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	08/22/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	08/22/2018
3A-6. HDX–2018 Competition Report	Yes	CoC Competition R...	08/22/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority	08/22/2018

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administrative Plans

Attachment Details

Document Description:

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: CoC Competition Report

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/11/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/11/2018
3B. Performance and Strategic Planning	09/11/2018
4A. Mainstream Benefits and Additional Policies	09/11/2018
4B. Attachments	Please Complete

Submission Summary   No Input Required

HOUSING CHOICE VOUCHER PROGRAM
ADMINISTRATIVE PLAN
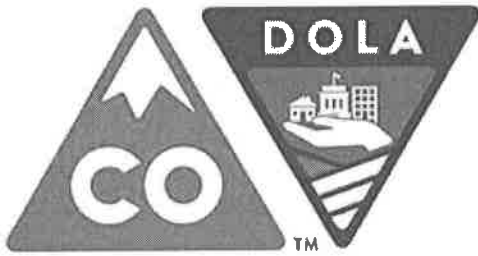
COLORADO DEPARTMENT OF LOCAL AFFAIRS
DIVISION OF HOUSING
DIRECTOR – ALISON GEORGE
EFFECTIVE - MAY 1, 2018

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that DOH will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits DOH to establish other local preferences, at its discretion. Any local preferences established must be consistent with DOH plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

Waiting List - Order of Selection

DOH has established 4 local preferences, and gives priority to serving families that meet these criteria. Families will be given one preference point for each of the categories below for which they qualify and can verify.

> 1st Preference:
>   o **Households that include someone experiencing homelessness-**
>   DOH will use the definition for literally homeless.
>   - Sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping ground, etc.
>   - Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)
>   - Exiting an institution where they:
>   - resided for ≤ 90 days AND
>   - were residing in an emergency shelter or place not meant for human habitation immediately prior to entering the institution
>
>   o **Households that include a person who is a person with a disability**
>   - "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

HOUSING CATALYST

Building Community. Inspiring Change.

Fort Collins Housing Authority

d.b.a Housing Catalyst

Administrative Plan

disability. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

If an applicant's failure to respond to a request for information or updates was caused by an error on the part of Housing Authority personnel, the Post Office, the Murphy Center, or the Mission, then they will be reinstated on the waiting list with their original date and time of application.

4.11   INFORMAL REVIEW

If Housing Catalyst determines that an applicant does not meet the criteria for receiving Housing Choice Voucher assistance, Housing Catalyst will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision, and state that the applicant may request an informal review of the decision within 10 business days of the denial. Housing Catalyst will describe how to obtain the informal review. The informal review process is described in Section 16.2 of this Plan.

5.0   SELECTING FAMILIES FROM THE WAITING LIST

5.1   WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards' funding that is targeted for families with specific characteristics or families living in specific units, Housing Catalyst will use the assistance for those families.

5.2   PREFERENCES

For the Project-Based Voucher program Housing Catalyst will select families based on date and time of application with the following preferences:

A. Families involved in self-sufficiency activities through Project Self-Sufficiency. This preference applies only to the Villages project-based waiting list and is limited to 5 vouchers.

B. Families who are working with One Village/One Family on securing adequate housing. This preference applies only to the Villages project-based waiting list and is limited to 5 vouchers.

C. Homeless families referred by the Balance of State Coordinated Entry System/Northern Colorado region. This preference applies only to the Redtail Ponds project-based waiting list.

D. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.

E. Applicants who are currently participating in the Family Unification Program as youth.

F. Applicants who are homeless and referred by Catholic Charities of Larimer County or Criminal Justice Services Division of Larimer County. These preferences only apply to the Myrtle and First Street project-based voucher waiting list.

G. All other applicants.

For the Housing Choice Voucher program Housing Catalyst will select families based on a randomized lottery system. All families not selected by the randomized lottery will not be added to the waiting list and will need to reapply when the list is reopened. This method of selection does not apply to the Veterans Affairs Supportive Housing program (VASH) or the Family Unification Program (FUP) since the requirements for these programs depend on direct referrals from an outside agency.

5.3 SELECTION FROM THE WAITING LIST

Each preference is assigned a point value and preference points are cumulative. Applicants with the highest number of preference points will be at the top of the waiting list.

The date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Special purpose vouchers can only be issued to applicants who qualify under each special purpose program.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income, Housing Catalyst retains the right to skip higher income families on the waiting to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor incomes of newly admitted families and the income of the families on the waiting list.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

24

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01
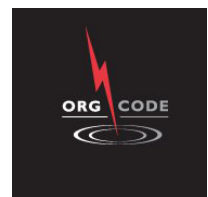
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

• VI-SPDAT V 2.0 for Individuals

• VI-SPDAT V 2.0 for Families

• VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

• SPDAT V 4.0 for Individuals

• SPDAT V 2.0 for Families

• SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. *Mental Health & Wellness & Cognitive Functioning*

PROMPTS	CLIENT SCORE:

PROMPTS

- *Has anyone in your family ever received any help with their mental wellness?*
- *Do you feel that every member in your family is getting all the help they need for their mental health or stress?*
- *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?*
- *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?*
- *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?*
- *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?*
- *Has anyone in your family ever hurt their brain or head?*
- *Do you have any documents or papers about your family's mental health or brain functioning?*
- *Are there other professionals we could speak with that have knowledge of your family's mental health?*

NOTES

SCORING

4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

B. *Physical Health & Wellness*

PROMPTS	CLIENT SCORE:

PROMPTS

- *How is your family's health?*
- *Are you getting any help with your health? How often?*
- *Do you feel you are getting all the care you need for your family's health?*
- *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?*
- *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?*
- *When was the last time anyone in your family saw a doctor? What was that for?*
- *Do you have a clinic or doctor that you usually go to?*
- *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?*
- *Are there other professionals we could speak with that have knowledge of your family's health?*
- *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*

CLIENT SCORE:

NOTES

SCORING

4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:

PROMPTS

- *Has anyone in your family recently been prescribed any medications by a health care professional?*
- *Does anyone in your family take any medication, prescribed to them by a doctor?*
- *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?*
- *Were any of your family's medications changed in the last month? Whose? How did that make them feel?*
- *Do other people ever steal your family's medications?*
- *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?*
- *How does your family store their medication and make sure they take the right medication at the right time each day?*
- *What do you do if you realize someone has forgotten to take their medications?*
- *Do you have any papers or documents about the medications your family takes?*

NOTES

SCORING

4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:

- *When was the last time you had a drink or used drugs? What about the other members of your family?*
- *Anything we should keep in mind related to drugs/alcohol?*
- *How often would you say you use [substance] in a week?*
- *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?*
- *Have you engaged with anyone professionally related to your substance use that we could speak with?*
- *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?*
- *Have you ever used alcohol or other drugs in a way that may be considered less than safe?*
- *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*

NOTES

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING

4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**,
	 ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**,
	 ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times
	   ☐ Substance use resulting in passing out 2+ times

3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**,
	 ☐ Any family member is under the legal age but over 15 and would score a 2, **or**,
	 ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Drug use reached the point of complete inebriation 12+ times
	   ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times

2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Drug use reached the point of complete inebriation fewer than 12 times
	   ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times

1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:

To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.

Because this section is self-reported, if there are more than one parent present, they should each be asked individually.

- *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"*
- *"Are you currently or have you ever received professional assistance to address that abuse?"*
- *"Does the experience of abuse or trauma impact your day to day living in any way?"*
- *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"*
- *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"*
- *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*

NOTES

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: 　☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness 　☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS
• Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?   • Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?   • Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?   • Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?

CLIENT SCORE:	

NOTES

SCORING	
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:

- *[Observe, don't ask] Any abcesses or track marks from injection substance use?*
- *Does anybody force or trick people in your family to do things that they don't want to do?*
- *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?*
- *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?*
- *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*

NOTES

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*

CLIENT SCORE: _____

NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

	SCORING
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:

- *Does your family have any "legal stuff" going on?*
- *Has anyone in your family had a lawyer assigned to them by a court?*
- *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?*
- *Any outstanding fines?*
- *Has anyone in your family paid any fines in the last 12 months for anything?*
- *Has anyone in your family done any community service in the last 12 months?*
- *Is anybody expecting someone in your family to do community service for anything right now?*
- *Did your family have any legal stuff in the last year that got dismissed?*
- *Is your family's housing at risk in any way right now because of legal issues?*

NOTES

SCORING	
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Is your family currently homeless?* • *[If the family is housed] Does your family have an eviction notice?* • *[If the family is housed] Do you think that your family's housing is at risk?* • *How is your family's relationship with your neighbors?* • *How does your family normally get along with landlords?* • *How has your family been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

	SCORING
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

<table>
<tr><td colspan="2">PROMPTS</td><td>CLIENT SCORE:</td></tr>
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- *How are you and your family with taking care of money?*
- *How are you and your family with paying bills on time and taking care of other financial stuff?*
- *Does anyone in your family have any street debts or drug or gambling debts?*
- *Is there anybody that thinks anyone in your family owes them money?*
- *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?*
- *Does your family try to pay your rent before paying for anything else?*
- *Is anyone in your family behind in any payments like child support or student loans or anything like that?*

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<td>NOTES</td>
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	SCORING
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:

PROMPTS

- *Tell me about your family's friends, extended family or other people in your life.*
- *How often do you get together or chat with family friends?*
- *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?*
- *Are there any people in your life that you feel are just using you, or someone else in your family?*
- *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?*
- *Have you ever had people crash at your place that you did not want staying there?*
- *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?*
- *Have you ever been concerned about not following your lease agreement because of friends or extended family?*

NOTES

SCORING

4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:
• Do you have any worries about taking care of yourself or your family? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Does anyone in your family ever need reminders to do things like shower or clean up? • Describe your family's last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your family's clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?	**NOTES**

	SCORING
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:

PROMPTS

- *How does your family spend their days?*
- *How does your family spend their free time?*
- *Do these things make your family feel happy/fulfilled?*
- *How many days a week would you say members of your family have things to do that make them feel happy/fulfilled?*
- *How much time in a week would you or members of your family say they are totally bored?*
- *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?*
- *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?*
- *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*

NOTES

	SCORING
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS
• *How long has your family been homeless?*
• *How many times has your family experienced homelessness other than this most recent time?*
• *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?*
• *Has your family ever spent time sleeping in a car, alleyway , garage, barn, bus shelter, or anything like that?*
• *Has your family ever spent time sleeping in an abandoned building?*
• *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*

CLIENT SCORE: _____

NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE:
• *Walk me through a typical evening after school in your family.* • *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?* • *Does your family have play time together? What kinds of things do you do and how often do you do it?* • *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*	**NOTES**

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS
• *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* • *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*

CLIENT SCORE: _____

NOTES

SCORING	
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE:
• *Please tell me about the attendance at school of your school-aged children.* • *Any health issues with your children?* • *Any times of separation between your children and parents?* • *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* • *Have your children ever accessed professional assistance to address that abuse?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

S. Size of Family Unit

PROMPTS
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*

CLIENT SCORE:	

NOTES

	SCORING	
	FOR ONE-PARENT FAMILIES:	**FOR TWO-PARENT FAMILIES:**
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:
• *Any matters being considered by a judge right now as it pertains to any member of your family?* • *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?* • *Has there ever been an investigation by someone in child welfare into the matters of your family?*	**NOTES**

SCORING

4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT		
TOTAL		

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

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Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America

Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri
- Joplin/Jasper, Newton Counties CoC

North Carolina
- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

New York
- Yonkers/Mount Vernon/New Rochelle/ Westchester County CoC

Ohio
- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/ Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/ Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon
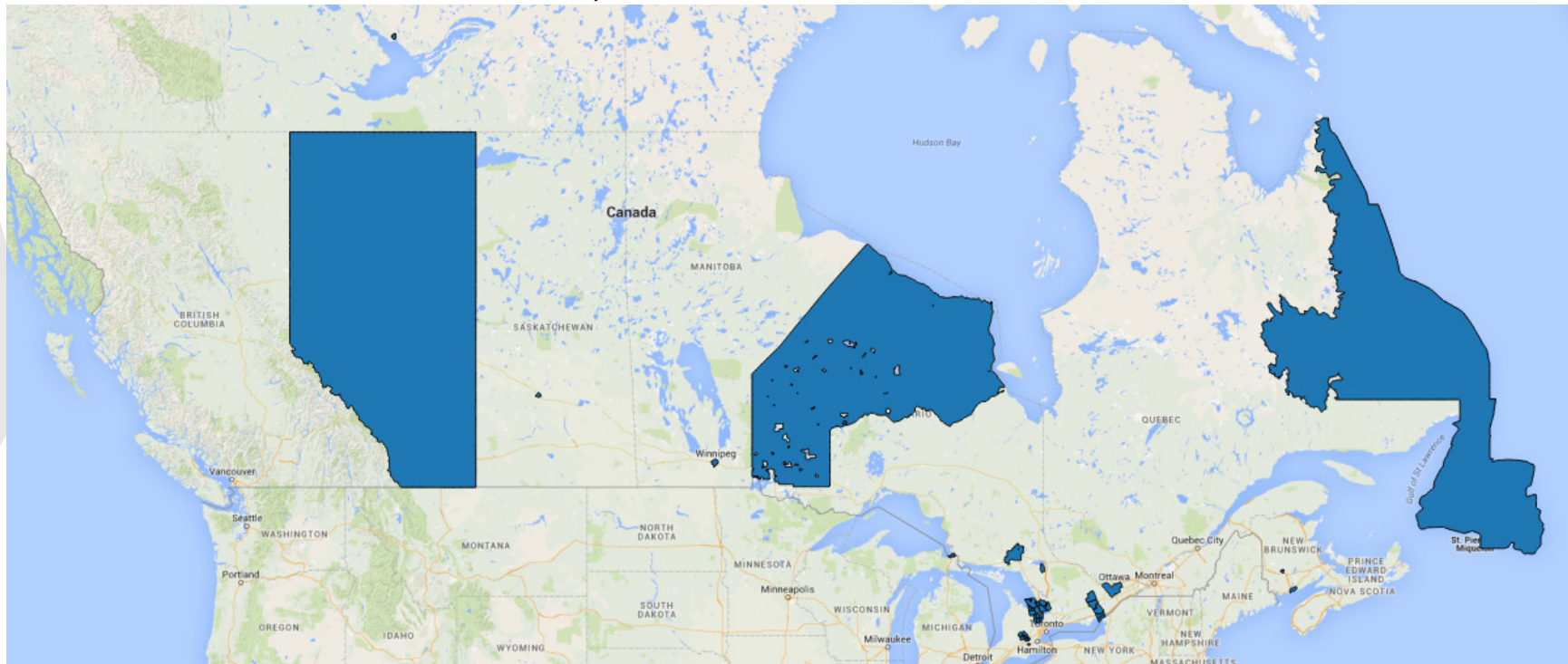
Australia

Queensland
• Brisbane

COLORADO BALANCE OF STATE CONTINUUM OF CARE
2018 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 2018 NOFA and 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. The Governing Board reviewed the draft scoring tools and then voted to approve them. 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: All applicants were given an opportunity to review the scoring results and send comments/questions to the Project Ranking Committee. The Project Ranking Committee addressed all comments/questions, and then sent the final scoring results to the Collaborative Applicants.

