



Colorado Balance of State Continuum of Care

Coordinated Entry System Policies and Procedures

Version 2.15

Updates:

2/2021:

1. Updated language changes through document to remove prior Regional P&P Document process and include new links and process for Regional Coalitions to document their local policies and procedures via the "CES Regional P&P Decision/Contact Guide".

2. Updated language throughout to reflect the progress made with Coordinated Entry since 2017.

5/2022

Made an adjustment to the MOU to reflect 54 counties in BoS CoC vs. 56 with Larimer and Weld Counties leaving the BoS CoC. Also noticed an error of 11 counties being referenced in the BoS CoC in the document and changed it to the correct number of 10.

5/2020

Board Approved: 6/22/2020

6/21/2022

CES Committee approves MOU Update, pending ROI update will also be included and referenced here when complete.

Updates made to VI-SPDAT Training page.

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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. BoS CoC regions will review annually, and update if needed, the “CES Regional P&P Decision/Contact Guide” in order to document regional policies and procedures, as well as local contacts. (See the “[Regional Responsibility](#)” section of this document for more information.)**

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 overall and brief when it occurs

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

Guiding Principles

- **Shared Vision/Collaboration:** Our system will operationalize a shared community vision across the 54-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 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.

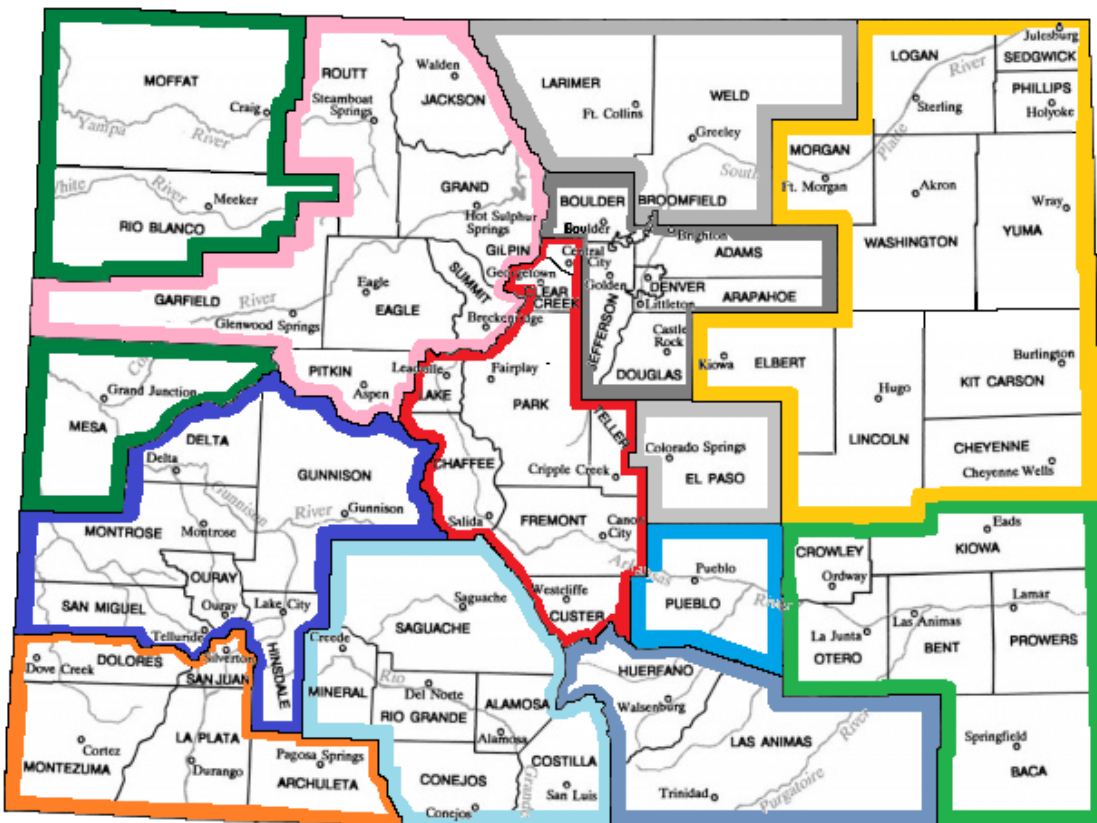
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Geographic Area

The defined geographic area of the Colorado Balance of State (BoS) CoC is the entire 54-county region outside of the seven county Metro-Denver area, El Paso County, Larimer and Weld Counties. This BoS region is further divided into 10 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.