Step 5: 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 6: 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 2018.

Permanent Supportive Housing (PSH)

Project Name:		

Measure: **A. Percentage of Participants Who Either Stayed in the Program or Exited to Other Permanent Housing.**

Directions: To calculate the percentage, see Appendix to this scoring tool and reference APR Measures "Q05a", "Q23a" and "Q23b".

Scoring System:

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

Total Points Assigned for Project (Click on the cell for a drop-down option): [ ]

Measure: **B. Percentage of Adults who Increased or Maintained Income While in the Program.**

Directions: To calculate the percentage, see Appendix to this scoring tool and reference table "Q19a3" of your APR.

Scoring System:

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

Total Points Assigned for Project (Click on the cell for a drop-down option): [ ]

Measure: **C. Unit Utilization Rate**

Directions: Reference APR Q02, "Utilization Rate - Unit". **Note:** Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

Scoring System:

% Who met the criteria	Points to Assign
Less than 65% unit utilization rate	5
65.1% to 75.0% unit utilization rate	10
75.1% to 85.0% unit utilization rate	15
85.1% to 95.0% unit utilization rate	20
95.1% to 100% unit utilization rate	25

Total Points Assigned for Project (Click on the cell for a drop-down option): [ ]

Measure: **D. Percentage of Adults Exiting with Non-Cash Benefit Sources.**

Directions: Items to review: APR Measure 20(b). See Appendix for Information on Percentage Calculation.

Scoring System:

% Who met the criteria	Points to Assign
Less then 60% with Non-Cash Benefit Sources	5
60.1% to 70.0% with Non-Cash Benefit Sources	10
70.1% to 80.0% with Non-Cash Benefit Sources	15
80.1% to 90.0% with Non-Cash Benefit Sources	20
90.1% to 100% with Non-Cash Benefit Sources	25

Total Points Assigned for Project (Click on the cell for a drop-down option): [ ]

Total: 0

Tie Breakers

The below two Measures will ONLY be used as a tie breaker for 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. Measure E will be used to break ties first and if any ties remain after comparing the tied projects with Measure E, those ties will be broken with Measure F.

For example: Program A, B and C all receive the same score on the original screening tool. They are then compared using Measure E, in which Program A has 75% of adults who had cash income at program exit, and programs B and C have 60% each. Then, programs B and C are ranked using the Measure F. If project B has 95% of funds expended and program C has 70%, then Project B would rank higher than Project C. Therefore, even though they all originally tied, they will be ranked Program A, then Program B, then Program C.

E.	Percentage of Adults Who Had Cash Income at Program Exit (Including Employment, Disability, etc.);	
	Items to review: APR Q18, "Total Adults" and "Adults with No Income".	
	A. From Q18, record the number in "Total Adults" adjacent to "Number of Adults at Exit (Leavers)":	
	B. From Q18, record the number in "Adults with No Income" adjacent to "Number of Adults at Exit (Leavers)":	
	C. Total Adults Who Had Cash Income at Program Exit (=A-B):	0
	Percentage (=A-B/A):	0.00%

F.	Expenditure of Grant Funds	
	Utilizing the HUD report documenting expended funds up to the end of 2017, enter the percentage of funds expended for this project. (The percentage can be found adjacent to the project name under Column T, "Percentage of Funds Disbursed")	
	Percentage:	

Rapid Re-Housing (RRH)		
Project Name:		
Measure:	**A.**	**Percentage of Participants Who Either Stayed in the Program or Exited to Other Permanent Housing.**
Directions:		To calculate the percentage, see Appendix to this scoring tool and reference APR Measures "Q05a", "Q23a" and "Q23b".

% Who met the criteria	Points to Assign	
Less than 80% met the criteria	10	
80.1% to 85.0% met the criteria	20	
85.1% to 90.0% met the criteria	30	
90.1% to 93.0% met the criteria	40	
93.1% to 100% met the criteria	50	
	Total Points Assigned for Project (Click on the cell for a drop-down option):	

Measure:	**B.**	**Percentage of Adults who Increased or Maintained Income While in the Program.**
Directions:		To calculate the percentage, see Appendix to this scoring tool and reference table "Q19a3" of your APR.

% Who met the criteria	Points to Assign	
Less than 20% met criteria	5	
20.1% to 40.0% met criteria	10	
40.1% to 60.0% met criteria	15	
60.1% to 80.0% met criteria	20	
80.1% to 100% met criteria	25	
	Total Points Assigned for Project (Click on the cell for a drop-down option):	

Measure:	**C.**	**Unit Utilization Rate**
Directions:		Reference APR Q02, "Utilization Rate - Unit". **Note:** Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

% Who met the criteria	Points to Assign	
Less than 65% unit utilization rate	5	
65.1% to 75.0% unit utilization rate	10	
75.1% to 85.0% unit utilization rate	15	
85.1% to 93.0% unit utilization rate	20	
93.1% to 100% unit utilization rate	25	
	Total Points Assigned for Project (Click on the cell for a drop-down option):	

Measure:	**D.**	**Percentage of Adults Exiting with Non-Cash Benefit Sources.**
Directions:		Items to review: APR Measure 20(b). See Appendix for Information on Percentage Calculation.

% Who met the criteria	Points to Assign	
Less then 60% with Non-Cash Benefit Sources	5	
60.1% to 70.0% with Non-Cash Benefit Sources	10	
70.1% to 80.0% with Non-Cash Benefit Sources	15	
80.1% to 90.0% with Non-Cash Benefit Sources	20	
90.1% to 100% with Non-Cash Benefit Sources	25	
	Total Points Assigned for Project (Click on the cell for a drop-down option):	
	Total:	0

Tie Breakers

The below two Measures will ONLY be used as a tie breaker for 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. Measure E will be used to break ties first and if any ties remain after comparing the tied projects with Measure E, those ties will be broken with Measure F.

For example: Program A, B and C all receive the same score on the original screening tool. They are then compared using Measure E, in which Program A has 75% of adults who had cash income at program exit, and programs B and C have 60% each. Then, programs B and C are ranked using the Measure F. If project B has 95% of funds expended and program C has 70%, then Project B would rank higher than Project C. Therefore, even though they all originally tied, they will be ranked Program A, then Program B, then Program C.

	E.	Percentage of Adults Who Had Cash Income at Program Exit (Including Employment, Disability, etc.);	
		Items to review: APR Q18, "Total Adults" and "Adults with No Income".	
		From Q18, record the number in "Total Adults" adjacent to "Number of Adults at Exit (Leavers)":	
		From Q18, record the number in "Adults with No Income" adjacent to "Number of Adults at Exit (Leavers)":	
		Total Adults Who Had Cash Income at Program Exit:	0
		Percentage:	0.00%

	F.	Expenditure of Grant Funds	
		Utilizing the HUD report documenting expended funds up to the end of 2017, enter the percentage of funds expended for this project. (The percentage can be found adjacent to the project name under Column T, "Percentage of Funds Disbursed")	
		Percentage:	

Transitional Housing (TH)

Project Name:		

Measure:	A.	**Percentage of Participants Who Either Stayed in the Program or Exited to Other Permanent Housing.**
Directions:		To calculate the percentage, see Appendix to this scoring tool and reference APR Measures "Q05a", "Q23a" and "Q23b".

Scoring System:

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

Total Points Assigned for Project (Click on the cell for a drop-down option):

Measure:	B.	**Percentage of Adults who Increased or Maintained Income While in the Program.**
Directions:		To calculate the percentage, see Appendix to this scoring tool and reference table "Q19a3" of your APR.

Scoring System:

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

Total Points Assigned for Project (Click on the cell for a drop-down option):

Measure:	C.	**Unit Utilization Rate**
Directions:		Reference APR Q02, "Utilization Rate - Unit". **Note:** Utilization rates are calculated by averaging the rates of the four quarters as shown in the Unit Utilization Rate table.

Scoring System:

% Who met the criteria	Points to Assign
Less than 65% unit utilization rate	5
65.1% to 75.0% unit utilization rate	10
75.1% to 85.0% unit utilization rate	15
85.1% to 93.0% unit utilization rate	20
93.1% to 100% unit utilization rate	25

Total Points Assigned for Project (Click on the cell for a drop-down option):

Measure:	D.	**Percentage of Adults Exiting with Non-Cash Benefit Sources.**
Directions:		Items to review: APR Measure 20(b). See Appendix for Information on Percentage Calculation.

Scoring System:

% Who met the criteria	Points to Assign
Less then 60% with Non-Cash Benefit Sources	5
60.1% to 70.0% with Non-Cash Benefit Sources	10
70.1% to 80.0% with Non-Cash Benefit Sources	15
80.1% to 90.0% with Non-Cash Benefit Sources	20
90.1% to 100% with Non-Cash Benefit Sources	25

Total Points Assigned for Project (Click on the cell for a drop-down option):

Total: 0

Tie Breakers

The below two Measures will ONLY be used as a tie breaker for 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. Measure E will be used to break ties first and if any ties remain after comparing the tied projects with Measure E, those ties will be broken with Measure F.

For example: Program A, B and C all receive the same score on the original screening tool. They are then compared using Measure E, in which Program A has 75% of adults who had cash income at program exit, and programs B and C have 60% each. Then, programs B and C are ranked using the Measure F. If project B has 95% of funds expended and program C has 70%, then Project B would rank higher than Project C. Therefore, even though they all originally tied, they will be ranked Program A, then Program B, then Program C.

E.	**Percentage of Adults Who Had Cash Income at Program Exit (Including Employment, Disability, etc.);**
	Items to review: APR Q18, "Total Adults" and "Adults with No Income".

From Q18, record the number in "Total Adults" adjacent to "Number of Adults at Exit (Leavers)":	
From Q18, record the number in "Adults with No Income" adjacent to "Number of Adults at Exit (Leavers)":	
Total Adults Who Had Cash Income at Program Exit:	0
Percentage:	0.00%

F.	**Expenditure of Grant Funds**
	Utilizing the HUD report documenting expended funds up to the end of 2017, enter the percentage of funds expended for this project. (The percentage can be found adjacent to the project name under Column T, "Percentage of Funds Disbursed")
	Percentage:

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name:	
Organization Name:	
Project Type:	*If you would like to change the project type, please do so in the HIC and re-copy the data to the PAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED*
Project Identifier:	

New Projects Threshold Complete

0%

THRESHOLD REQUIREMENTS   **YES/NO**

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

☐ Yes to all

HUD THRESHOLD REQUIREMENT

1. Applicant has active SAM registration with current information.

2. Applicant has valid DUNS number in application.

3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:

   (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or

   (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.

4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.

5. Applicant has Accounting System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received federal financial assistance or where HUD Program officials have reason to question whether a financial management system meets federal standards, or for applicants considered high risk based on past performance or financial management findings.

6. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

7. Demonstrated they are Eligible Project Applicants - Eligible project applicants for the CoC Program Competition are,under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Neither for-profit entities nor Indian tribes are eligible to apply for grants or to be subrecipients of grant funds.

8. Submitted the required certifications as specified in the NOFA.

9. Demonstrated the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

10. Demonstrated they Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.

11. Demonstrated Project Meets Minimum Project Standards - HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. Please note that these are minimum threshold criteria. CoCs and project applicants should carefully review each year's NOFA to ensure they understand and have accounted for all applicable standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:

   (a) Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name:				
Organization Name:			*If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED*	**New Projects Threshold Complete**
Project Type:				
Project Identifier:				0%

THRESHOLD REQUIREMENTS	YES/NO
(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and,	
(c) Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.	
12. Demonstrated Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant Jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.	

CoC THRESHOLD REQUIREMENTS	
For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement or has been given an exception from the CoC or will request a waiver from HUD. Otherwise select "No".)	
Coordinated Entry Participation	
Housing First and/or Low Barrier Implementation	
Documented, secured minimum match	
Project has reasonable costs	
Project is financially feasible	
Applicant is active participant in CoC	
Application is complete and data are consistent	
Bed/unit utilization rate will be at or above 95%	
Acceptable organizational audit/financial review	
Documented financial stability of applicant	

NEW PROJECTS RATING TOOL

Project Name: _____
Organization Name: _____
Project Type: _____
Project Identifier: _____

New Projects
Rating Complete

0%

Instructions on Awarding Points

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		out of	15
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		out of	10
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		out of	5
Experience Subtotal	0	out of	30
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.		out of	15
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		out of	5
Design of Housing & Supportive Services Subtotal	0	out of	25
TIMELINESS			
A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		out of	10
Timeliness Subtotal	0	out of	10
FINANCIAL			
A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.		out of	5
B. Audit			
1. Most recent audit found no exceptions to standard practices		out of	3
2. Most recent audit identified agency as 'low risk'		out of	3

NEW PROJECTS RATING TOOL

Project Name:
Organization Name:
Project Type:
Project Identifier:

New Projects
Rating Complete
0%

Instructions on Awarding Points

RATING FACTOR		POINTS AWARDED		MAX POINT VALUE
3. Most recent audit indicates no findings			out of	4
C. Documented match amount.			out of	5
D. Budgeted costs are reasonable, allocable, and allowable.			out of	20
Financial Subtotal		0	out of	40
PROJECT EFFECTIVENESS				
Coordinated Entry Participation- 95% of entries to project from CE referrals			out of	5
Section V Subtotal		0	out of	5
OTHER AND LOCAL CRITERIA				
Section VI Subtotal		0	out of	0
TOTAL SCORE		0	out of	110
Weighted Rating Score		0	out of	100

PROJECT FINANCIAL INFORMATION

CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$
Amount of other public funding (federal, state, county, city)		$
Amount of private funding		$
TOTAL PROJECT COST		$

Required Notification

Tom Power

Thu 8/30/2018 12:36 PM

To: Stephanie Van Matre <aadatrinidad@gmail.com>; Jodi Hartmann <jodi@greeleytransitionalhouse.org>; Michele Christensen <michristensen@fcgov.com>; Julie Glover <jglover@gciinc.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>; Claudia Hurtado-Myers <claudia@mybrightfuture.org>; Veronica Gold <veronica.gold@posadapueblo.org>; Kim Bowman <kimbowman315@yahoo.com>;

(Note to all 2018 applicants for Colorado Balance of State CoC funds)

Hi Everyone,

This notification is required by the 2018 Continuum of Care program NOFA:

All of your applications have been accepted and ranked for inclusion on the CoC Priority List. This does not guarantee that your application will be funded, just that it will be submitted to HUD as part of our 2018 consolidated grant application. No applications/projects were rejected this year.

Thank you,

tom

Tom Power
Colorado Coalition for the Homeless
CoC Lead Agency/Collaborative Applicant
Colorado Balance of State CoC

Required Notification

Tom Power

Thu 8/30/2018 12:36 PM

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Thank you,

tom

Tom Power
Colorado Coalition for the Homeless
CoC Lead Agency/Collaborative Applicant
Colorado Balance of State CoC

Application Deadline August 17

Tom Power

Fri 7/20/2018 12:44 PM

To:Stephanie Van Matre <aadatrinidad@gmail.com>; Jodi Hartmann <jodi@greeleytransitionalhouse.org>; Michele Christensen <michristensen@fcgov.com>; Julie Glover <jglover@gciinc.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>; Dani Flores <dani.flores@alternativestoviolence.org>; Claudia Hurtado-Myers <claudia@mybrightfuture.org>; Brigid Korce <bkorce@swhousingsolutions.com>; Veronica Gold <veronica.gold@posadapueblo.org>; Sasha Huffman <sasha.huffman@alternativestoviolence.org>; Steve Holloway <grantsmgr@alternativestoviolence.org>; Kim Bowman <kimbowman315@yahoo.com>;

Cc:DeeDee Clement <deidra911@gmail.com>; Charlene Tortorice <advocate@comcast.net>; Melanie Falvo <mfalvo@unitedway-weld.org>; 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>; Elsa Inman <elsainman@centura.org>; autumn.dever@uaacog.com <autumn.dever@uaacog.com>; Shelly Greenwood <rmministry@kci.net>; Ana Cornelius <acornelius@voacolorado.org>; Ben Strand <bstrand@rmhumanservices.org>; Veronica Gold <veronica.gold@posadapueblo.org>; Helen Sedlar <helensedlar@mountainfamilycenter.org>; Zac Schaffner <zac.schaffner@state.co.us>; Brigid Korce <bkorce@swhousingsolutions.com>; gmoore@hbgv.org <gmoore@hbgv.org>;

(Note to all 2018 Applicants for Continuum of Care funding)

(Copy to Balance of State Governing Board)

Hi Everyone,

This notification is required by the 2018 Continuum of Care Notice of Funding Availability:

The deadline for submitting all applications for Balance of State CoC funding, new and renewal projects, is Friday August 17. Please share this information with all potential applicants in your local CoC planning regions, including organizations that have not previously received HUD CoC funding.

If you have any questions, let me know.

Thanks,

tom

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

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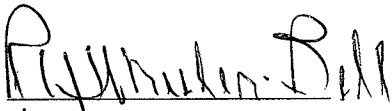
2. Collaborate with the HMIS Lead Agency team to establish an HMIS user group and hold regular meeting, conference calls and web conferences.

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."

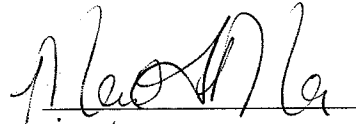For the CoC Lead Agency

Roz Wheeler-Bell, Director
Rural Initiatives Program
Colorado Coalition for the Homeless

_____
signature

10/27/15
_____
date

For the HMIS Lead Agency

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

_____
signature

10/27/15
_____
date

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

2018 HDX Competition Report

PIT Count Data for CO-500 - Colorado Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**3520**	**4019**	**3989**
Emergency Shelter Total	958	972	932
Safe Haven Total	0	0	0
Transitional Housing Total	731	539	549
Total Sheltered Count	**1689**	**1511**	**1481**
Total Unsheltered Count	**1831**	**2508**	**2508**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**703**	**807**	**797**
Sheltered Count of Chronically Homeless Persons	182	228	218
Unsheltered Count of Chronically Homeless Persons	521	579	579

2018 HDX Competition Report

PIT Count Data for CO-500 - Colorado Balance of State CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	451	429	430
Sheltered Count of Homeless Households with Children	238	162	163
Unsheltered Count of Homeless Households with Children	213	267	267

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	572	291	332	315
Sheltered Count of Homeless Veterans	77	133	141	124
Unsheltered Count of Homeless Veterans	495	158	191	191

2018 HDX Competition Report
HIC Data for CO-500 - Colorado Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1020	355	435	65.41%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	723	32	248	35.89%
Rapid Re-Housing (RRH) Beds	206	38	166	98.81%
Permanent Supportive Housing (PSH) Beds	919	0	697	75.84%
Other Permanent Housing (OPH) Beds	27	0	27	100.00%
Total Beds	2,895	425	1573	63.68%

2018 HDX Competition Report

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

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 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	338

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	95	226	197

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	118	284	206

2018 HDX Competition Report

FY2017 - 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 FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 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.

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	2944		3610	112		115	3	80		88	8
1.2 Persons in ES, SH, and TH	4203		4642	166		159	-7	114		112	-2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

 The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3335		3864	174		334	160	107		153	46
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4607		4910	260		453	193	146		180	34

2018 HDX Competition Report

FY2017 - 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.

 After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	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 FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		0		0			0			0		0	
Exit was from ES		406		42	10%		30	7%		28	7%	100	25%
Exit was from TH		301		13	4%		4	1%		11	4%	28	9%
Exit was from SH		0		0			0			0		0	
Exit was from PH		193		13	7%		2	1%		11	6%	26	13%
TOTAL Returns to Homelessness		900		68	8%		36	4%		50	6%	154	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - 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).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3520	4019	499
Emergency Shelter Total	958	972	14
Safe Haven Total	0	0	0
Transitional Housing Total	731	539	-192
Total Sheltered Count	1689	1511	-178
Unsheltered Count	1831	2508	677

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	4031		4686	655
Emergency Shelter Total	2767		3663	896
Safe Haven Total	0		0	0
Transitional Housing Total	1334		1066	-268

2018 HDX Competition Report
FY2017 - 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 FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	585		677	92
Number of adults with increased earned income	7		7	0
Percentage of adults who increased earned income	1%		1%	0%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	585		677	92
Number of adults with increased non-employment cash income	52		54	2
Percentage of adults who increased non-employment cash income	9%		8%	-1%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	585		677	92
Number of adults with increased total income	56		59	3
Percentage of adults who increased total income	10%		9%	-1%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	583		450	-133
Number of adults who exited with increased earned income	58		46	-12
Percentage of adults who increased earned income	10%		10%	0%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	583		450	-133
Number of adults who exited with increased non-employment cash income	78		89	11
Percentage of adults who increased non-employment cash income	13%		20%	7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	583		450	-133
Number of adults who exited with increased total income	127		131	4
Percentage of adults who increased total income	22%		29%	7%

2018 HDX Competition Report
FY2017 - 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 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2947		3809	862
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.	616		669	53
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)	2331		3140	809

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3392		4159	767
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.	702		691	-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.)	2690		3468	778

FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) 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 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	7		27	20
Of persons above, those who exited to temporary & some institutional destinations	2		9	7
Of the persons above, those who exited to permanent housing destinations	0		0	0
% Successful exits	29%		33%	4%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1109		786	-323
Of the persons above, those who exited to permanent housing destinations	655		483	-172
% Successful exits	59%		61%	2%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	229		311	82
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	225		294	69
% Successful exits/retention	98%		95%	-3%

2018 HDX Competition Report

FY2017 - 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.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	666	735	680	668	726	936	946	664	675	707	809	880	32	30	118	244				
2. Number of HMIS Beds	436	435	450	457	351	374	357	142	245	243	469	495	32	30	118	244				
3. HMIS Participation Rate from HIC (%)	65.47	59.18	66.18	68.41	48.35	39.96	37.74	21.39	36.30	34.37	57.97	56.25	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3471	3517	3086	1519	785	924	965	1068	269	424	3774	317	417	582	778	662	0	0	3102	87
5. Total Leavers (HMIS)	2670	2780	2570	1180	346	418	619	432	45	106	643	38	270	404	500	271	0	0	2097	21
6. Destination of Don't Know, Refused, or Missing (HMIS)	1525	1592	1434	332	30	18	39	20	5	21	223	2	16	19	21	16	0	0	1435	5
7. Destination Error Rate (%)	57.12	57.27	55.80	28.14	8.67	4.31	6.30	4.63	11.11	19.81	34.68	5.26	5.93	4.70	4.20	5.90			68.43	23.81

2018 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 2018 PIT Count	1/23/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/25/2018	Yes
2018 HIC Count Submittal Date	4/25/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

Coordinated Entry System Policies and Procedures

Colorado Balance of State Continuum of Care

Version 1.0

Last updated: 12/2017
Board Approved: December 13, 2017

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Order of Priority:
See Page 18
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Table of Contents- Please note, saving this document outside of the version of Microsoft Word it was created on or Google Drive may cause format changes that impact the Table of Contents or document itself. Download the most up-to-date PDF version of the file for consistent formatting.
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Appendices

Overview

This document outlines the policies and procedures of the Colorado Balance of State (BoS) Continuum of Care (CoC) Coordinated Entry System (CES). While the policies of the BoS must be implemented throughout the entire CoC, some of the procedures will vary from region to region. Areas customizable by region will be highlighted in red. Regions will produce procedural documents specific to their area and submit to the BoS Coordinated Entry Committee for review and final approval by BoS Advisory Board. A uniform Regional Policies and Procedures template will be provided to each region to assist with this process.

A Coordinated Entry System is defined as:

> "…a process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. It uses standardized tools and practices, incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that housing and homeless assistance is prioritized for those with the most severe service needs."[1]

Mission

The Colorado Balance of State (BoS) Continuum of Care (CoC) Coordinated Entry System (CES) is a community wide process that will connect individuals and families who are currently homeless, or at imminent risk of experiencing homelessness, with appropriate housing and resources.

Vision

The Colorado Balance of State (BoS) Continuum of Care (CoC) Coordinated Entry System streamlines housing services so that homelessness in Colorado is rare, brief, and nonrecurring.

Guiding Principles

- **Shared Vision/Collaboration**: Our system will operationalize a shared community vision across the 56-county non-metro and rural Colorado with clear priorities and community ownership.
- **Client Centered:** Utilize a person-centered approach that preserves dignity and consumer choice in the housing process.
- **Low Barriers to Entry** approach, in consultation with the ESG Program, to make

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[1] http://www.endhomelessness.org/page/-/files/3.2%20Introduction%20to%20Coordinated%20Entry.pdf

our housing process more efficient and effective. No client will be turned away from services based on income, employment, disability status, substance use, or mental health history.

- **Housing First** approach prioritizing permanent housing and voluntary supportive services. See Appendix C: CoC-wide Housing First Standards.
- **Performance-Driven Decision Making:** Data collection will inform the CES process allowing us to see results such as reduced length of homelessness and increased long-term housing stability for individuals and families in our communities.
- **Prioritization** based on level of vulnerability and need will assist community partners in providing timely and targeted services.
- **Transparency**: Our process will be transparent with expectations and outcomes communicated regularly to all stakeholders, including housing service providers and clients.
- **Trauma Informed** approach in all aspects of the CES process which preserves dignity for all through the knowledge of and respect for individual trauma experiences.

Geographic Area

The defined geographic area of the Colorado Balance of State (BoS) CoC is the entire 56-county region outside of the seven county Metro-Denver area, and El Paso County. This BoS region is further divided into 11 regions. Each regional coalition is responsible for ensuring fair and equal access to the coordinated entry system in their region, and that the coordinated entry process is available across the entire CoC geography. Regional structures which abide by the Policies and Procedures established in this document.

11 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

Colorado Balance of State Continuum of Care (BoS CoC)

CO BoS CoC covers 56 counties grouped in to 11 regions. This does not include the 7 counties that make up the Metro Denver Homeless Initiative CoC or El Paso County in the Pikes Peak CoC.
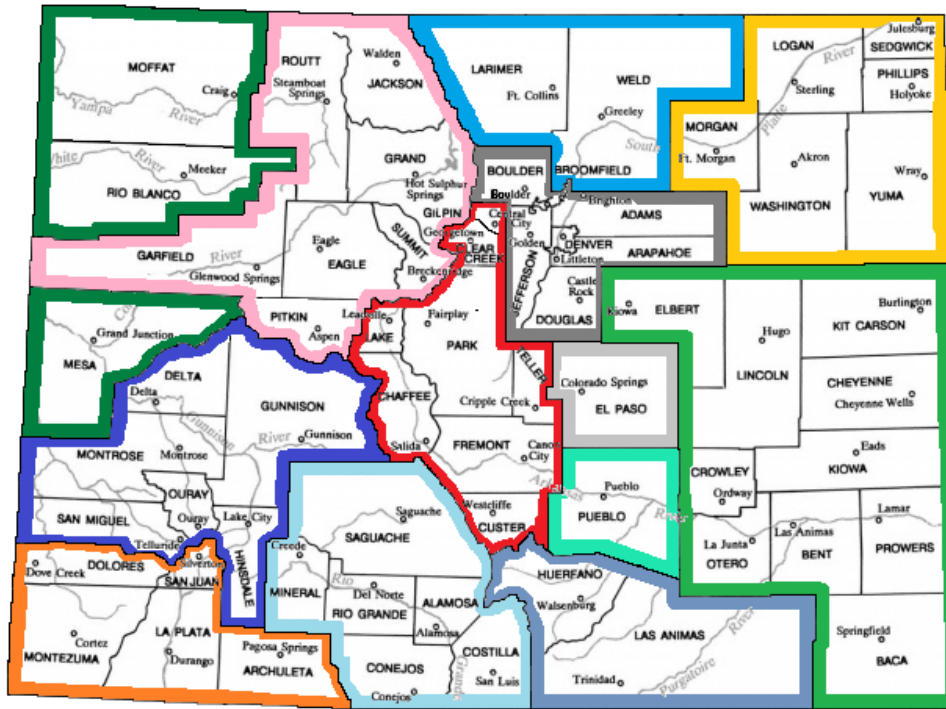
Colorado BoS CoC Regions

Grand Valley

Roaring Fork / Eagle Valleys

Western Slope

Southwest Colorado

San Luis Valley

Upper Arkansas Valley

Northern Front Range

Northeast Plains

Central and Southeast Plains

Las Animas / Heurfano

Pueblo

Purpose and Background

HUD requirements

Per the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act), the Colorado Balance of State Continuum of Care has implemented a Coordinated Entry System (CES). The goal of CES is to ensure that the highest need, most vulnerable households in the community are prioritized for services and that the housing and services provided are used as effectively and efficiently as possible. These Coordinated Entry Policies and Procedures meet HUD's requirements for coordinated entry as outlined in Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

The Colorado Balance of State CoC CES is based on the following Continuum of Care wide overarching principles:

- All Continuum of Care and ESG grantee and subgrantee providers are required to fill vacancies using only CES.
- Providers outside the CoC/ESG funding stream are encouraged to use CES to identify appropriate candidates for housing vacancies in the spirit of efficient and effective allocation of limited housing resources.
- The BoS CoC Coordinated Entry Committee will work in conjunction with the BoS Governing Board and 11 BoS Regions to ensure that applicants entering through CES shall not be denied admission to housing or separated from family members based on age, sex, gender, gender identity or sexual orientation (See Policy 6: Non-Discrimination for full details).

Continuum of Care Interim Rule

The CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a Centralized or *Coordinated Assessment System*. Per the General Provisions (Subpart A) section of the CoC Interim Rule,

> "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.

In relation to rural and non-metro communities, the General Provisions (Subpart B) section of the CoC Interim Rule, "Operating a Continuum of Care" states:

> "Such a system must be designed locally in response to local needs and conditions. For example, rural areas will have significantly different systems than

urban ones. While the common thread between typical models is the use of a common assessment tool, the form, detail, and use of that tool will vary from one community to the next.

Some examples of centralized or coordinated assessment systems include: a central location or locations within a geographic area where individuals and families must be present to receive homeless services; a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing/service providers in the area; a —no wrong door approach in which a homeless family or individual can show up at any homeless service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the Continuum of Care; a specialized team of case workers that provides assessment services to providers within the Continuum of Care; or in larger geographic areas, a regional approach in which hubs are created within smaller geographic areas."