10 regions within the CO Balance of State CoC's 54 Counties:

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



Colorado BoS CoC Regions

Grand Valley

Roaring Fork / Eagle Valleys

Western Slope

Southwest Colorado

San Luis Valley

Upper Arkansas Valley

Northeastern Plains

Southeastern Plains

Las Animas / Huerfano

Pueblo

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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 10 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) requires 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.

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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

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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.

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Coordinated Entry System Governance

BoS CoC Coordinated Entry Committee Governance

The CO BoS CoC Coordinated Entry Committee is tasked by the BoS CoC Governing Board with the oversight of Coordinated Entry's 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.

Regional Responsibility

The BoS CE Committee has developed the following "[CES Regional P&P Decision/Contact Guide](#)" to outline regional decisions and contacts, as required by HUD and outlined in this document (areas highlighted in red). Each region's Coordinated Entry sub-committee that will serve as the reviewing body for all local policies and procedures, submitting information to the BoS CoC Coordinated Entry Committee for support, guidance, and approval. In the event that regional decisions are rejected, the region will be able to discuss the decision with the Coordinated Entry Committee (or subcommittee/work group) and may be required to change the areas of the regional P&P's that do not meet HUD and statewide standards. The region may request technical assistance from the Coordinated Entry Committee to complete this process. **Regions will submit names of their Coordinated Entry lead points of contact as part of their annual review.**

The BoS CoC Coordinated Entry Committee will review BoS CoC statewide and regional 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. Those recommendations must be accepted and voted on by the BoS Governing Board using their Governance dictated voting structure. BoS CoC-wide and regional policies and procedures must be reviewed annually by regional coalitions and the CE committee of the Balance of State CoC to ensure that the regional policy & procedures and process meet HUD's requirements, and that regional documents do not deviate from or conflict with this statewide document.

The Coordinated Entry Committee of the BoS CoC Governing Board is responsible for the oversight of Coordinated Entry's 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

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submitting recommendations for the BoS CoC Governing Board to accept or deny those plans, monitoring compliance, and reviewing complaints about local processes.

Final acceptance of Continuum-wide standard policies and procedures will be approved by a 2/3 vote of the BoS CoC Governing Board.

As outlined in this document and further documented by region in the [CES Regional P&P Decision/Contact Guide](#), 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 prioritization "tie-breakers"
 - Developing training attendance requirements for participating agencies, including providing the list of individuals who complete training and can administer the VI-SPDAT within each region.
- Development and maintenance of the regional by name list utilizing HMIS and/or the template provided by the Coordinated Entry Committee
- 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.

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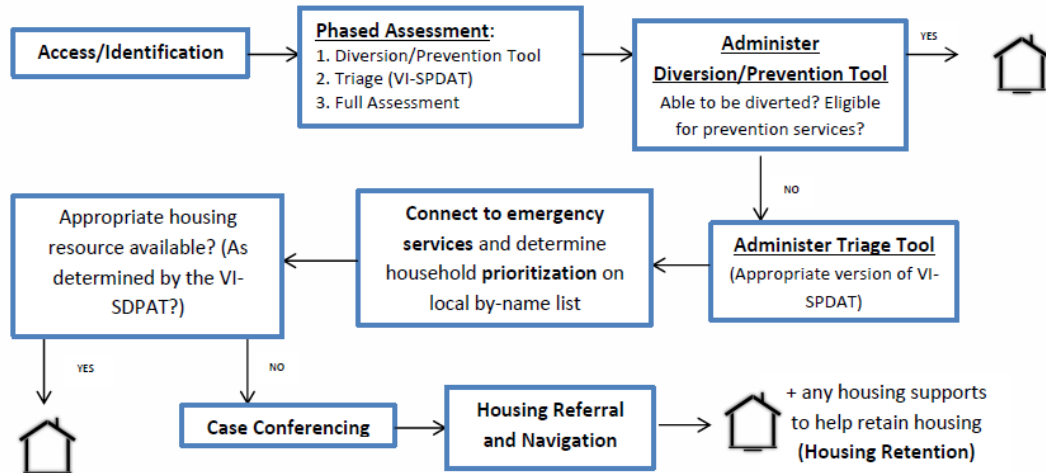
Policy and Procedure Updates

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.

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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 54 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)

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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*)**. It is ideal for all access points to be utilizing HMIS. Contact the BoS CoC HMIS Lead if interested in learning more about how to utilize this system.
- 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.

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Advertising

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 of 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.

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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

Diversion 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. Prevention is intended to reduce entries into the homeless response system by helping a household stay in their current location, with monetary assistance.

Eligibility/When to administer a Diversion/Prevention Tool:

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. (Regions should aim to administer the Diversion/Prevention Tool as soon as possible after presenting and no later than 24 hours- for rapid resolution. Waiting 7 days could risk someone moving into homelessness) 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.*

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However, ESG HP funds may also be used outside of Coordinated Entry as is consistent with HUD guidelines. Please note, ESG Homeless Prevention Funds may only be used for those individuals 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 is 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 “[CES Regional P&P Decision/Contact Guide](#)”. It’s recommended regions utilize systems to keep track of HP funds provided, either through the Homeless Management Information System (HMIS), and local database, or other method.

[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.

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Please note, if a person chooses not to sign the ROI, their information will not be added to the **prioritization list, (by name 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.

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3. Full Assessment

Additional assessments may be administered by the case manager after the 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 in the 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 the [CES Regional P&P Decision/Contact Guide](#). At a minimum, regions are required to offer at least one annual training. Regions are encouraged to make training 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 training, 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. VI-SPDAT training materials and videos are referenced in the [BoS CoC Coordinated Entry Website](#), hosted by CCH.

It is required that everyone in your community use the same introductory script. A basic script can be found here:

https://docs.google.com/document/d/e/2PACX-1vQMbkV4c9hFpXm9y-I3zhEmm4M7VR7z00KFqrRwLEHhC6tv5zKhYD67ZcwhyL-Hi5ZX_VfXfTt4B_qy/pub

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 in the “[CES Regional P&P Decision/Contact Guide](#)”. The CoC has determined that emergency shelter services will not be prioritized; however, emergency shelter providers must conduct the diversion

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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/rapid resolution, 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 requires 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."

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

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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 and 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)

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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.

Tiebreakers Vs. Households that First Present for Services

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 the region chooses not to use tie breakers, you must refer the household that first presented for assistance to the next available unit. **Any regional [tiebreakers/households that first present] policies must be documented in the [CES Regional P&P Decision/Contact Guide](#).**

List of Regional Tiebreakers for Prioritization

- 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

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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: **(this should be reviewed on a regular basis for new staff participants)**

- 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,

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serious mental illness or chronic health conditions, or continued refusal to accept housing or engage in services (make sure not to use VI-SPDAT responses to deny housing. A key tenant of Coordinated Entry is that housing is provided based on vulnerability and need, not on perceived barriers.)

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.

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 needed among providers.

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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/1hFxtJv5FnJO78fDAVRIAZe5uGwP4ENqk6v9JdLOjFdY/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 navigate 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

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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.

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- 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 outlined in the [CES Regional P&P Decision/Contact Guide](#) 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. 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

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

- 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

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- 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 (to be left blank until the measures are established):**

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

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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.

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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. [The CES Regional P&P Decision/Contact Guide](#) 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.

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 CES Regional P&P Decision/Contact Guide.](#)

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

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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 (Policy 4)

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

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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.

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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 . **Referral rejections should be an ongoing conversation for regional coalitions in order to help address client barriers and move through resources as quickly as possible. After three referral rejections however, the regional coalition should facilitate a targeted case conference to address housing barriers and underlying reasons for the client’s refusal to accept a referral if this has not already been done.** If a client rejects the housing option, the referral is made for the next appropriate person based on 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.