For further guidance on ensuring equal access for integrating youth into the Coordinated Entry System please see Appendix B.

For further guidance on serving people attempting to or fleeing domestic violence, please see Policy 4: Domestic Violence Survivors/Service Providers.

Guidance on Participating Entities

It is required that all CoC and ESG funded providers participate fully in the Coordinated Entry System (CES), including following all assessment and referral protocols, and maintaining compliance with all HUD and CoC policies and procedures. It is also recommended that additional entities participate in CES by making and receiving referrals to the access points/prioritization list. Below is a list of entities that should be involved in order for the system to function optimally and offer the greatest number of services to clients. Additionally, regions are encouraged to add any other local entities that are useful to the CES process.

Local Government Staff/Officials	Affordable Housing Developer(s)
CDBG/HOME/Entitlement Jurisdiction	Public Housing Authorities
Law Enforcement	Non-CoC Funded Youth Homeless Organizations
Local Jail(s)	School Administrators/Homeless Liaisons
Hospital(s)	Non-CoC Funded Victim Service Organizations
EMT/Crisis Response Team(s)	Street Outreach Team(s)
Mental Health Service Organizations	Homeless or Formerly Homeless Persons

Substance Abuse Service Organization	Collaborative Applicant
Colorado Division Housing	Non-profit Service Providers

Each region will detail roles and responsibilities of participating entities in their local policies and procedures. This must include but is not limited to the following:

- **Access and triage assessment:** All the entities who will be serving as an access point (physical or virtual), as defined in the "Identification: Access" section of this document under the CES components. Regions must also specify partnering entities who refer persons to CES access points but do not provide formal access or assessment in the coordinated entry process.
- **Referrals:** All providers who will receive referrals through CES; this includes all CoC and ESG funded providers in the region and non-HUD funded providers who are participating in CES. Providers will accept referrals only through CES and will not maintain agency- or project-specific wait lists.
- **Other responsibilities of the participating agencies as defined by the regional coalitions. At a minimum this must include expectations for:**
  - Training attendance requirements
  - Participating in regional CE planning meetings
  - Case conferencing
  - Housing navigation, particularly the role that housing navigators will play and by whom.
  - Standards for notifying the regional coalition of changes to project eligibility criteria for all CoC or ESG funded projects, particularly projects that are targeted to specific subpopulations. This ensures that referred clients will be accurately matched to meet project grant requirements.

Regional CES policies and procedures must be approved by the Balance of State CoC Governing Board. 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. If votes are taken in person, 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.

The BoS CoC Coordinated Entry Committee will review local policies and procedures within one month of submission and make recommendations to the BoS Governing Board about whether or not the local policies and procedures meet all compliance requirements spelled out in this document. The reviewed documents must be accepted by the BoS Governing Board, which has final approval. BoS CoC-wide and regional policies and procedures must be reviewed annually by the CE committee of the Balance of State CoC to ensure that all documents meet HUD's requirements, and that regional documents do not deviate from or conflict with this document.

Advisory and Governance Structure

The Coordinated Entry Committee of the BoS CoC Governing Board is responsible for the oversight of the statewide implementation. In this role, the committee ensures consistency in the access to resources among the various regions, and oversees the implementation of the CES. Activities include but are not limited to assisting in the development of the local policies and procedures, reviewing plans annually and submitting recommendations for the BoS CoC Governing Board to accept or deny those plans, monitoring compliance, and reviewing complaints about local processes.

The BoS CE Committee will provide a local CES policy and procedure template for each region to detail. Each region will have a Coordinated Entry sub-committee that will serve as the reviewing body for all local policies and procedures, ultimately submitting documents to the BoS CoC Governing Board for approval. In the event that a regional document is rejected, the region will be required to go back and change parts that the Coordinated Entry Committee deems to be unsatisfactory. The region may request technical assistance from the Coordinated Entry Committee to complete this process. Regions will submit names of their Coordinated Entry sub-committee participants annually and list the lead point of contact. Final acceptance of local policies and procedures will happen by a 2/3-majority vote of the BoS Governing Board. Final acceptance of Continuum-wide standard policies and procedures will also be approved

by a 2/3 vote of the BoS CoC Governing Board.

Through this document, the following requirements shall fall under the responsibilities of the Regional Coalitions:

- Complying with the minimum requirements set forth by the Coordinated Entry Committee of the BoS CoC Governing Board and approved by the BoS Governing Board in this document and moving forward
- Development and maintenance of the Coordinated Entry sub-committee
- Development and maintenance of the region's local policies and procedures, including but not limited to the following activities:
    - Identification of access points and other participating entities, and ensuring compliance with coordinated entry requirements
    - Engagement of street outreach and prevention programs, including ESG funded programs who are required to participate in CES
    - Documentation of prioritization criteria that will be used as local tie breakers
    - Developing training attendance requirements for participating agencies, including providing the list of individuals who completes trainings and can administer the VI-SPDAT within each region.
- Operation of the coordination entry system across the region, including but not limited to the following CE requirements.
    - Affirmative marketing
    - Administering trainings
    - By-name list management
    - Case conferencing
    - Housing navigation
    - Participation in CES monitoring requirements
    - Other requirements as detailed in this document.

Policy and Procedure Updates

The CES process will continuously evolve and this document will be updated to reflect improvements to the system. Per the BoS CoC Governance charter, it will be reviewed at least annually by the BoS Governing Board and updated as appropriate. Any requests by regions for changes to the policies and procedures must be submitted in writing to the Coordinated Entry Committee, which will review the requests at least once a month. Any changes must be approved by the BoS Governing Board, and the information disseminated to each region by the Coordinated Entry Committee, with a timeline to implement the changes.

Components of the Coordinated Entry System

CES Workflow
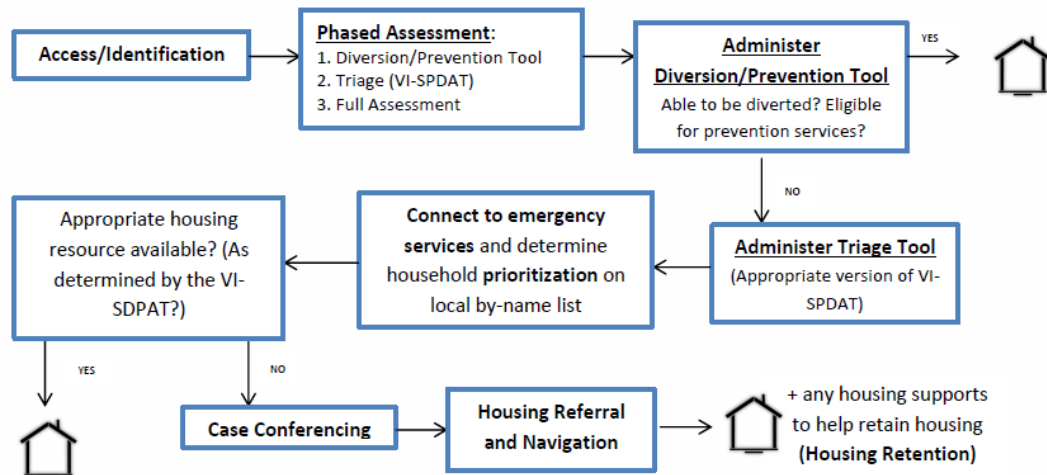
Identification
Access
In order for individuals and families to be identified, the Coordinated Entry System must be easily accessible to everyone in the 56 counties of the Colorado BoS CoC. Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. An access point must offer at minimum the screening, triage, and assessment phases of the coordinated entry process to the population to which it is dedicated.

The four most common ways for individuals and families experiencing homelessness to access the system are as follows:
1. **Single Point of Access** (centralized with one access point)
2. **Multisite Centralized Access** (available at various locations such as high volume providers, by subpopulation, etc.)
3. **No Wrong Door** (access is provided at all provider locations)
4. **Assessment Hotlines** (Telephone based)

Local regions must choose one of these four (or a combination of the four) ways to have their CE system available. Local regions will list access points in their regional policies and procedures. Regions must detail how each access point will meet the below criteria to the best of its ability.

- Be easily accessible through transportation, or have the ability to provide transportation in some capacity (bus vouchers, etc..). If the location is not easily accessible, a common issue in non-metro and rural communities, for everyone in your region that may need to access the CE System, please detail how a hotline/phone option will be used.
- Participate in CES and VI-SPDAT trainings
- Participate regularly in regional CoC meetings and planning activities
- If CoC funded, or an ESG recipient/subrecipient: Participate in HMIS and adhere to HMIS standards required by HUD and the BoS CoC (Domestic Violence Service Providers are excluded from this criterion). Ultimately, it is ideal for all access points to be utilizing HMIS, but it is recognized that this may not be realistic at the time. This criterion will be revisited once a new HMIS has been fully implemented across the state (estimated completion in 2018)
- Demonstrate staffing capacity to perform assessments and have at least one employee/volunteer trained on the VI-SPDAT
- Provide standard hours of operation during which households can access the coordinated entry process through screening, triage, and assessment procedures
- Conduct the appropriate VI-SPDAT assessment (individual, youth, or family) and complete necessary data entry to add the household to the by-name list within 48 hours or two business days, or before the next case conferencing meeting. If your agency is not doing data entry directly, you must get the info to the entity submitting data in a timely manner so that they may get the info submitted onto the by-name list within 48 hours or two business days.
- Have adequate capacity for staff/volunteers to administer the Diversion/Prevention Tool. Please see Appendix F for the Colorado BoS CoC Diversion Tool, which all access points must use.
- Provide and/or refer to appropriate resources for households that cannot access housing immediately (emergency shelter, etc..)
- If CoC funded or an ESG recipient: Employ a Housing First model of service delivery. Please see Appendix C for the Colorado BoS CoC-wide Housing First Standards.
- Establish protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence have safe and confidential access to coordinated entry and that data collection conforms to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards.

> **It is imperative that all entities that provide homelessness services or interact with populations at risk for or experiencing homelessness (including the entities listed under "Guidance on Participating Agencies") are knowledgeable about access points, so that individuals and families experiencing homelessness can be connected to the system and rehoused as quickly as possible.**

Within each region, the location of the access points, as well as hotline access information will be publicized. Access points must be listed on at least one local agency website (per region), provided through local 2-1-1 numbers, and distributed by outreach workers, emergency shelter providers, school districts, soup kitchens and other places those experiencing homelessness may frequent. As an effort to reach those who are least likely to access homelessness assistance services marketing materials should also be publicized through methods that would reach vulnerable populations such as through street outreach efforts (if resources exist in regions), search engine optimization (SEO) techniques, or through other affirmative marketing strategies. Regions must describe in detail their plans for initial and continuous marketing CES in their area.

Households can reach out to any of the identified access points to find out how they can get connected to an assessment. In general, an access point should be able to provide all assessment types; however, a region may also institute specific access points that only serve youth, households fleeing or attempting to flee domestic violence, families or adults without children (although not required). If an individual or family self-identifies to an agency that is not certified to administer an assessment (as in, they do not have any trained staff able to do this), or they present at a specified access point and are not the targeted population, a warm handoff to the most appropriate access point is required. If there is only one access point in a region, and that access point can only administer a population-specific VI-SPDAT, or can only serve specific clients (for example, individuals and families fleeing, or attempting to flee domestic violence), the region must make this known via their regional policies and procedures, to the Coordinated Entry Committee, which will provide technical assistance to the region to help determine what other entity in the region can be trained to administer the Diversion/Prevention Tool and the VI-SPDAT for the entire region.

Street Outreach
Street Outreach can serve as an Access Point. If your region utilizes street outreach to provide access please make sure they're identified in the access points above. Additionally in this section document how street outreach is incorporated into your CES. If formal street outreach does not exist, are there forms of "alternative" street outreach? This could include law enforcement encounters, hospital encounters, church volunteer programs, etc. This would include roles and responsibilities of street outreach. Do they have the ability to place individuals or families they encounter into housing from the streets or will those individuals be referred to a program? If no outreach exists, document that in this section.

Phased Assessment
1. **Prescreening: Diversion and Prevention**
2. **Triage**
3. **Full Assessment**

The Colorado BoS CoC has chosen to take a "phased assessment" approach to Coordinated Entry, meaning that different assessments are administered to households consistently at different phases in their experience of homelessness (i.e., when one homeless assistance provider initiates the assessment with only the most pertinent questions relative to the immediate needs of the participant, and then staff at different agencies subsequently collect additional information that builds on and complements the previous responses).

1. Diversion and Prevention
<u>Diversion</u> is intended to reduce entries into the homeless response system and direct households to other emergency assistance that may help them maintain housing and stability. <u>Prevention</u> is intended to reduce entries into the homeless response system by helping a household stay in their current location, with monetary assistance.

<u>Eligibility/When to administer a Diversion/Prevention Tool:</u>
No later than seven days after a household has presented to either a referral source assisting with diversion or an access point, an initial pre-screen Diversion/Prevention Tool is administered. Any household that is at risk for becoming homeless should be given the Diversion/Prevention Tool.

The Diversion/Prevention Tool is used to determine whether the household can maintain current housing, or otherwise rely on support systems that will prevent the household from entering the homeless system. The Diversion/Prevention Tool (Appendix F) can be completed in person or over the phone. If a household can be diverted from entering the homeless response system, they should be immediately connected with the appropriate supports to aid in maintaining a housing situation. An attempt to divert individuals and families from experiencing homelessness will be made in all circumstances.

If diversion from the homeless system is not an option (as determined by the Diversion/Prevention Tool), but the tool finds that homeless prevention would be an option, the access point will provide a warm handoff to a local agency that administers Homeless Prevention. All agencies that receive ESG Homeless Prevention funds must make the funds available as a part of this process to eligible households. Please note, ESG Homeless Prevention Funds may only be used for those individual that have an annual income below 30% of AMI, and are:

- Category 2 Homeless- imminent risk of becoming homeless
- Category 3 Homeless-homeless under other federal statutes
- Category 4 Homeless-fleeing for attempting to flee domestic violence*Please Note: there are special considerations regarding the safety of a household fleeing/attempting to flee domestic violence. See Policy 4 for further details.

In the event that homeless prevention funding in unavailable in the region, and the person(s) presenting become homeless (Category 1-literally homeless and living in a place not meant for human habitation and /or; Category 4-fleeing or attempting to flee domestic violence), the access point will administer a VI-SPDAT and engage the household in the CES. The VI-SPDAT should only be administered to households that are Category 1 – literally homeless or Category 4 – fleeing or attempting to flee domestic violence.

The Diversion/Prevention Tool must be administered by all access points in every region in the BoS. Any staff administering the Diversion/Prevention Tool must complete a training on administering the tool at least annually.

A list of all Homeless Prevention funds available in your region must be submitted and updated annually, via the regional policies and procedures document.