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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): (Time limits for getting vouchers filled? or if person's issues don't fit the system capacity ie chronically homeless vs rapid rehousing solutions/someone needs a nursing home instead of PSH)**

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 search and referral assistance
- **Title III of the Americans with Disabilities Act**⁷ prohibits entities that own, lease,

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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

⁷ https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm

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.

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

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⁸ <https://www.regulations.gov/document?D=HUD-2015-0104-0172>

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 (2019 through 2022) BoS CoC Governing Board co-chairs are Beverly Lampley (beverly@catholicoutreach.org) and Jeri Erikson (jerickson@voacolorado.org).

8. Right to Appeal Policy

Any household in consideration for a housing resource through local Coordinated Entry systems has the right to appeal a decision made by the case conference team or housing provider about a housing referral. This is especially the case in two instances: 1) if your household was denied access by the housing provider/resource holder and 2) if your household had a housing resource that ended up being reassigned after you were unable to use it in the amount of time allotted. You have the right to appeal a decision one of four ways:

1. Request to make a written appeal by filling out the local right to appeal form, which can be provided to you by the housing provider you are working with.
2. Request to make a verbal appeal to your local Coordinated Entry Case Conferencing team.
3. Request to fill out the “Right to Appeal” form, found in Appendix L of the Colorado BoS CoC CES Policies and Procedures. This can be used locally, or submitted to the Colorado BoS CoC CE Committee
4. Request to make a verbal appeal to the Colorado BoS CoC CE Committee. All requests should go to Shawn Hayes, BoS CoC Coordinator. Shawn can be reached by sending an email to shayes@coloradocoalition.org or by calling 303-312-9651.

9. Right to Request Reasonable Accommodation

Any household participating in local Coordinated Entry Systems has the right to request reasonable accommodation. A household may do so by filling out the “Reasonable Request Accommodation” form, found in Appendix M of the CO BoS CoC CES Policies and Procedures.

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10. CES for Youth & Young Adults: Policy & Process for Youth Focused Partners (Once Trained)

The Balance of State Governing Board approved the “CES for Youth & Young Adults: Policy and Process for Youth Focused Partners” in February of 2020, to be implemented once partners are appropriately trained on the process. Until that time, regions should continue to follow local guidance as well as guidance from [Appendix B: Youth in CES](#)

The below “packet” of documents contain the policy and process for CES for Youth & Young Adults in order.

- [10. Youth & YA CES Policy and Process for Youth Focused Partners.docx](#) (Microsoft Word Document Download Link)
- [10.a Step 1 - CO Adapted TAY-Triage Risk Assessment, Intro & Scoring.pdf](#) (PDF Link)
- [10.b Step 2 - Diversion & Prevention Interview.docx](#) (Microsoft Word Document Download Link)
- [10.c Step 3 - Youth Diversion & Prevention - Community Services Linkage and or Homelessness Intervention](#) (Microsoft Word Document Download Link)
- [Transition Age Youth - Vulnerability Index - Service Prioritization Decision Assistance Tool.pdf](#) (TAY-VI-SPDAT PDF Link)

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Appendices

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 use 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

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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.

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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

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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:

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- 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.

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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.

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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 NAEH¹⁰, 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.

Click the following link for the most up to date version of the ESG Policies and Procedures for the Colorado BoS CoC:

<https://drive.google.com/open?id=1704-dglA0llYfPoOJoD5XR6oExLeGaQ2>

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**Appendix E: Colorado Balance of State Continuum of Care (BoS CoC) Coordinated Entry System (CES)
Memorandum of Understanding (MOU)**

In order to preserve the formatting of this document, the next three pages direct you to the [BoS CoC Coordinated Entry System Website](#) to obtain the most up-to-date version of the BoS CoC Coordinated Entry MOU. Click on the “Coordinated Entry System Documents” Drop-Down, and see #2 “Memorandum of Understanding...” for the most up-to-date word, PDF, and PDF fillable format of the document.

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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.

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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 it says “**Please list local agencies here**” and the local website that clients can visit for a full list of participating agencies.

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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
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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
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Medical Proxy/Guardian Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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Please return completed ROI with VI-SPDAT

version 1.0 – revised 9/29/2017

Appendix H: VI-SPDAT, F-VI-SPDAT, TAY-VI-SPDAT, JD-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 TAY-VI-SPDAT, and JD-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 (that are not to be scored), that may assist agencies participating in CES to secure housing for households participating in local CES.

The most up-to-date version of the tools can be found on the [Colorado Balance of State Continuum of Care Coordinated Entry Website](#), hosted by the Colorado Coalition for the Homeless. After clicking on above link, scroll to and click on the “VI-SPDAT TRAINING AND DOCUMENTS” dropdown. Colorado is currently transitioning from the VI-SPDAT 2.0 to the VI-SPDAT 3.0.

The opening script that all communities must use is on the following page. 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.

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**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?

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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).

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**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, 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)
- 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.

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**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*:

Record Answer Here (*Please do not include names.):

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Appendix K: Making VI-SPDAT Scores Comparable

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 four different tools (VI-SPDAT, F-VI-SPDAT, TAY-VI-SPDAT, JD-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 JD-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

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Appendix L: Right to Appeal a decision made by your local coordinated entry case conference team and/or local housing provider

The following form is intended to be used in the event that a household would like to appeal the decision made by your local Coordinated Entry system. It can be used in the instance that the household disagrees with the case conference team. It can also be used in the instance that a household wants to appeal the decision made by a local housing provider (e.g. if the housing provider denies a referral that was made by the case conference team).

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Request to appeal a decision made by your local Coordinated Entry Case Conference Team and/or Local Housing Provider

If you need assistance with this form or have any additional questions, please contact: Shawn Hayes, Colorado BoS CoC Coordinator at shayes@coloradocoalition.org or Direct: 303-312-9651 or Fax: 303-298-1021. Thank you.

Date of Request: _____

Name of Applicant/Client Requesting Appeal: _____

Housing Program: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Name of Designee, if applicable: _____

Designee's Telephone Number: _____

1. Describe the decision that you would like to appeal. Please use additional pages if necessary.

2. Explain why the appeal is needed. Please use additional pages if necessary.

Please submit this form to the local case manager, housing navigator, etc. that you have been working with. If they are unable or unwilling to submit this form on your behalf, please send it directly to:

Mail:

Shawn Hayes

Balance of State Continuum of Care Coordinator (BoS CoC Coordinator)

Colorado Coalition for the Homeless (CCH)

2111 Champa Street

Denver, CO 80205

Main: 303-293-2217

Direct: 303-312-9651

Fax: 303-298-1021

Email: shayes@coloradocoalition.org

Appendix M: Request for reasonable accommodation form

The following form is intended to be used by any household that wishes to request reasonable accommodation for a housing resource that was referred to them through the local Coordinated Entry process. This form should only be used in the instance that the local housing provider does not have an internal form to use.

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Request for Reasonable Accommodation

If you need assistance with this form or have any additional questions, please contact: Shawn Hayes, Colorado BoS CoC Coordinator at shayes@coloradocoalition.org or Direct: 303-312-9651 or Fax: 303-298-1021. Thank you.

Date of Request: _____

Shelter or Housing Program: _____

Name of Applicant/Client Needing Accommodation: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Name of Designee, if applicable: _____

Designee's Telephone Number: _____

1. Describe the accommodation being requested. Use additional sheets if needed.

2. Explain why the accommodation is needed. Use additional sheets if needed.

By signing below, I self-verify that I have, or someone in my household has, a disability and needs the requested accommodation.

Name

Date

Client Signature

By signing below, I authorize my shelter provider to verify that I have, or someone in my household has, a disability and needs the requested accommodation.

Name

Date

Client Signature

Verification Contact Information

Name: _____

Agency/Institution: _____

Fax: _____

Phone: _____

For Staff Use Only: If a client requires a STRUCTURAL ALTERATION that your agency cannot provide, please return this form to the Colorado Coalition for the Homeless, Colorado Balance of State Continuum of Care: 2111 Champa Street, Denver, CO 80205 - Fax: 303-298-1021.

If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint.