Release of Information
Before administering the VI-SPDAT, the service provider is responsible for explaining the CES to the person requesting assistance and obtaining written consent from the head of household to share information in the CES. The CES Release of Information (ROI) must be signed in order to participate in the system. In signing the release, a household gives the CES permission to share information pertinent to their homelessness or housing status among CES agencies (Agencies who have agreed to be a part of the Coordinated Entry System). The intent of sharing information among CES participating agencies is to identify the most appropriate housing intervention. Only information relevant to successful housing stabilization should be shared in this process. The CES ROI is formatted as a blanket release for all service providers participating across the BoS CoC CES. This means, if a client wants to look for or secure permanent housing in a different region within the CO Balance of State CoC, the signed ROI will apply across those regional boundaries so long as the geographic area lies within the Colorado BoS CoC. All access points are required to have the CES ROI readily available.

Please note, if a person chooses not to sign the ROI, their information will not be added to the prioritization list, but they **cannot be denied service** based alone on their decision not to share data. Persons who decide not to sign the ROI may do so without fear of denial of services resulting from the refusal, though it may affect their prioritization through CES.

For a copy of the Colorado BoS CoC CES ROI that every region must use, please see Appendix G. This ROI cannot be modified, except where allowable (as noted on the document).

2. Triage

Triage is intended to help homeless service providers determine several things, once the household enters into homelessness:

- How vulnerable is this household, compared to others?
- Which housing resource might be most appropriate for this household?

Eligibility/When to Administer a Triage Assessment

When households are unable to be successfully diverted from the Coordinated Entry System, and are not eligible for prevention services, a full triage assessment will be administered by trained service providers at access points. Eligibility for a housing assessment (VI-SPDAT) is based on the following criteria:

- Category 1 homeless-Literally homeless
- Category 4 homeless- Fleeing/attempting to flee domestic violence
  *Please Note: there are special considerations regarding the safety of a household fleeing/attempting to flee domestic violence. See Policy 4 for further details.

The triage assessment tool that all sub-regions within the BoS CoC CES must use is the most recent version of the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI_SPDAT) (Appendix H).

Population specific VI-SPDATs will be utilized for families (F-VI-SPDAT) and transition-age-youth (TAY-VI-SPDAT) to ensure the most accurate scoring. The TAY-VI-SPDAT should be used with unaccompanied youth under the age of 24. If the provider is unable to administer the TAY-VI-SPDAT, they must do a warm handoff to an agency that has staff trained to administer the TAY-VI-SPDAT, if a youth specific access point is available within the region.

The VI-SPDAT provides the access point with a score based on the household's relative level of service need and vulnerability. This score is used to prioritize and match the household to the most appropriate housing intervention and supportive services available to facilitate an exit from homelessness.

3. Full Assessment

Additional assessments may be administered by the case manager after individual or family has been enrolled into programming to determine how best to continue to serve the client, providing the best opportunity to maintain stable housing. Assessments inthe

CES are not clinical in nature, and service providers who administer the VI-SPDAT should limit or eliminate the number of additional assessments administered to people seeking assistance in keeping with trauma-informed care (minimizing the number of duplicative, unnecessary, intrusive and sensitive questions posed to clients seeking assistance).

Every region will be responsible for training access point service providers on the use of the VI-SPDAT and must explain how they will do this in their regional document. At a minimum, regions are required to offer at least one annual training. Regions are encouraged to make trainings easily accessible and frequent enough to meet the needs of the area. EVERY person that administers the triage tool MUST complete training. A list of individuals that completes trainings, and can administer the VI-SPDAT will be documented by each region via the regional policies and procedures. All training materials will be provided by the Colorado BoS CoC Coordinated Entry Committee. Regions may add content to the training, but may not remove any content/language created by the BoS CoC Coordinated Entry Committee.

It is required that everyone in your community use the same introductory script. A basic script can be found here:
https://drive.google.com/drive/folders/0B4D-CeQnx-_XcDJ0bzRWSDFveGc?usp=sharing

Regions may add to this script, but they may not remove any language from it. If you change the language in any way, you must document it in your regional policies and procedures.

Connection to Emergency Services

Once an individual or family has been administered an assessment (whether the Diversion/Prevention Tool, and/or the population specific VI-SPDAT), local emergency resources must be made known to the person(s) presenting. It is the responsibility of the access point to have the most up-to-date list of emergency services available in the region, so that anyone accessing the CES, may also access emergency resources. A list of all emergency resources in the region (including, but not limited to all emergency sheltering options), must be updated and submitted at least annually with their local policies and procedures. The CoC has determined that emergency shelter services will not be prioritized; however, emergency shelter providers must conduct the diversion and prevention screenings to ensure that emergency shelter is the most appropriate intervention, and that no other resources can divert the household from the homeless response system, or prevent homelessness for the household.

If the individual or family is appropriate for diversion/prevention, it is imperative that the access point provide a warm handoff to Homeless Prevention services available in the region. All agency recipients of ESG Homeless Prevention in the Colorado BoS CoC must use the Barriers to Housing Tool to help determine prioritization for Homeless

Prevention Services. The family with the higher score will be prioritized first for the Homeless Prevention Services. For full information regarding ESG Homeless Prevention, please see Appendix D: ESG Policies and Procedures.

Prioritization

The process of prioritization assists regions in ensuring that the most vulnerable individuals and families experiencing homelessness in their communities are housed first. It assures that coordinated entry is operating consistently.

This process is intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. CoCs are prohibited from using any assessment tool, prioritization process, or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

HUD's CE Core Elements Guidebook mentions that "Applying the CoC prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. As the priority list [by-name list] grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available." Please see the following pages for more information regarding Case Conferencing.

The Colorado BoS CoC has adopted HUD's Orders of Priority (CPD Notice 16-11) for all CoC-funded Permanent Supportive Housing (PSH) Resources. The two goals of this notice are to, "1). Establish an updated order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority and; 2). Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized." This means that all CoC-funded PSH projects must prioritize those that are chronically homeless, with the longest length of time homeless <u>and</u> the highest severity of service need. Severity of Service need is defined as, "an individual for whom at least one of the following is true:

I. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

II. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

III. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

IV. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a)."

The following prioritizations MUST be applied for all RRH, TH, PSH and other units dedicated to the CES:

Permanent Supportive Housing Prioritization:

Priority	Chronic?	Severity of Service Need (as determined by the VI-SPDAT Score)	Length of time Homeless	Local Tie-Breaker
First Priority	Yes	Highest VI-SPDAT Score	Longest Length of Time Homeless	A-G list (see below)
Second Priority	No	Highest VI-SPDAT Score	Longest Length of time homeless	A-G list (See Below)

Rapid ReHousing and Transitional Housing Prioritization:

Priority	Severity of Service need (as determined by the VI-SPDAT)	Length of time Homeless	Local Tie-Breaker
First Priority	Highest VI-SPDAT score, not lower than 4	Longest Length of Time	A-G List (See Below)

Please note: the highest score a household can get on the VI-SPDAT and TAY-VI-SPDAT is 17. The highest score a household can get on the F-VI-SPDAT is a 22. Because of this discrepancy the BoS CoC Coordinated Entry Committee has developed a chart to help regions compare, should a family and single individual and/or youth be eligible to the same resource. Please see Appendix K for this chart.

In the event of a tie (two or more individuals or families experiencing homelessness within the same geographic area that are identically prioritized for referral to the next available unit), communities can choose (and must document/advertise in writing and make available to all persons experiencing homelessness) which of the below tiebreakers they would like to use. If they chose not to use tie breakers, the region must refer the household that first presented for assistance in the next available unit. Any regional tiebreaker/households that first present policies must be documented in the regional policies and procedures.

 A. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);

 B. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;

 C. the extent to which people, especially youth and children, are unsheltered;

 D. vulnerability to illness or death;

 E. risk of continued homelessness;

 F. vulnerability to victimization, including physical assault, trafficking or sex work;or

 G. other factors determined by the community that are based on severity of needs.

In practice, once a household is administered a VI-SPDAT, they will receive a score. The VI-SPDAT will help to determine a household's severity of service need, which is one of the prioritizing factors required of the BoS CoC CES. Additionally, regions must collect information regarding chronic status (if not verified chronic status, then presumptive

chronic status), and length of time homeless.

A critical component of successful housing is client choice and housing match. It is imperative that agencies involved do their best to offer any available permanent housing options that have an appropriate level of support.

Case Conferencing

HUD's CE Core Elements Guidebook mentions that,

> "Applying the CoC prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The best strategy for managing this complex and dynamic process is often "case conferencing"—a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals. As the priority list grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available."

Case conferencing is the process by which service providers discuss the top individuals and families on the by-name list, reference the real time housing vacancy list, and recommend housing interventions. The procedure will look different in each region depending on capacity. For example, providers may meet in person bi-weekly or it may be structured as a weekly teleconference. Case conferencing is a community wide effort to gather accurate information and paint a comprehensive picture of individuals or families seeking housing. It is designed to target the most appropriate housing intervention available in the community.

Only the following information may be disclosed about an individual or family during a case conference:
- Identifying information (name, HMIS or other list identifier)
- Eligibility information (veteran status, chronic homeless status, household size and composition, and others specifically related to eligibility determination)
- Prioritization information (limited to list placement, VI-SPDAT score, length of time homeless, local prioritization criteria)
  - Specific responses to the VI-SPDAT will only be shared for the following purposes:
    - Determine eligibility
    - Address specific barriers to housing, such as severe service needs, serious mental illness or chronic health conditions, or continued refusal to accept housing or engage in services

A suggested list of participants in case conferencing includes but is not limited to:
- Case manager or other directly involved with individuals or families
- Veterans service providers
- Providers that manage vouchers
- Local Housing Authorities
- Providers of permanent supportive housing
- Municipalities
- Victim Services
- Police, Fire Department, Hospitals

All participants in case conferencing must sign the Colorado BoS CoC CES MOU and be listed on the BoS CES ROI. An MOU template is provided in Appendix E. The regional coalition may use this template as is or may add further customizations to it, as detailed in the regional coalition's policies and procedures. It is required that anyone that receives CoC or ESG funding, and/or signs the MOU will communicate vouchers, monies, openings/vacancies available at or before the next case conferencing meeting.

*Note: In the future the CoC is planning to use HMIS for by-name list management and for pulling referrals across all regions. Until the HMIS is in full operation, as announced by the CoC Coordinated Entry Committee, it is expected referral decisions will be made through case conferencing meetings, unless otherwise noted in a region's local policies and procedures.

By-Name List Maintenance, Safety and Security

It is recommended that maintenance of a By-Name list happen only by a few select people in each community, known as By-Name List Managers. These By-Name List Managers will be designated by Regional Coalitions and will be tasked with facilitating case conferencing, updating the By-Name List, and ensuring appropriate privacy and security protocols are followed by participating coordinated entry agencies. This helps to ensure consistency and data quality. Client data should be entered into the by-name list within 7 calendar days of the ROI and VI-SPDAT being completed.

Administration of the By-Name List must abide by the HMIS privacy and security standards, as described in HUD's most recent version of the Data and Technical Standards Notice, found here: https://www.hudexchange.info/resource/1318/2004-hmis-data-and-technical-standards-final-notice

Regions must describe their plan of maintaining a By-Name List in compliance with the HMIS privacy and security standards and the CoC's HMIS Policies and Procedures. This should include how local By-Name Lists are maintained and information is shared as

For more information on data standards for Domestic Violence providers, please see Policy 4.

The BoS CoC CES By-Name List Template is below. Regions may add columns to this template, but may not remove any: https://docs.google.com/spreadsheets/d/1hFxtJv5FnJO78fDAVRlAZe5uGwP4ENqk6v9JdLOjFdY/edit?usp=sharing

Referral Acceptance and Housing Navigation/Placement

It is expected referral decisions will be made through case conferencing meetings (until HMIS is fully implemented across the BoS CoC), unless otherwise noted in a region's local policies and procedures. After a housing intervention is recommended through the case conferencing process, referrals are made to the individual or family in need of housing and to the housing provider. If a region makes a decision to make a referral that deviates from the prioritization criteria, regions must document this on the form provided in Appendix J of the Colorado BoS CoC CES Policies and Procedures.

A housing navigator is responsible for assisting in the process to get the the individual or family document ready and walking through the process with them up until move-in. Navigators can be designated staff from participating agencies or one individual responsible for the entire region if funding lends itself to this position. Depending on capacity, regions may also utilize case managers for this process. Navigators should provide light touch case management by identifying barriers and alternative housing options. They are also encouraged to stay in contact with individuals and families in the interim of a housing placement. It is essential to stay engaged in the process and maintain the urgency in the housing match process.

If the individual or family is currently engaged with a case manager, the case manager is responsible for conveying the information about the referral to the individual and making a warm handoff to the community housing navigator. The method through which case managers are notified of this will depend on the regional structure in place. Some regions might have all case managers involved in case conferencing meetings; others might have a designated member of the case conferencing meeting be responsible for getting in touch with the case manager in this situation to notify him/her that the client has been identified for the referral.

Regions are responsible for detailing their individual housing referral and navigation process in their local documents. At a minimum, there must be an individual or agency designated to navigating the entire process with individuals and families from referral to lease up.

Program eligibility for housing is determined by the service agency and/or housing provider, in accordance with the programs funding sources. Providers are tasked with eliminating as many service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold) as possible to create opportunities for low barrier entry to housing. Housing providers must adhere to the BoS CoC's non-discrimination policy (See Policy 6).

Per HUD guidance:

> "The coordinated entry process may initiate the collection of required eligibility documentation—but it is not required to, nor is the coordinated entry process responsible for determining project eligibility or maintaining eligibility documentation after a referral has been made. As described in Section 2.5.3 [of the Coordinated Entry Guidebook], the focus of the assessment process in coordinated entry is the matching of persons to housing they are likely to qualify for, rather than predetermining their eligibility.
>
> Individual CoC projects have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. From a practical perspective, however, the coordinated entry process is often well positioned to screen preliminarily for presumptive eligibility. In fact, it may do so by design of the CoC's coordinated entry process. Presumptive eligibility screening is often necessary to inform a referral process that adequately considers the likelihood of a prospective participant's eligibility before making a referral. Note that some funders establish specific prioritization requirements for their funded programs (e.g., VA's Supportive Services for Veteran Families program) that can differ from the prioritization standards established by the CoC. If funders institute their own prioritization standards and preferences, the CoC's coordinated entry process must accommodate these potential differences at the point of referral.
>
> The coordinated entry system ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible, and for which a vacancy exists. An effective and efficient referral process will consider the written standards for prioritizing assistance developed by the CoC and the ESG Program recipients and individual project eligibility requirements, such as those established by funders other than HUD, or the requirements of nontraditional service providers that are participating in the coordinated entry process.
>
> Eligibility determination can be incorporated into the coordinated entry process in various ways:

- The assessment process might presumptively determine eligibility for housing and supportive services. In such cases, receiving projects can be required to accept the referral regardless of the person's past history or other factors.
- Eligibility might be presumed during assessment as highly likely, but actual eligibility is not documented until the person is being enrolled in the receiving project. Eligibility then is verified through project-specific verification requirements and processes.

It is critical to note that documentation collected for purposes of eligibility determination, if collected earlier during assessment, may not be used in prioritizing persons or in screening persons out of the coordinated entry process. Additionally, persons during assessment should not have to wait to be prioritized while project-level eligibility documentation is compiled or verified.

- Collection of documents to determine eligibility might be ongoing, starting at initial triage and building over time as more in-depth assessments are completed as needed. In this third model, eligibility might be determined as part of the assessment process and/or by the agency receiving the referral. In these instances, documentation and eligibility might be initially determined, but would need to be re-established at the point of project entry, especially if a long period of time has passed between assessment and project entry."[2]

Training

Regional coalitions will be responsible for administering trainings to staff at all Access Points and to any other entities who complete assessments at least annually. Training must also occur when new staff join the CE process. Local policies and procedures must document the region's training plan that describes how agency staff participating in CES will be trained. Trainings should cover all CES policies and procedures, including topics such as:
- CES process
- Screening and assessment process, including diversion and prevention
  - This includes an at-least annual training on VI-SPDAT administration
- Prioritization standards
- Referrals
- Privacy policies and meeting HUD HMIS requirements
- Case conferences
- Grievance procedures

Responsibilities of the BoS Coordinated Entry Committee:
- Development of the baseline training materials for regional coalitions to use.

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[2] https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf

Regional Coalitions may add to (may not delete) and customize trainings to meet the needs of their region.
- At least annually there will be a train the trainer staff conducted by the BoS CE planning committee that discuss new CoC policies for CES and evidenced based practices.

Data Collection and Evaluation

Data Collection

Data will be collected on every individual and family that interacts with the Coordinated Entry System, as well as on the CES process as a whole.

Some clients should never be entered into HMIS. These include:
- Survivors of domestic violence being served by victim services providers. VAWA prohibits victim service providers from entering client-level data into HMIS.

Data collection for a coordinated entry system should consist of:
- Intake and assessment data from HMIS and other parallel database systems (i.e., add on platforms to track inventory, waitlist, and specific populations such as domestic violence, youth, and young adult)
- Data from assessments (responses from clients and providers)
- Data that is relevant to the region

Evaluation

The Coordinated Entry System is an evolving process. As the Colorado BoS CoC continues to learn, it is expected that both this document and regional documents will be revised to reflect appropriate adjustments. Adjustments will be made based on findings from a regular evaluation of the Coordinated Entry System. Additionally, ongoing opportunities for stakeholder feedback will be available to help inform the process.

The Coordinated Entry Committee is tasked with an annual evaluation of the Coordinated Entry System as a whole, and is responsible for the following:
- Assessing the Coordinated Entry System to ensure it is operating as intended
- Finalizing process changes to this document based on evaluation findings
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the Coordinated Entry System is updated as necessary to maintain compliance with all federal statutory and regulatory requirements

The Colorado BoS CoC will evaluate the coordinated entry process and facilitate ongoing planning and stakeholder consultation in the follow ways:
- Review HMIS and VI-SPDAT data to ensure that performance benchmarks are being met
- Solicit feedback from participating projects via online surveys to inform changes to the coordinated entry process
- Solicit voluntary feedback from households that have participated in the

coordinated entry process at the regional level. Regional coalitions will be responsible for selecting one or more of the following approaches to collect feedback from participating households:

- Surveys designed to reach either the entire population or a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households; and
- Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The Coordinated Entry Committee will establish and utilize metrics annually to conduct evaluation. The metrics will be shared with all regions of the BoS CoC each year. The CoC will receive from the HMIS Lead Agency the System Performance Measure report that is filtered to projects at the regional level for planning purposes. No funding decisions will be made on regional-level System Performance Measure reports, and are intended only to support quality improvement of regional coordinated entry processes. Below are the measures that every region will be required to track:

Indicators of effectiveness of CES function	Data Source/How to Track
% of families or individuals on a by-name list for longer than 30 days	Local By-Name List
% of referrals that are denied by receiving programs (RRH, TH and PSH)	Housing Provider Denial Reporting Form and By-Name List
% of persons declined one or more times	Housing Provider Denial Reporting Form and By-Name List
Average number of days households spend in emergency shelter	HMIS, and other shelter records
Reduction in the overall number of persons who are homeless (sheltered and unsheltered)	By-Name List, and PIT Count
Reduction in the number of persons who become homeless for the first time	By-Name List, and HMIS
Reduction in number of persons who return to homelessness within 6-12 months	HMIS and By-Name List
Reduction in number of long term chronic homeless families and individuals	By-Name List and HMIS

At least once annually, every region will be required to submit the above data points to the Coordinated Entry Committee, upon notification. This date will be consistent across all regions, and will be determined by the Coordinated Entry Committee. Every region is required to indicate how their region will track this data, and ensure that it gets to the

Colorado BoS CoC Coordinated Entry Committee when required.

The BoS CoC is responsible for the success of CES across the BoS CoC. As such, these data points will be used to track success in implementation. If there are any indicators that are significantly different from other regions (either higher or lower), the BoS CoC Governing Board, through the Coordinated Entry Committee, will provide technical assistance to the region to help address any challenges that arise. Any data points that differ significantly from other regions will not be held against the region, but rather used to help the BoS CoC identify ways to improve the Coordinated Entry System. Additionally, this data collection will be useful for the BoS CoC Governing board to be able to see where there are a lack of resources and where we can advocate for more.

Policies for the Colorado BoS CoC Coordinated Entry System

1. Refusal of Data Sharing Consent Policy

If a household refuses to sign the Colorado Balance of State Continuum of Care Coordinated Entry System Release of Information, the household cannot be denied access to services/housing outside of the Coordinated Entry System. In that instance, the provider is required to serve the household (as programming/eligibility allows), in a traditional manner, outside of the Coordinated Entry System.

In the case that an individual rejects signing the ROI, data may still be collected but it will not be shared in HMIS and the individual will not be added to the by-name list. Participants can freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal, although participants must be informed that they may not be prioritized for service and they will not be referred to projects that have program openings if data is not shared.

2. Real Time Housing Vacancy List Policy

All TH, RRH, and PSH housing providers are tasked with letting their case conference group know when vacancies become available. It is required that they do so within 5 business days, or at the next case conferencing meeting, whichever comes first. Local policies and procedures should document expectations for how the real time housing vacancy list will be maintained in their region and describe the nature by which housing providers will report the vacancies.

*Note: Once the HMIS is in full operation, as announced by the Colorado BoS CoC Coordinated Entry Committee, Housing providers will be expected to update vacancies through HMIS (or a comparable database/process for VAWA funded DV providers) within 5 business days of them becoming knowledgeable about them.

3. Cross Regional Referral Policy

If there are currently no appropriate permanent housing vacancies available in a region, it would be appropriate for the CE subcommittee from that region to reach out to neighboring regional coalition CE subcommittees to determine if there would be an appropriate housing placement based on availabilities through the housing vacancy list. This MUST be contingent on the client's interest in being placed in that region and CES staff are prohibited from requiring the client to be relocated. Regions may also establish a policy with their neighboring regions to further formalize policies on cross-regional referrals—these policies must be mutual and documented in the local policies and procedures.

In the case in which a client (who by this time has already been placed on a region's by-name list) notifies CES staff that they would like to seek housing in a different region, staff should work with the client to connect them to the desired region's CE subcommittee to which he or she would like to move to and ensure the client's prioritization information from the former by-name list is reflected in the new region's by-name list.

4. Domestic Violence Survivors/Service Providers Policy

Serving individuals and families fleeing or attempting to flee domestic violence

The Colorado Coalition Against Domestic Violence (CCADV) and the Colorado Balance of State Continuum of Care Governing Board recognize and understand the highly sensitive nature of information gathered from individuals experiencing domestic violence, dating violence, sexual assault, and stalking as well as the importance of ensuring that regardless of where an individual or family in crisis presents for assistance, they can access housing and services tailored to their unique circumstances and needs.

The Colorado Balance of State CoC encourages all regions to work with domestic violence (DV) service providers within their geographic area to understand any DV-specific criteria or data standards that exist and to establish safe and trauma-informed Coordinated Entry referral processes that address the physical and emotional safety as well as the privacy and confidentiality needs of participants.

Domestic Violence Coordinated Entry Policy

As stipulated in the Violence Against Women Act, DV providers are not permitted to enter client information into HMIS. All households, regardless of their DV status, have the right to refuse to share their information among providers within the CoC. Service providers are prohibited from denying assistance or access to the Coordinated Entry system if a client refuses to permit a service provider to share their information with other service providers.

When a homeless or at-risk household is identified as being in need of DV services through the diversion process of the standard Coordinated Entry system* or when a DV service provider identifies a household as being in need of housing resources accessed through the Coordinated Entry system, that household should NOT utilize the standard Release of Information and assessment process.

Instead a modified paper intake form that only includes the minimum information necessary to determine eligibility and prioritization and specifically excludes personally identifying information, including: name, DOB, SSN, and last permanent address should be completed. After a paper intake form is completed, a paper VI-SPDAT, TAY-VI-SPDAT, or F-SPDAT should be administered in a manner that takes into account the unique and often complex physical and emotional safety needs of the household being assessed.

The service provider completing the modified intake form and VI-SPDAT, TAY-VI-SPDAT, or F-SPDAT will include the name of the agency, the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the service provider to maintain client confidentiality.

The service provider will include an internally generated ID number that the agency can associate with the client, but that cannot otherwise be identified with the client. As soon as the tool is completed, and a score calculated and recorded/reported to the by-name list maintainer, the tool will be destroyed (not the ROI) so as not to keep sensitive data about a client on file. If the provider wishes, they may store the VI-SPDAT tool in a safe, and secure location, but may not share it with others. The score will be presented to the case conferencing process and prioritized for housing placement and/or DV services accordingly. A client fleeing or attempting to flee domestic violence must have access to the full array of coordinated entry programs and services, recognizing that VAWA-covered entities are likely the most appropriate resource. When/if an appropriate housing resource is identified for the household, the DV Agency and the Housing Provider are responsible for using their own ROI so that the DV agency can communicate with the Housing Provider accordingly.

Any client who is identified through the Diversion/Prevention Tool as fleeing or attempting to flee from domestic or intimate partner violence should be provided information about the services offered by a regional DV provider and be given the option to have their assessment conducted by a trained member of the DV provider's staff. If a household chooses to have their assessment conducted by a regional DV provider and/or if the household is determined to be at risk of harm if an assessment is conducted on-site through standard CES access points, access point staff should refer the household to a regional DV provider with a warm hand-off including a phone call, transportation, or other transition to the DV provider.

For purposes of Coordinated Entry, the BoS CoC defines "fleeing or attempting to flee" in the following way, per guidance from HUD:

"If a person self-identifies as a victim of domestic violence, that status is valid as long as the individual chooses to identify themselves as such. Keep in mind, to be eligible for the Continuum of Care Program, an individual or family is considered homeless if they are "fleeing or attempting to flee, domestic violence, sexual assault, stalking or, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence." So for the CoC program, it is the active

fleeing from the abuse that defines eligibility.

HUD expects intake workers to use their professional judgment when assessing an individual's homeless status or eligibility, including considering all resources and support networks available to the household in order to determine if the individual or family seeking assistance would be eligible for the program.

Recipients and subrecipients must document a client's homelessness status **at intake** into the project, and should follow HUD's stated preferred order for documentation. Below are the Category 4 documentation requirements, as found in the HEARTH: Defining "Homeless" Final Rule. Please note that the documentation standards for Category 4 are different for victim service providers and non-victim service providers.

- The following applies to **victim service providers**:
  - An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. The statement must be documented by a self-certification or a certification by the intake worker.

- The following applies to **non-victim service providers:**
  - Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
  - Certification by the individual or head of household that no subsequent residence has been identified; and
  - Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing"

5. Denial Policies

5a). Household

Based on the guiding principles, CES respects consumer choice in the housing process. Clients may decline any housing referral made to them. In this case, the individual maintains their spot on the list. After three referral rejections, the regional coalition should facilitate a case conference to address housing barriers and underlying reasons for the client's refusal to accept a referral. If a client rejects the housing option, the referral is made for the next appropriate person on the prioritization list following referral procedures described in the section: "Referral Acceptance & Housing Navigation/Placement."

5b). Housing Provider

Eligible households cannot be denied by housing providers unless one or more of the below, bulleted conditions apply. All housing provider denials must be recorded on the

Housing Provider Denial Reporting Form (Appendix I), and kept on record, for submission during the annual BoS CoC CES Evaluation (to be conducted by the Coordinated Entry Committee of the BoS CoC). See "Evaluation" section for more information.

Reasons a Housing Provider can deny a referral:
- There are no actual vacancies available
- The household rejects the housing program (refer to the policy above for more information)
- The household cannot be contacted again after 3 attempts to reach them over a 14 day period
- The household presents with more/different people than originally referred, and the housing provider cannot accommodate the household for this reason
- The provider has determined, based on individual program **eligibility** requirements put in place by a funding source that the household cannot be accommodated (example: a household self-identifies as chronically homeless, but the receiving PSH provider that operates dedicated and prioritized PSH units cannot document chronicity)
- Other (please describe)

6. Non-discrimination Policy

The BoS CoC CES abides by the non-discrimination policies below required by HUD:
- **Fair Housing Act[3]** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).
- **Section 504 of Rehabilitation Act[4]** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- **Title VI of Civil Rights Act[5]** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance
- **Title II of the Americans with Disabilities Act[6]** prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing

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[3] https://www.justice.gov/crt/fair-housing-act-2

[4] https://www.dol.gov/oasam/regs/statutes/sec504.htm

[5] https://www.justice.gov/crt/fcs/TitleVI-Overview

[6] https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm

search and referral assistance
- **Title III of the Americans with Disabilities Act**[7] prohibits entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discrimination on the basis of disability
- **Equal Access and Gender Identity Rule**[8] ensures equal access for individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development. HUD's housing programs will be open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

All CoC- and ESG- funded agencies that participate in CES must agree to take full accountability for complying with the above non-discrimination policy.

7. Grievance Policies

7a). Client
Regional access points are responsible for addressing client complaints (discrimination or otherwise) to the best of their abilities as they come up. Agency staff should directly address complaints involving treatment by agency staff, agency conditions, or violation of confidentiality agreements. Any complaints that cannot be resolved by the region should be referred to the BoS Coordinated Entry Committee to be discussed. Any complaints filed by a client should note their name and contact information so they can be contacted to discuss the complaint. Any complains that must be communicated to the BoS CoC Coordinated Entry Committee should be submitted to Shawn Hayes, Colorado Coalition for the Homeless, at: shayes@coloradocoalition.org

7b). Provider
It is the responsibility of all CES participating agencies to comply with the policies and procedures of the BoS CoC CES. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of an agency, contact the BoS Coordinated Entry Committee (via one or both of your local BoS CoC board representatives) with a written statement describing the alleged violation of the CES policies and procedures, and the steps taken to resolve the issue locally. The BoS CoC Governing Board will contact the agency in question to request a response to the grievance. Once the Governing Board has received the documentation it will decide if the grievance is valid and determine if further action needs to be taken.

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[7] https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm
[8] https://www.regulations.gov/document?D=HUD-2015-0104-0172

If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file a grievance with the BoS Governing Board. This must be done by providing a written statement regarding the original grievance, and why the complainant disagrees with the decision made by the Governing Board. The Governing Board co-chairs will bring the matter to the Governing Board for discussion and a final decision. Current (2017) BoS CoC Governing Board co-chairs are DeeDee Clement and Melanie Falvo. They can be contacted at: DeeDee Clement: deidra911@gmail.com or Melanie Falvo: mfalvo@unitedway-weld.org

Appendix A: Glossary of Terms

Assessment: In the context of the coordinated entry process, HUD uses the term "Assessment" to refer to the use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time.