Your Right to Appeal Your Accommodation Request

You can ask for an appeal in any of the following ways:

Ask the person you are working with to appeal the decision through the program's internal grievance process. Each grievance related to a reasonable accommodation request will be brought to the Colorado BoS CoC Governing Board's attention for further review.

If you feel as though your rights have been ignored or violated in this process, please see below for "Your Right to File a Complaint."

Your Right to File a Complaint

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court. You can file a complaint in any of the following ways:

Per the Colorado Department of Regulatory Agencies:

"Fair housing laws were enacted to ensure everyone has equal access to the housing of their choice.

Protected classes in housing include: Race, Color, Religion, Creed, National Origin/Ancestry, Sex, Disability/Handicap, Sexual Orientation (including Transgender Status), Marital Status, and Familial Status (children under the age of 18 in the household).

Examples of discriminatory housing allegations based on membership in a protected class include, but are not limited to: refusal to rent, unequal terms and conditions, discriminatory financing, failure to provide reasonable accommodation or modification for a person with a disability, refusal to sell, and retaliating against someone who has exercised his/her fair housing rights.

Aggrieved individuals who believe they have been subject to housing discrimination based on their protected class status have one year to file from the last date of discriminatory harm to file a complaint with CCRD. Aggrieved individuals who believe they have been subject to housing discrimination based on their protected class status have two years from the last date of discriminatory harm to file a court

action.

CaseConnect is the Colorado Civil Rights Division's electronic case management system which allows for online submission of intake and case information as well as evidence. The system also enables parties to check the status of discrimination claims and communicate with the Division.

You can access CaseConnect and file a complaint here:

<https://www.colorado.gov/pacific/dora/caseconnect-0>

For more information please visit:

Colorado Civil Rights Division

1560 Broadway, Lobby Level Welcome Center

Main Phone: 303-894-2997

Toll Free: 800-262-4845

V/TTD - Relay: 711

Personal bilingüe disponible

Hotline Español: 720-432-4294

Main Fax: 303-894-7830

Email: dora_CCRD@state.co.us

How to Get Help Appealing or Filing a Complaint

If you are an individual with a disability and require an accommodation in order to access CCRD's services, please call 303-894-2997 (local), 800-262-4845 (voice), 711 TTD - Relay, Hotline Español: 720-432-4294, send an email to dora_CCRD@state.co.us, or request an accommodation in person at CCRD's office.

Appendix N: Guidance on how your local system should handle a request for extension

The following guidance was approved for regions to use when considering whether or not to advocate for an extension for an assigned or issued housing resource. This is not required, but can be used to help inform regional processes.

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Guidance on how your local system should handle a request for extension

When considering whether or not to advocate for an extension for an assigned or issued housing resource please read the following:

- Each participant who has been assigned/issued a housing resource with a time limited search time/period (i.e. 60 days, 90 days, 120 days), should have no more than 2 extension for that given resource.
- Everyone should be given adequate time and support to find suitable housing and utilize the housing resource successfully.
- Extensions should be based on household circumstances and the local housing markets.
- Discretionary policies related to extensions and expiration of search time will be left up to each region; keeping in mind the funding source and their requirements. This must be clearly indicated to the household
- The extension period must be reasonable for the purpose.

When determining who should receive extensions, consider the following:

- The households level of effort in finding a suitable housing during the initial search time/period. Did the household contact owners and real estate companies, search newspaper listings, explore neighborhoods for “For Rent” signs, check with local churches, and other community organizations?
- Whether there is a reasonable possibility that the household may, with additional advice and assistance, find suitable housing.
- Level of support services requested by and provided to the household.
- Extenuating circumstances that prevented the household from finding housing (list below)
- Appropriate reasons for extensions:
 - Extenuating circumstances that prevented the household from finding housing such as:
 - Serious illness in the family
 - Death in the family
 - Family emergency
 - Obstacles due to employment
 - Whether the household size or other special requirements made finding housing difficult
 - Hospitalization
 - Extreme barriers to housing (i.e. sex offense, multiple past evictions)
 - Housing market trends (How tight is the local housing market?)
 - Housing vacancy rates