> Phases of Assessment: The BoS CoC CES has chosen to used a phased assessment approach, meaning that different assessments will be administered at different times, depending on the needs of the households.

By-Name List: List of individuals and families experiencing homelessness that have been assessed and prioritized by CES. By-Name Lists only contain information that is pertinent to the housing search process.

Chronic Homelessness: The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:
(a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

> i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
> ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of Notice CPD-16-11), including a family whose composition has fluctuated while the head of household has been homeless.

Colorado Balance of State Continuum of Care (BoS CoC): Continuum of Care and Continuum are defined to mean the group that is organized to carry out the responsibilities required under the HEARTH Act and that is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. These organizations consist of the relevant parties in the geographic area. Continuums are expected to include representation to the extent that the type of organization exists within the geographic area that the Continuum represents and is available to participate in the Continuum. For example, if a Continuum of Care did not have a university within its geographic boundaries, then HUD would not expect the Continuum to have representation from a university within the Continuum. The Colorado BoS CoC geography covers the fifty six county region outside of the seven county metro-Denver and El Paso County.

Colorado BoS CoC Governing Board: The oversight entity responsible for implementing the CoC Program Interim Rule. The Governing Board is made up of members from across all eleven regions of the Bos CoC.

Coordinated Entry System (CES): The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:
"…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…"

Emergency Shelter: A safe space while looking for permanent housing providing temporary shelter from the elements and unsafe streets for individuals and families.

Emergency Solutions Grant (ESG): HUD's ESG Program provides funding to:
> (1) engage homeless individuals and families living on the street;
> (2) improve the number and quality of emergency shelters for homeless individuals and families;

(3) help operate these shelters;

(4)provide essential services to shelter residents,

(5) rapidly rehouse homeless individuals and families, and

(6) prevent families/individuals from becoming homeless.

ESG Program Components: ESG funds may be used for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS; as well as administrative activities (up to 7.5% of a recipient's allocation can be used for administrative activities).According to the ESG Interim Rule, at 24 CFR 91.110, a State's consultation with CoCs must address three specific substantive areas:

● Allocation of resources (both by type of activity and geographic distribution).

● Development of performance standards for, and evaluating outcomes of, projects and activities assisted by ESG funds. The ESG recipients will use these State Consultation with CoC performance standards for evaluating the activities carried out with ESG funds, including how well subrecipients succeed in:

1. targeting those who need the assistance most;
2. reducing the number of people living on the streets or emergency shelters;
3. shortening the time people spend homeless; and
4. reducing participants' housing barriers or housing stability risks.

● Development of funding, policies, and procedures for operating and administering any Homeless Management Information System (HMIS) in which State subrecipients will be required to participate.

Family Vulnerability Index Service Prioritization Decision Assistance Tool (F-VI-SPDAT): A tool developed and owned by OrgCode and Community Solutions, utilized for pregnant or parenting households to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-SPDAT allows for prioritization based on presence of vulnerability.

Homeless (HUD definition Per 24 CFR 578.3):

● Category 1 – Literally homeless individuals/families
● Category 2 – Individuals/families who will imminently lose their primary nighttime residence with no subsequent residence, resources, or support networks
● Category 3 – Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute
● Category 4 – Individuals/families fleeing or attempting to flee domestic violence

Homeless Management Information System (HMIS): a web-based software application designed to record and store person-level information regarding the service needs and

history of households experiencing homelessness throughout a Continuum of Care (CoC) jurisdiction, as mandated by HUD.

Housing Opportunities for Persons with Aids (HOPWA): A Federal program dedicated to the housing needs of people living with HIV/AIDS.

U.S. Department of Housing and Urban Development (HUD): Department of Housing and Urban Development; the United States federal department that administers federal programs dealing with better housing and urban renewal. HUD oversees COC and ESG-funded programs.

Permanent Supportive Housing: Permanent housing for a household that is homeless on entry, and has a condition or disability, such as mental illness, substance abuse, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability. Households have a long-term high level of service needs in order to meet the obligations of tenancy and maintain their housing. Tenants has access to a flexible array of comprehensive services, mostly on site, such as medical and wellness, mental health, substance abuse, vocational/employment, and life skills. Services are available and encouraged but are not to be required as a condition of tenancy.

Prioritization: In the context of the coordinated entry process, HUD uses the term "Prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of notice CPD-17-01 (" Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System").

Rapid Re-Housing (RRH): A type of housing assistance that provides housing identification, move-in and rental assistance, and/or case management. Rapid Re-Housing provides short-term (up to 3 months) and medium-term (3-24 months) of tenant-based rental assistance to households that are literally homeless (Category 1) or fleeing/attempting to flee domestic violence (Category 4). Through the CoC's written standards, the following RRH program elements have been determined:
   ● maximum amount or percentage of rental assistance that a program participant

may receive
- maximum number of months that a program participant may receive rental assistance
- maximum number of times that a program participant may receive rental assistance.

Regional Access Point: Regional Access Points provide housing assessments and referrals to community resources.

Severity of Service Needs. Notice CDP-16-11 refers to persons who have been identified as having the most severe service needs.
(a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
>   i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
>   ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
>   iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
>   iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

Scoring: In the context of the coordinated entry process, HUD uses the term "Scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "Assessment Score" for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Use of case conferencing is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Transition-Aged Youth Vulnerability Index Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT): An assessment tool developed and owned by OrgCode and Community Solutions that is utilized for single young adults between 18-24, to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the TAY-VI-SPDAT allows for prioritization based on presence of vulnerability. While the assessment tool recommends certain interventions based on the assessment score, the CoC must ensure that youth are provided with appropriate referrals to all projects for which they are eligible, and not "steered" to a particular project or provider simply based on the TAY-VI-SPDAT score.

Victim Service Provider: A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence. This term includes permanent housing providers—including rapid re-housing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT): An assessment tool developed and owned by OrgCode and Community Solutions that is utilized for single individuals, including veterans, to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability.

Appendix B: Youth in the CES

All text taken directly from the Coordinated Entry Policy Brief:[9]

Integrating youth into the coordinated entry process

"CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs."

Youth will have the choice of assessment tool. A single youth may choose to be assessed with either the VI-SPDAT or TAY-VI-SPDAT, while a pregnant or parenting youth may choose to be assessed with either the F-VI-SPDAT or TAY-VI-SPDAT. Youth should also be referred to Runaway and Homeless Youth (RHY) funded providers as appropriate and as those providers participate in coordinated entry.

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[9] https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

Appendix C: CoC Housing First Standards

Any organization, regardless of funding source, must adopt and implement the following Housing First standards, practices, and protocols:

- Direct, or nearly direct placement of targeted homeless people into permanent housing
- Supportive services that are offered and readily available, but not required to remain in housing
- Assertive outreach to engage and offer housing to homeless people
- Low barrier approach that does not discriminate based on client substance use or mental health challenges
- Continued effort to provide case management

According to NAEH[10], Housing First Principles:
- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed

Housing First Service Delivery Components:
- Emergency services that address the immediate need for shelter or stabilization in current housing
- Housing, Resource, and Assessment which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing
- Housing placement assistance including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short- or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction)
- Case management services (frequently time-limited) specifically focused on maintaining permanent housing or the acquisition and sustainment of permanent housing

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[10] http://www.endhomelessness.org/page/-/files/2489_file_Adopting_Housing_First_Approach_Aug_09.pdf

Appendix D: ESG Policies and Procedures

The most recent copy of the Emergency Solutions Grant Policies and Procedures can be found at the link below. All recipients of ESG funds in the BoS CoC must abide by these Policies and Procedures if they receive Homeless Prevention or Rapid Rehousing assistance as a subrecipient of the Colorado Coalition for the Homeless.

Most up to date version of the ESG Policies and Procedures for the Colorado BoS CoC: https://drive.google.com/open?id=1704-dglA0llYfPoOJoD5XR6oExLeGaQ2

Appendix E: Colorado BoS CoC CES Memorandum of Understanding

All agencies participating in CES must sign an MOU and be listed on the BoS CES ROI. An MOU template is provided below. The regional coalition may use this template as is or may add further customizations to it, as detailed in the regional coalition's policies and procedures. It is required that anyone that receives CoC or ESG funding signs the MOU.

Memorandum of Understanding

between
Colorado Balance of State Continuum of Care
and
Partner Agencies

<u>PLEASE SEND SIGNED MOU BY MAIL OR FAX OR EMAIL TO:</u>
Insert Contact Info

This Memorandum of Understanding (MOU) establishes an arrangement between the Colorado Balance of State Continuum of Care (BoS CoC) and its partner agencies (Agencies) to establish and provide a Coordinated Entry System (CES) for those experiencing homelessness in the 56 county BoS CoC. The parties mutually desire to maintain compliance with HIPAA for the purpose of safeguarding the privacy of Protected Health Information (PHI) they may share and so that the Parties can share client information for joint activities in CES.

Purpose
This MOU outlines and clarifies the mutual responsibilities of agencies participating in CES as well as the Colorado BoS CoC Governing Board, and the Coordinated Entry Committee.

CES activities include, but is not limited to, the following:
- Outreach to those experiencing homelessness and housing instability
- Utilization of the VI-SPDAT, a triage tool that determines the vulnerability of those experiencing homelessness
- Prioritization of those in need of housing assistance, using the VI-SPDAT scores of respondents and agreed-upon prioritization protocols
- Development of a by-name list of persons experiencing homelessness
- Assistance to individuals/families in 1) obtaining documents necessary to enter into housing and 2) accessing benefits (Medicaid/Medicare, food assistance, disability benefits, etc.)
- Case conferencing to match housing resources available based on fit, eligibility, and vulnerability
- Development of a real-time list of housing opportunities
- Offering housing opportunities to those experiencing homelessness and assisting individuals through the move-in process
- Providing on-going housing-focused supportive services to ensure individuals can successfully retain their housing

Participation Agreement for (insert region) Agencies

Name of Agency: _____

As an agency participating in the (insert region) Coordinated Entry System, we agree to adhere to all (insert region) and Balance of State Continuum of Care policies and procedures. We agree to fulfill the following functions (initial next to all that apply). All details of our participation are further outlined in the accompanying scope of participation.

           Serve as an access point to the CES for:
___   Veterans
___   Non-veteran Adults
___   Unaccompanied Youth (up through age 24)
___   Families with children under 18
___   Other: _____

___   Train staff to administer the VI-SPDAT to clients (an option primarily for agencies concerned with the privacy of their clients; agency would not serve as an access point, accessible to any household in that population)

___   Market the CES to appropriate clients

           Participate in case conferencing for:
___   Veterans
___   Non-Veteran Adults
___   Families
___   Unaccompanied Youth (under age 25)

___   Provide selected clients with housing navigation services

___   Provide selected clients with housing retention/case management services

___   Contribute housing resources to those available through CES

Agencies
For a list of agencies who have signed an MOU and their selected roles in CES, please visit
Insert local website here

BoS CoC Coordinated Entry Committee

The Coordinated Entry Committee of the BoS CoC Governing Board is the lead for implementing Coordinated Entry System across the BoS CoC. This committee is created of BoS CoC Governing Board members, as well as members of the regional CoC working groups. While all final decision making power rests with the Colorado BoS CoC Governing Board, the Coordinated Entry Committee agrees to do the following:

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 regions 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

Monitoring and Reporting

The Coordinated Entry Committee monitors the functioning and efficacy of the Coordinated Entry System, making at least annual reports to Agencies through the regular communications of the BoS CoC, and during the submission and approval process for regional policies and procedures.

Funding

The signed MOU is not a commitment of funds by Agencies.

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from Agencies. It shall become effective upon signature and will remain in effect until modified or terminated by individual Agencies.

Agency Name:_____

Address/City/State/Zip:_____

Phone: _____   Email: _____

Printed Name:_____

Title: _____

Signature:_____ **Date: _____**

Explanation of Roles for Participating Agencies
(To be presented alongside the MOU; specifics of each role will be crafted into a scope of work for each agency)

Serve as an access point to CES:
Access points are those locations – real or virtual – that provide access to the CES. One location may provide access for several populations or may be an access point only for a designated population. By serving as an access point, an agency agrees to the following:
- Be easily accessible through transportation, or have the ability to provide transportation in some capacity (bus vouchers, etc..). If the location is not easily accessible, a common issue in non-metro and rural communities, for everyone in your region that may need to access the CE System, please detail how a hotline/phone option will be used.
- Participate in CES and VI-SPDAT trainings
- Participate regularly in regional CoC meetings and planning activities
- If CoC funded, or an ESG recipient/subrecipient: Participate in HMIS and adhere to HMIS standards required by HUD and the BoS CoC (Domestic Violence Service Providers are excluded from this criterion). Ultimately, it is ideal for all access points to be utilizing HMIS, but it is recognized that this may not be realistic at the time. This criterion will be revisited once a new HMIS has been fully implemented across the state (estimated completion in 2018)
- Demonstrate staffing capacity to perform assessments and have at least one employee trained on the VI-SPDAT
- Provide standard hours of operation during which households can access the coordinated entry process through screening, triage, and assessment procedures
- Conduct the appropriate VI-SPDAT assessment (individual, youth, or family) and complete necessary data entry to add the household to the by-name list within 48 hours or two business days. If your agency is not doing data entry directly, you must get the info to the entity submitting data in a timely manner so that they may get the info submitted onto the by-name list within 48 hours or two business days.
- Have adequate capacity for staff to administer the Diversion/Prevention Tool. Please see Appendix F for the Colorado BoS CoC Diversion Tool, which all access points must use.
- Provide and/or refer to appropriate resources for households that cannot access housing immediately (emergency shelter, etc..)
- If CoC funded or an ESG recipient: Employ a Housing First model of service delivery. Please see Appendix D for the Colorado BoS CoC-wide Housing First Standards.
- Establish protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence have safe and confidential access to coordinated entry and that data collection conforms to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards.

Train staff to administer the VI-SPDAT to clients:
Some agencies with privacy concerns for their clients (e.g., domestic violence survivors, injection drug users, etc.) or with concerns that clients may not be as forthcoming with an unknown person may opt to conduct the VI-SPDAT with their clients. By serving in this role, an agency agrees to the following:

- Agreeing to offer the screen/triage to any client of the agency in the population designated that meets the guidelines established by the Colorado BoS CoC
- Pre-screening households with the Diversion/Prevention Tool to determine if homelessness can be avoided
- Ensuring any staff or volunteers conducting the VI-SPDAT have been trained and their names have been submitted to the local by-name list
- Ensuring any staff or volunteers conducting the VI-SPDAT are surveying clients with consistency and fidelity to the original instrument
- Ensuring all Releases of Information are completed prior to administering the VI-SPDAT
- Ensuring all paperwork (Releases of Information and the VI-SPDAT) are kept in a secure location until they can be transferred to the local by-name list

Market the CES to appropriate clients:
Ensuring all individuals eligible to participate in CES are screened requires multiple partners marketing the CES to their respective clientele. By serving in this role, an agency agrees to the following:
- Posting information regarding the CAHPS in accessible locations; agencies may choose to hang up signs, include information in take-home packs for clients, or otherwise provide written information about CES
- Verbally informing eligible clients how, where, and when to access CES
- Answering any questions clients have regarding CES honestly, including informing clients that participating in CES does not guarantee the household will gain housing or will access housing in any specific length of time

Participate in regular case conferencing:
Case conferences are the forum at which dedicated housing resources are assigned and updates are made regarding the housing status of those on the by-name list. By serving in this role, an agency agrees to the following:
- Sending at least one staff person (preferably the same staff person) to each case conference
- Informing the group (either at the case conference or to the by-name list manager outside of the case conference time) of any known changes in the housing status or location of individuals on the by-name list

Provide selected clients with housing navigation services:
Housing navigation involves assisting the household with ensuring all documents are in order and identifying a physical apartment/house to rent. Housing navigation services will be identified/designated in a case conference. By serving in this role, an agency agrees to the following:
- Following the individual through the entire housing process, from housing assignment in case conference through move-in
- Ensuring client choice is protected and respected in the housing process
- Ensuring the client understands the expectations and responsibilities outlined in lease agreements or other housing documents
- Informing the case conference team of major roadblocks or set-backs that need to be

addressed in a case conference
- Ensuring case management/housing retention services are identified prior to "closing" the case

Provide selected clients with housing retention/case management services:

Housing retention services are those that focus specifically on ensuring an individual can successfully stay in their housing permanently. By serving in this role, an agency agrees to the following:
- Providing light-touch support that increases in intensity or duration only when needed to ensure the household can remain housed
- When necessary and when agreed-to by the client, connecting with others involved in providing or coordinating care for the household
- Supporting the client to rectify any identified lease violations
- Informing the by-name list manager and case conference team if an individual is being evicted or choosing to leave their housing

Contribute housing resources to those available through CES:

Housing resources (e.g., PSH housing vouchers, short-term rental assistance/RRH, transitional housing) are needed to create an outflow of clients accessing housing. Agencies providing housing resources to CES can either designate that all available resources will be processed through CES or can designate a share of the available resources (e.g., every 10th voucher that turns over) to be processed through CES*. By serving in this role, an agency agrees to the following:
- Communicating in writing to the CES any basic eligibility requirements for that resource
- Communicating in writing any other specifications or expectations attached to that resource
- Accepting referrals from the case conference team; limited refusals of referrals that meet the eligibility requirements of the housing resource are tolerated

*Please Note: 100% of CoC- and ESG-funded housing resources must be allocated through the local CES.

Appendix F: Diversion/Prevention Tool

The Diversion/Prevention Tool on the following pages is to be used across the entire BoS CoC by all entities participating in CES that have been identified as access points. The purpose of the Prescreen/Diversion Tool is to help identify households that should not enter into the CES, but rather access other resources that may assist them in maintaining their current housing.

Colorado BoS CoC Coordinated Entry System
Prevention and Diversion Tool
Instructions in italics

INTRODUCTORY QUESTIONS

1. **Are you currently living on the streets, under bridges, or in a shelter?** __ Yes __ No

2. **Do you believe you will become homeless in the next 72 hours?** __ Yes __ No

3. **Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?** __ Yes __ No

   → *If yes , refer to Domestic Violence Coordinated Entry Policy and proceed with question 3A.*

   → *If no – proceed with question 4.*

   3A. If a partner has ever threatened to hurt you, made you afraid, humiliated you, controlled finances, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially as some of the questions that must be asked are very personal. Would you like to speak to someone at a Domestic Violence program and fill out this survey with them? Regardless of your answer, the answers you give will be kept confidential and any identifying information will not become part of the by-name list.
   __Yes - *DO NOT PROCEED WITH THIS ASSESSMENT (unless you are a domestic violence provider) and refer the client to a domestic service provider for assessment with a warm handoff. If there is not a program in the immediate area the surveyor should call an advocate in the nearest program that is trained to complete the assessment tool, and complete the tool via phone, teleconference and provide support during/after the assessment.*

   __No – *refer to Domestic Violence Coordinated Entry Policy and provide information about regional DV providers. Switch to a modified paper intake form that excludes personally identifying information, and administer a paper copy of the VI-SPDAT, TAY-VI-SPDAT, or F-VI-SPDAT that includes the name of the appropriate staff contacts as well as an internally generated ID number that the agency can associate with the client. After the assessment is conducted and a score is generated the completed tool should be destroyed.*

4. Where did you sleep last night?

_____

5. Was it a safe location? __ Yes __ No *If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?" If unsafe due to domestic violence, refer to DV services (Policy 4).*

PREVENTION/DIVERSION QUESTIONS

6. Why did you have to leave the place you stayed last night? _____
Could you stay tonight at the same location? ___ Yes ___ No *If no, skip to Question 7*

     a. **What would you need to help you stay where you stayed last night again?**
     ___ Landlord mediation
     ___ Conflict resolution
     ___ Rental assistance (Amount: $_____)
     ___ Utility assistance (Amount: $_____)
     ___ Other financial assistance (Amount: $_____)
     ___ Other assistance (Please describe: _____)

     b. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?** Name _____ Phone _____
     Contact Date(s) and result _____

7. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?
___ Yes ___ No *If no, skip to Question 7*

     a. **What would you need to help you stay there?**
     ___ Landlord mediation
     ___ Conflict resolution
     ___ Rental assistance (Amount: $_____)
     ___ Utility assistance (Amount: $_____)
     ___ Other financial assistance (Amount: $_____)
     ___ Other assistance (Please describe: _____)

     b. **Would it help if I contacted someone you can stay with? What is the best way to contact that person?** Name _____ Phone _____
     Contact date(s) and result _____

8. Is the assistance needed to prevent or divert this household from entering the homeless system available in your community? ___ Yes ___ No

9. If no, what was the result of this screening process for this household?
___ Referred to shelter
___ Referred to DV program
___ Received hotel/motel voucher
___ No assistance given
___ Referred to Transitional Housing
___ Other

Appendix G: Release of Information

All providers participating in the Colorado BoS CoC Coordinated Entry System must use this ROI (following page). Regions may ONLY modify this form where is says "**Please list local agencies here**" and the local website that clients can visit for a full list of participating agencies.

Coordinated Entry System (CES)

Release of Information Consent Form for the
Release of Confidential Information about Personal Health and Housing History

This consent facilitates referral for housing, treatment, case management, treatment planning, coordination of medical care and other services. By checking the boxes below and signing this form on page 2, the types of information listed below can be disclosed.

_____
Printed Client Name　　　　　　　　　　**AKA**　　　　　　　　　　　**Date of Birth**

I hereby consent to communication about me and my responses to this survey to be disclosed and received between (agency requesting release):

_____
Agency Name　　　　　　　　　　**Address**　　　　　　　　　　　　　　**Phone**

and the following organizations that participate in the Coordinated Entry System which include:

Please list local agencies here

Other Agencies Not Listed Above *(please list name of agency completing VI-SPDAT if not included above)*:

_____

A full list of participating agencies can be found at ***Please list local website***

I give my permission for the information in the following areas to be disclosed:

☐ **The number calculated by the VI-SPDAT, and specific responses related only to determining eligibility and addressing specific barriers to housing.** These records will be used/disclosed for the sole purposes of: VI-SPDAT application, housing navigation and housing placement through the Coordinated Entry System. _____ (initial)

☐ **Other: _____** (if requesting a copy of records relating to drug or alcohol abuse, HIV status, genetic testing, psychotherapy notes or mental health records, a separated, targeted release is required.) _____ (initial)

I understand that the information from the VI-SPDAT will be entered into the Coordinated Entry System database. My personal information will be kept in accordance with federal, state, and local laws and regulations related to protecting personal information. I understand this database operates over the Internet, and that my information may remain in the database past the expiration of this consent.

I understand that my alcohol and/or drug treatment records may be protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse patient Records, 42 Code of Federal Regulations (CFR) part 2 or Colorado C.R.S. 27-28-113 & 27-82-109 pertaining to the records of persons using alcohol or drugs. The Federal rules prohibit further disclosure of this information. Other treatment information may be covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR, Parts 160 & 164. This release does not prevent other agencies from releasing information otherwise authorized by law.

The purpose of this disclosure is at my request. I understand that any disclosure of information carries with it the potential for re-disclosure and once the information is disclosed, it may no longer be protected by federal HIPAA confidentiality rules; however, if this information is protected by the Federal Substance Abuse Confidentiality regulations, 42 C.F.R. part 2, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I also understand that this consent is subject to revocation at any time, except to the extent that the members of the Colorado Balance of State Continuum of Care have already taken action in reliance upon it. If not previously revoked, the consent will expire one year from the date signed or on this specific date: _____ /_____ /_____ (day/month/year).

I understand that law enforcement cannot use any information obtained from drug/alcohol treatment as the basis for subsequent criminal prosecution. I understand signing this disclosure form is voluntary. The health care provider will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on whether or not I sign this form for the requested use or disclosure.

_____

Client Signature   **Printed Name**   **Date**

_____

Medical Proxy/Guardian Signature   **Printed Name**   **Date**

_____

Witness Signature   **Printed Name**   **Date**

Please return completed ROI with VI-SPDAT   *version 1.0 – revised 9/29/2017*

Appendix H: VI-SPDAT, F-VI-SPDAT, and TAY-VI-SPDAT

The Colorado BoS CoC has chosen to use the VI-SPDAT as the triage/assessment tool for CES. All providers and access points participating in CES MUST use the most up-to-date version of the VI-SPDAT, F-VI-SPDAT and TAY-VI-SPDAT. The Coordinated Entry Committee will inform all regions when new versions of the VI-SPDAT tools are available for use, and will give an implementation timeline for the transition to the updated tool. **Regions CANNOT modify the VI-SPDAT in any way (by adding or subtracting questions) that will affect the scoring of the tool.** Regions are permitted to add additional questions onto the end of the triage tool (<u>that are not to be scored</u>), that may assist agencies participating in CES to secure housing for households participating in local CES.

VI-SPDAT: Vulnerability Index Service Prioritization Decision Assistance Tool

F-SPDAT: Family Vulnerability Index Service Prioritization Decision Assistance Tool

TAY-VI-SPDAT: Transition-Aged Youth Vulnerability Index Service Prioritization Decision Assistance Tool

<u>The opening script that all communities must use is on the following page</u>. Regions may add to this script, but they may not remove any language from it. If you change the language in any way, you must document it in your regional policies and procedures.

The most up-to-date version of the tools can be found here:

VI-SPDAT:
https://drive.google.com/file/d/0B1tAjGCfXyG_VmM2d2lra2d0cW8/view?usp=sharing
F-VI-SPDAT:
https://drive.google.com/file/d/0B1tAjGCfXyG_WGxodFpwRzB0R2c/view?usp=sharing
TAY-VI-SPDAT:
https://drive.google.com/file/d/0B1tAjGCfXyG_UVd4bWpTQTRkQm8/view?usp=sharing

Colorado Balance of State CoC
Coordinated Entry System
OPENING SCRIPT for use of the VI-SPDAT

Hi. I'm [name] with [organization]. I have a 10-minute questionnaire that I would like to complete with you today. The answers will help us determine how we can go about supporting and helping you to find housing. That doesn't mean we can guarantee that you'll get housing, so if you have been working on finding housing you will probably want to continue that effort. Most questions only require a Yes or No. Some questions require a one-word answer.Some questions are personal in nature, but know you can skip or refuse any question.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you might be having some difficulty in understanding a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. It has been my experience that some people will tell me what they want me to hear rather than telling me what is or was happening in their life. The more honest you are,the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing.

Before we start, I want to let you know that sharing some of this information is important to helping others support you in finding housing, so I'll need you to look over and sign this release. It says that I can share some of the information from your questionnaire with others who can help with your housing. Only information that is helpful in helping you to find housing will be shared with others. The results from your questionnaire will be stored in a safe and secure database. If you ever want to have your name and information removed from that database, you can ask me or anyone else at [organization].

Do you have any questions before we get started?

Appendix I:Colorado BoS CoC Coordinated Entry System Housing Provider Denial Reporting Form

All housing provider denials must be recorded on this form, and kept on record, for submission during the annual BoS CoC CES Evaluation (to be conducted by the Coordinated Entry Committee of the BoS CoC).

Colorado BoS CoC Coordinated Entry System
Housing Provider Denial Reporting Form

According to Policy 5b of the Colorado Bos CoC CES Policies and Procedures document, a housing provider may deny a household based on one or more of the below criterion ONLY. All housing provider denials must be recorded on this form, and kept on record, for submission during the annual BoS CoC CES Evaluation (to be conducted by the Coordinated Entry Committee of the BoS CoC).

Agency/Housing Provider Name:_____

Household denied*: _____

Date of denial:_____

# of times household has been denied (total/ongoing) :_____

# of times Agency/Housing Provider has denied a household (this year): _____

Reason for denial: (please check the appropriate box(es) below).
- ❏ There are no actual vacancies available
- ❏ The household rejects the housing program (refer to the policy above for more information)
- ❏ The household cannot be contacted again after 3 attempts to reach them over a 14 day period
- ❏ The household presents with more/different people than originally referred, and the housing provider cannot accommodate the household for this reason
- ❏ The provider has determined, <u>based on individual program **eligibility** requirements put in place by a **funding source**</u> that the household cannot be accommodated (example: a household self-identifies as chronically homeless, but the receiving PSH provider that operates dedicated and prioritized PSH units cannot document chronicity)
- ❏ Criminal offense that is not allowable per *funding restrictions* (i.e. arson, meth production) If checked yes, what is offense: _____
- ❏ Other (please explain):
  _____
  _____
  _____
  _____

*The name of the household denied should be kept track of locally, but striked out/deleted when and if submission to the BoS CoC Coordinated Entry Committee is necessary.

Appendix J: Documentation of Housing Referral Deviation from Prioritization Criteria

The following form must be used in all instances where a referral to a housing resource deviates from what would be the standard prioritization.

Colorado Balance of State CoC
Coordinated Entry System
Documentation of Housing Referral Deviation from Prioritization Criteria

Region of the Colorado BoS CoC: _____

Date of Deviation from prioritization criteria: _____

# of times region has deviated from prioritization criteria (calendar year total):_____

Reason for deviation from prioritization criteria*:

*Please do not include names.

Appendix K: Making VI-SPDAT Scores Comparable

In the prioritization section of this document, it notes that communities are required to take the household with the highest VI-SPDAT Score. However, the three different tools (VI-SPDAT, F-VI-SPDAT, and TAY-VI-SPDAT) have different "highest" scores. Therefore, the BoS CoC Coordinated Entry Committee has developed the following chart to help regions compare highest VI-SPDAT scores.

Highest score on VI-SPDAT: 17
Highest score on TAY-VI-SPDAT: 17
Highest score on F-VI-SPDAT: 22

Score on F-VI-SPDAT	=	Score on VI-SPDAT/TAY-VI-SPDAT
0		0
1		1
2		2
3		3
4		4
5		4
6		5
7		6
8		7
9		8
10		8
11		9
12		10
13		10
14		11
15		12
16		13
17		13
18		14
19		15
20		16
21		16
22		17